CERTIFICA ⁻	DATE (MM/DD/YY) 02/05/25		
PRODUCER	CERTIFICATE #:	3091429-2025-2	3 09 19
Keystone Risk Managers, LLC			
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAG	E:
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casua	alty Company
LAKE MARY LL	INSURER B:	National Union Fire Ins	surance Company of
5054 Otters Den Trail Sanford, FL	(Non-Liability)	Pittsburgh, PA	
Sanford, FL 32771	INSURER C:	AIG Specialty Insurance	ce Company
	INSURER D:	Markel American Insu	rance Company

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE

COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
Α	Х		GENERAL LIABILITY	UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000
		X	OCCURRENCE	031030907230	01/01/2023	01/01/2020	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
			GENOAL ABOOL				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
С	×			016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*
	^	D	IRECTORS & OFFICERS	010033012	01/01/2020	01/01/2020	AGGREGATE	\$1,000,000
С	Х		CYBER LIABILITY COVERAGE	017011565	01/01/2025	01/01/2026	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	TOLIOT INGLITION	TOLIOT MOLI FION
	EM	EVEI	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION
D	Х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/01/2025	01/01/2026	\$35,000 Deductible: \$50	
Α	Х		CRIME	UST030998250	01/01/2025	01/01/2026	\$35,000 Deductible: \$1,	
В	х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2025	01/01/2026	As in Master Policy: Med. Max. \$100,000 Deductible \$50 As in Master Policy: Excess	

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and
- 2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

1. Seminole County Board of County Commissioners 2. City of Lake Mary 3. City of Longwood 4. County Of Volusia

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CERTIFICA ⁻	DATE (MM/DD/YY) 02/05/25		
PRODUCER	CERTIFICATE #:	3091429-2025-2	3 09 19
Keystone Risk Managers, LLC			
1995 Point Township Drive Northumberland, PA 17867	INSURERS AF	FORDING COVERAG	E:
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casua	alty Company
LAKE MARY LL	INSURER B:	National Union Fire Ins	surance Company of
5054 Otters Den Trail Sanford, FL	(Non-Liability)	Pittsburgh, PA	
Sanford, FL 32771	INSURER C:	AIG Specialty Insurance	ce Company
	INSURER D:	Markel American Insu	rance Company

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY

COST	COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.										
INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS				
Α	Х	GENERAL LIABILITY	UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000				
		X OCCURRENCE	001030307230	01/01/2025	01/01/2020	GENERAL AGGREGATE	\$2,000,000				
		X INCL PARTICIPANTS	Property Damage	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000				
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000				
		X SEXONE NEGGE				Sexual Abuse AGGREGATE	\$1,000,000				
		MEDICAL PAYMENTS				Any One Person					
С	X		016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*				
	Α	DIRECTORS & OFFICERS	5 010000012	0 1/0 1/2020	0.70.72020	AGGREGATE	\$1,000,000				
С	Х	CYBER LIABILITY COVERAGE	017011565	01/01/2025	01/01/2026	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE				
	S&P	SECURITY AND PRIVACY LIABII INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION				
		REGULATORY ACTION SUBLIN OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	POLICE INCLESSION	POLICE INCLESSION				
	EM	EVENT MANAGEMENT INSURAI	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION				
D	Х	INLAND MARINE/PROPER FLOATER	TY MKLM7IM0055290	01/01/2025	01/01/2026	EACH LOSS \$35,000 Deductible: \$5					
А	Х	CRIME	UST030998250	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$1,000				
В	Х	SPORTS EXCESS ACCIDE	NT SRG9105434	01/01/2025	01/01/2026	As in Master Policy: Med. Max. \$100,000 Deductible \$50	ax. \$100,000 As in Master Policy				

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and
- 2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Seminole County Board of County Commissioners 3450 E Lake Mary Blvd Sanford, FL 32773

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	is certificate does not confer rights	to the	cert	ificate holder in lieu of su).			
PRO	DUCER				CONTA NAME:	David IIV	win	1		
Ke	stone Risk Managers, LLC				PHONE (A/C, No		473-2150	FAX (A/C, No):	(570)	473-2151
199	95 Point Township Drive				E-MAIL ADDRE	ss: DIrwin@	Keystoneins	grp.com		
								RDING COVERAGE		NAIC#
	thumberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829
INSU					INSURE	R B :				
	Little League Baseball Risk	Purch	asing	Group, Incorporated	INSURE	RC:				
	LAKE MARY LL				INSURE	RD:				
	5054 Otters Den Trail				INSURE	RE:				
	Sanford			FL 32771	INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
Α		X	Х	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS GNET							(i oi dooidoin)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	<u> </u>						AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)		
Ce	tificate Holder is named as Additional I	nsure	d per	form CG 2026 (12/19)						
CEI	RTIFICATE HOLDER				CANO	CELLATION				
s	eminole County Board of County Comr	nissio	ners		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.		
34	50 E Lake Mary Blvd				AUTHO	RIZED REPRESE	ATATIVE	•		

