CERTIFICA		DATE (MM/DD/YY) 08/26/25				
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19			
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208						
Mechanicsburg, PA 17055	INSURERS AFF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company			
LAKE MARY LL	INSURER B:	<b>National Union Fire Insura</b>	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 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	Х	GENERAL LIABILITY		UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000
, ,		X	OCCURRENCE	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	
		Y	X SEXUAL ABUSE		Sexual Abuse OCCURRENCE	\$1,000,000		
		^				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person	
С	Х	DIRECTORS & OFFICERS		016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*
C	^			010033012	01/01/2020			\$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	
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	POLICY INCEPTION	POLICY INCEPTION	
	EM	EVENT 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	CRIME UST030998250 01/01/2025 01/01/202		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:

1. Seminole County Board of County Commissioners 2. City of Lake Mary 3. City of Longwood 4. County Of Volusia 5. Heathrow Master Association 6. Barbell 13 7. Bono Baseball, LLC 8. Eric Sinns 9. D-Bat Lake Mary 10. Robert Crews 11. Ward Family Grandkids, LLC 12. The School Board of Seminole County, Florida

**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) 08/26/25				
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19			
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208						
Mechanicsburg, PA 17055	INSURERS AFF	INSURERS AFFORDING 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 Insurance	e Company			

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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	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	
		Y	X SEXUAL ABUSE		Sexual Abuse OCCURRENCE	\$1,000,000		
		^				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person	
С	Х	DIRECTORS & OFFICERS		016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*
C	^			010033012	01/01/2020			\$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	
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	POLICY INCEPTION	POLICY INCEPTION	
	EM	EVENT 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	CRIME UST030998250 01/01/2025 01/01/202		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:

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) 8/26/2025

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 to	o the	cert	ificate holder in lieu of su			).	•			
PRODU	CER				CONTA NAME:	David IIV	win				
Keys	one Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570)	473-2150		FAX (A/C, No):	(570)	473-2151
1215	Manor Drive				E-MAIL ADDRE	ss: Dlrwin@	Keystoneins	grp.com			
Suite	208						SURER(S) AFFOR	DING COVERAGE			NAIC#
Mech	anicsburg			PA 17055	INSURE	1		ualty Company			22829
INSURE	D				INSURE	R B ·					
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE						
	LAKE MARY LL				INSURE						
	5054 Otters Den Trail				INSURE						
	Sanford			FL 32771							
COVE		TIFIC	`ATE	NUMBER:	INSURE	KF:		REVISION NUM	/BED:		
THIS INDI CER	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY	OF I	NSUF REMEI	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT	THE INSURE OR OTHER I S DESCRIBEI	DOCUMENT WITH	E FOR TH	OT TO	WHICH THIS
	LUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F						
INSR LTR	TYPE OF INSURANCE	INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
>	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTE	ED	\$	1,000,000
	CLAINS-INADE 71 OCCUR							PREMISES (Ea occu	,	\$	Excluded
A		Х	Х	UST030987250		01/01/2025	01/01/2026	MED EXP (Any one p			1,000,000
				031030907230		01/01/2023	01/01/2020	PERSONAL & ADV I		\$	2,000,000
- 6	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	1,000,000
>	POLICY PRO- LOC							PRODUCTS - COMP		\$	
	OTHER: Per League							COMBINED SINGLE (Ea accident)		\$	1M/\$1M
	ANY AUTO									\$	
	OWNED SCHEDULED							BODILY INJURY (Pe			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Pe		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	,	\$	
										\$	
_	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$							DED	OTU	\$	
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER		
	NYPROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	NT	\$	
(N	landatory in NH) yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
, b	ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DESCR	PTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
Certif	icate Holder is named as Additional Ir	sure	d per	form CG 2026 (12/19)							
CERT	IFICATE HOLDER				CANO	CELLATION					
Ser	ninole County Board of County Comm	issio	ners		THE	EXPIRATION	N DATE THE	ESCRIBED POLIC EREOF, NOTICE LY PROVISIONS.			
3450	E Lake Mary Blvd										
J+J(	L Lake Mary Dive				AUTHO	RIZED REPRESE	NTATIVE	. /			

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) 08/26/25				
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19			
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208						
Mechanicsburg, PA 17055	INSURERS AFF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company			
LAKE MARY LL	INSURER B:	<b>National Union Fire Insura</b>	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 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.