FL 32773

Sanford

POLICY NUMBER: UST030987250

COMMERCIAL GENERAL LIABILITY

CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or

Seminole County Board of County Commissioners 3450 E Lake Mary Blvd Sanford, FL 32773

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- **A.** Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
Seminole County Board of County Commissioners 3450 E Lake Mary Blvd Sanford, FL 32773
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

CERTIFICA		DATE (MM/DD/YY) 02/05/25		
PRODUCER	CERTIFICATE #:	3091429-2025-2	3 09 19	
Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland, PA 17867	INSURERS AFF	FORDING COVERAGE:		
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company	
LAKE MARY LL	INSURER B:	National Union Fire Insura	nce Company of	
5054 Otters Den Trail Sanford, FL	(Non-Liability)	Pittsburgh, PA		
Sanford, FL 32771	INSURER C:	AIG Specialty Insurance C	ompany	
	INSURER D:	Markel American Insuranc	e Company	

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE

COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
Α	Х		GENERAL LIABILITY	UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000
,,		X	OCCURRENCE	051030987250	01/01/2025	01/01/2026	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
			GENOAL ADOGE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
С	Х			016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*
	^	D	IRECTORS & OFFICERS	010033012	01/01/2023	01/01/2020	AGGREGATE	\$1,000,000
С	Х		CYBER LIABILITY COVERAGE	017011565	01/01/2025	01/01/2026	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	,000 PER LEAGUE SUBLIMIT OF LIABILITY** 00 PER LEAGUE RETENTION		RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	POLICY INCEPTION	FOLICY INCEPTION
	EM	EVEI	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION
D	Х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$500
Α	Х		CRIME	UST030998250	01/01/2025	01/01/2026	\$35,000 Deductible: \$1,0	
В	Х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2025	01/01/2026	As in Master Policy: Med. Max. \$100,000 Deductible \$50 As in Master Police Excess	

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

City of Lake Mary 550 Rantoul Lane Lake Mary, FL 32746

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH

THE POLICY PROVISIONS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su).			
PRO	DUCER				CONTA NAME:	David IIV	vin			
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	o. Ext): (570) 4	473-2150	FAX (A/C, No):	(570)	473-2151
199	95 Point Township Drive				E-MAIL ADDRE	Director @	Keystoneins			
								RDING COVERAGE		NAIC#
No	rthumberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829
INSU					INSURE	RB:				
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	RC:				
	LAKE MARY LL				INSURE	RD:				
	5054 Otters Den Trail				INSURE	RE:				
	Sanford			FL 32771	INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
Α		Х	X	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	EC //	CORD	101 Additional Bamarka Sahadu	la may b	attached if mor	a angga ia raguir	74\		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	_E3 (A	ACORD	101, Additional Remarks Schedu	ie, iliay bi	attacheu ii more	e space is require	euj		
Се	rtificate Holder is named as Additional Ir	sure	d per	form CG 2026 (12/19)						
CE	RTIFICATE HOLDER				CANC	ELLATION				
OL:	THI IOATE HOLDER				CAN	/LLLA HON				
С	ity of Lake Mary				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.		
55	io Rantoul Lane				AUTHO	RIZED REPRESE	NTATIVE			

Lake Mary

FL 32746

POLICY NUMBER: UST030987250

COMMERCIAL GENERAL LIABILITY

CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or

City of Lake Mary 550 Rantoul Lane Lake Mary, FL 32746

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III Limits**Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:	
City of Lake Mary 550 Rantoul Lane Lake Mary, FL 32746	
nformation required to complete this Schedule, if not shown above, will be shown in the Declarations.	

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

CERTIFICA		DATE (MM/DD/YY) 02/05/25		
PRODUCER	CERTIFICATE #:	3091429-2025-2	3 09 19	
Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland, PA 17867	INSURERS AFF	FORDING COVERAGE:		
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company	
LAKE MARY LL	INSURER B:	National Union Fire Insura	nce Company of	
5054 Otters Den Trail Sanford, FL	(Non-Liability)	Pittsburgh, PA		
Sanford, FL 32771	INSURER C:	AIG Specialty Insurance C	ompany	
	INSURER D:	Markel American Insuranc	e Company	

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS		
Α	Х		GENERAL LIABILITY	UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000		
		X	OCCURRENCE	031030987230	01/01/2023	01/01/2020	GENERAL AGGREGATE	\$2,000,000		
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000		
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000		
			GENOAL ABOOL				Sexual Abuse AGGREGATE	\$1,000,000		
			MEDICAL PAYMENTS				Any One Person			
С	Х					016033012 01/01/2025 01/01/2		01/01/2026	EACH LOSS	\$1,000,000*
C	^	D	IRECTORS & OFFICERS	010033012	01/01/2023	01/01/2020	AGGREGATE	\$1,000,000		
С	Х	CYBER LIABILITY COVERAGE				LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE			
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION		RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION			
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU		LIABILITY	POLICY INCEPTION POLICY INCEPTION			
	EM	EVEI	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION		
D	Х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$500		
Α	Х		CRIME	UST030998250	01/01/2025	01/01/2026	\$35,000 Deductible: \$1,00			
В	х	SPO	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2025	01/01/2026	As in Master Policy: Med. Max. \$100,000 Deductible \$50 As in Master Policy Excess			

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

City of Longwood 175 West Warren Avenue Longwood, FL 32750

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

tŀ	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su).	•			
PRO	DUCER				CONTAC NAME:	David IIV	vin				
Keystone Risk Managers, LLC						PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151					
1995 Point Township Drive					E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com						
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC#	
No	rthumberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829	
INSU	RED				INSURE	RB:					
	Little League Baseball Risk I	urch	asing	Group, Incorporated	INSURE						
	LAKE MARY LL				INSURE						
	5054 Otters Den Trail				INSURE						
	Sanford			FL 32771	INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REFITIED OR MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	Excluded	
Α		X	Х	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO	\$ \$	1,000,000	
	X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accider	nt) \$		
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	No ros ener							(* 5. 5.5.5.5.1)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYI	E \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	т \$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	ile, may be	e attached if more	e space is require	ed)			
Се	rtificate Holder is named as Additional Ir	nsure	d per	form CG 2026 (12/19)							
CE	RTIFICATE HOLDER				CANC	YELL ATION					
UE	TIFICATE HOLDER				CANC	ELLATION					
City of Longwood					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
17	175 West Warren Avenue					AUTHORIZED REPRESENTATIVE					

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FL 32750

Longwood

POLICY NUMBER: UST030987250

COMMERCIAL GENERAL LIABILITY

CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or

City of Longwood 175 West Warren Avenue Longwood, FL 32750

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- **A.** Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
City of Longwood 175 West Warren Avenue Longwood, FL 32750
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

CERTIFICA		DATE (MM/DD/YY) 02/05/25					
PRODUCER	CERTIFICATE #:	3091429-2025-2	3 09 19				
Keystone Risk Managers, LLC 1995 Point Township Drive							
Northumberland, PA 17867	INSURERS AFI	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company				
LAKE MARY LL	INSURER B:	JRER B: National Union Fire Insurance Comp					
5054 Otters Den Trail Sanford, FL	(Non-Liability)	Pittsburgh, PA					
Sanford, FL 32771	INSURER C:	AIG Specialty Insurance C	ompany				
	INSURER D:	Markel American Insurance	e Company				

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE

COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
Α	X	GENERAL LIABILITY X OCCURRENCE		UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000	
,,	,			031030967230	01/01/2025	01/01/2020	GENERAL AGGREGATE	\$2,000,000	
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$1,000,000		
		X SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000	
							Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS			Any One Person			
С	Х			016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*	
	^	D	IRECTORS & OFFICERS	010033012	01/01/2023	01/01/2020	AGGREGATE	\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE		017011565	01/01/2025	01/01/2026	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION		
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	POLICY INCEPTION	FOLICY INCEPTION		
	EM	EVENT MANAGEMENT INSURANCE \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION				NOT APPLICABLE	POLICY INCEPTION		
D	Х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$500	
Α	Х	CRIME		UST030998250	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$1,000	
В	Х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2025	01/01/2026	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess	

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

County Of Volusia 123 W Indiana Ave DeLand, FL 32720

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights t	o the	cert	ificate holder in lieu of s).				
PRODUCER				CONTA NAME:	David IIV	vin				
Keystone Risk Managers, LLC	PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151									
1995 Point Township Drive	E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com									
					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#	
Northumberland			PA 17867	INSURE	22829					
INSURED				INSURE						
Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	R C :					
LAKE MARY LL				INSURE						
5054 Otters Den Trail				INSURER E :						
Sanford			FL 32771	INSURE						
COVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
							MED EXP (Any one person)	\$	Excluded	
Α	Х	Х	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
POLICY PRO- LOC							PRODUCTS - COMP/OP AGO	\$ \$	1,000,000	
X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED							BODILY INJURY (Per accider	t) \$		
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	-						AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYI	· ·		
If yes, describe under										
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	ι φ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (A	CORD	101. Additional Remarks Schedu	le. may b	e attached if more	e space is require	ed)			
	(,		To 1,7 tautional Romanio Conoua	.o,a, 2	- a	o opaco 10 10quii 1				
Certificate Holder is named as Additional Ir	nsure	d per	form CG 2026 (12/19)							
CERTIFICATE HOLDER				CANG	CELLATION.					
CERTIFICATE HOLDER				CANC	CELLATION					
County Of Volusia					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
123 W Indiana Ave					ORDANCE WI	IN THE POLIC	T PROVISIONS.			

DeLand

FL 32720

POLICY NUMBER: UST030987250

COMMERCIAL GENERAL LIABILITY

CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or County Of Volusia 123 W Indiana Ave DeLand, FL 32720

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- **A.** Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III Limits**Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
County Of Volusia 123 W Indiana Ave DeLand, FL 32720
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.