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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
			INCL PARTICIPANTS	Property Damage I	Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
			SEXUAL ABOOL				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*
C	^	DIRECTORS & OFFICERS		010033012	01/01/2020			\$1,000,000
С	Х		CYBER LIABILITY COVERAGE         017011565         01/01/2025         01/01/2026		01/01/2026	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
	S&P SECURITY AND PRIVACY LIABILIT INSURANCE			\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	POLICY INCEPTION	FOLICY INCEPTION	
	EM	EVE	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	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 Pol Excess	

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

## **ADDITIONAL INSURED**

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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) 8/26/2025

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tŀ	is certificate does not confer rights t	o the	cert	ificate holder in lieu of si			).				
PRO	DUCER				CONTAC NAME:	David IIV	vin				
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570) 4	173-2150		FAX (A/C, No):	(570)	473-2151
12	15 Manor Drive				E-MAIL ADDRES	ss: DIrwin@	Keystoneinso	grp.com			
Sui	te 208					INS	URER(S) AFFOR	DING COVERAGE			NAIC#
Me	chanicsburg			PA 17055	INSURE	RA: Intersta	te Fire & Cas	ualty Company			22829
INSU	RED				INSURE	RB:					
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	RC:					
	LAKE MARY LL				INSURE	RD:					
	5054 Otters Den Trail				INSURE	RE:					
	Sanford			FL 32771	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
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 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 DESCRIBED PAID CLAIMS.	OCUMENT WITH	RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	CLAIMS-MADE X OCCUR							EACH OCCURRENC DAMAGE TO RENTE PREMISES (Ea occu	D	\$	1,000,000
	02 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							MED EXP (Any one p		\$	Excluded
Α		Х	Х	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV II		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC		\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	r person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	r accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
	ACTOS CINET							( c. d.		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Ε	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE TIN	N/A						E.L. EACH ACCIDEN	IT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	117.7						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may be	attached if more	e space is require	ed)		-	
0 -	office to the bloom to be a considered Ashard and the			( OO 0000 (40/40)							
Ce	rtificate Holder is named as Additional Ir	isure	a per	form CG 2026 (12/19)							
CE	RTIFICATE HOLDER				CANC	ELLATION					
С	ity of Lake Mary				THE	EXPIRATION	N DATE THE	ESCRIBED POLICI EREOF, NOTICE Y PROVISIONS.			
55	i0 Rantoul Lane										
	- Namour 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) 08/26/25				
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19			
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208						
Mechanicsburg, PA 17055	INSURERS AFF	INSURERS AFFORDING 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 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	Х	GENERAL LIABILITY		UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000
, ,		X	OCCURRENCE	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	
		Y	X SEXUAL ABUSE		Sexual Abuse OCCURRENCE	\$1,000,000		
		^				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person	
С	Х	DIRECTORS & OFFICERS		016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*
C	^			010033012	01/01/2020			\$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	
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	POLICY INCEPTION	POLICY INCEPTION	
	EM	EVENT 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	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:

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) 8/26/2025

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	o, Ext): (570) 4	173-2150		FAX (A/C, No):	(570)	473-2151
1215 Manor Drive				E-MAIL ADDRE	ss: Dlrwin@	Keystoneins	grp.com			
Suite 208					INS	URER(S) AFFOR	DING COVERAGE			NAIC#
Mechanicsburg			PA 17055	INSURE	RA: Intersta	te Fire & Cas	ualty Company			22829
INSURED				INSURE	R B :					
Little League Baseball Risk I	urch	asing	Group, Incorporated	INSURE	R C :					
LAKE MARY LL				INSURE	R D :					
5054 Otters Den Trail				INSURE						
Sanford			FL 32771	INSURE						
COVERAGES CER	TIFIC	CATE	NUMBER:	1			REVISION NUM	BER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH	RESPEC	OT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	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 RENTE PREMISES (Ea occur		\$	300,000
							MED EXP (Any one pe	erson)	\$	Excluded
Α	Х	Х	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV IN	NJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$	2,000,000
POLICY PRO- JECT LOC							PRODUCTS - COMP/	OP AGG	\$	1,000,000
X OTHER: Per League							SEXUAL ABUSE OCC	C/AGG	\$	1M/\$1M
AUTOMOBILE LIABILITY							COMBINED SINGLE I (Ea accident)	LIMIT	\$	
ANY AUTO							BODILY INJURY (Per	r person)	\$	
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per	r accident)	\$	
HIRED NON-OWNED							PROPERTY DAMAGE	E	\$	
AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	_	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	_	\$	
DED RETENTION\$							AGGREGATE		\$	
WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ	
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EN			
If yes, describe under							E.L. DISEASE - POLIC		\$	
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CTLIMIT	φ	-
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	) 101, Additional Remarks Schedu	ile, mav b	e attached if more	e space is require	l ed)			
	,	- 5	,	., <b>u, b</b>			,			
Certificate Holder is named as Additional In	nsure	d per	form CG 2026 (12/19)							
CERTIFICATE HOLDER				CANG	SELL ATION					
CERTIFICATE HOLDER				CANC	ELLATION					
City of Longwood				THE	EXPIRATION	N DATE THE	ESCRIBED POLICII EREOF, NOTICE Y PROVISIONS.			
175 West Warren Avenue				AUTHO	RIZED REPRESE	NTATIVE		$\overline{}$		

Longwood

FL 32750

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) 08/26/25		
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19	
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208				
Mechanicsburg, PA 17055	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 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	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
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		A GENONE NEGGE				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*
	^	DIRECTORS & 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	SECURITY AND PRIVACY LIABILITY INSURANCE		00,000 PER LEAGUE SUBLIMIT OF LIABILITY** ,000 PER LEAGUE RETENTION			CONTINUITY DATE POLICY INCEPTION
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	POLICY INCEPTION	FOLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION
D	Х	INLAND 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	SPORTS 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) 8/26/2025

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 s			).				
PRO	DUCER				CONTAC NAME:	David IIV	vin				
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570) 4	173-2150		FAX (A/C, No):	(570)	473-2151
12	15 Manor Drive				E-MAIL ADDRES	ss: DIrwin@	Keystoneinso	grp.com			
Su	te 208					INS	URER(S) AFFOR	DING COVERAGE			NAIC#
Me	chanicsburg			PA 17055	INSURE	RA: Intersta	te Fire & Cas	ualty Company			22829
INSU	RED				INSURE	RB:					
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	RC:					
	LAKE MARY LL				INSURE	RD:					
	5054 Otters Den Trail				INSURE						
	Sanford			FL 32771	INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFRIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF 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 DESCRIBED PAID CLAIMS.	OCUMENT WITH	RESPE	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	CLAIMS-MADE X OCCUR							EACH OCCURRENCE DAMAGE TO RENTE	D	\$	1,000,000
	CLAIIVIS-IVIADE 7 CCCOR							PREMISES (Ea occur MED EXP (Any one p		\$	Excluded
Α		Х	X	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV IN	,	\$	1,000,000
,,	GEN'L AGGREGATE LIMIT APPLIES PER:			001000001200		01/01/2020	01/01/2020	GENERAL AGGREGA		\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC		\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE		\$	1111/41111
	ANY AUTO							(Ea accident) BODILY INJURY (Per	r person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per		\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	,	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUB									-	
	EVOTO LIAD OCCUR							EACH OCCURRENC	E	\$	
	CLAIIVIS-IVIADE							AGGREGATE		\$	
	DED   RETENTION \$   WORKERS COMPENSATION							PER	OTH-	\$	_
	AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EI			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)			
Се	rtificate Holder is named as Additional Ir	sure	d per	form CG 2026 (12/19)							
CE	RTIFICATE HOLDER				CANO	ELLATION					
С	ounty Of Volusia				THE	EXPIRATION	N DATE THE	ESCRIBED POLICI EREOF, NOTICE Y PROVISIONS.			
12	3 W Indiana Ave				AUTHO	RIZED REPRESE	NTATIVE		$\overline{}$		

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	
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) 08/26/25		
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19	
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208				
Mechanicsburg, PA 17055	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 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)	LIN	IITS	
Α	Х		GENERAL LIABILITY	UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000	
,,	,	X	OCCURRENCE	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	
		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	\$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	GUE SUBLIMIT OF JE RETENTION	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: \$		
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 Pol 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:

**Heathrow Master Association** 995 Heathrow Blvd Heathrow, 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) 8/26/2025

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 si			).			
PRO	DUCER				CONTA NAME:	ст David Irv	vin			
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	o. Ext): (570) 4	473-2150	FAX (A/C, No):	(570)	473-2151
12	15 Manor Drive				E-MAIL ADDRE	Directio @	Keystoneins			
Sui	te 208					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Ме	chanicsburg			PA 17055	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829
INSU	RED				INSURE	RB:				
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	R C :				
	LAKE MARY LL				INSURE	RD:				
	5054 Otters Den Trail				INSURE	RE:				
	Sanford			FL 32771	INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	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 RESPE	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	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 AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							DEB	\$	
	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	a attached if mor		74\		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	_E3 (A	ACORD	101, Additional Remarks Schedu	ie, iliay b	e 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				CANO	ELLATION				
<u> </u>	KIII IOATE HOEBEK						THE ABOVE D	ESCRIBED POLICIES BE C	ANCELI	LED BEFORE
Н	eathrow Master Association				THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL E Y PROVISIONS.		
99	5 Heathrow Blvd				AUTHO	RIZED REPRESE	NTATIVE	•		

Heathrow

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

Heathrow Master Association 995 Heathrow Blvd Heathrow, 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
- 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**

lame Of Person Or Organization:	
Heathrow Master Association 995 Heathrow Blvd Heathrow, FL 32746	
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) 08/26/25		
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19	
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208				
Mechanicsburg, PA 17055	INSURERS AFF	FORDING COVERAGE:		
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company	
LAKE MARY LL	INSURER B:	<b>National Union Fire Insura</b>	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 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	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
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		A GENONE NEGGE				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*
	^	DIRECTORS & 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	SECURITY AND PRIVACY LIABILITY INSURANCE		00,000 PER LEAGUE SUBLIMIT OF LIABILITY** ,000 PER LEAGUE RETENTION			CONTINUITY DATE POLICY INCEPTION
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	POLICY INCEPTION	FOLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION
D	Х	INLAND 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	SPORTS 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:

Barbell 13 436 Plumosa Ave Casselberry, FL 32707

**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) 8/26/2025

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			).				
PRODUCER						CONTACT David Irwin					
Keystone Risk Managers, LLC					PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151						
121	5 Manor Drive				E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com						
Sui	te 208					INS	SURER(S) AFFOR	DING COVERAGE		NAIC#	
Me	chanicsburg			PA 17055	INSURER A: Interstate Fire & Casualty Company					22829	
INSU	RED				INSURER B:						
	Little League Baseball Risk	Purch	chasing Group, Incorporated			INSURER C:					
	LAKE MARY LL				INSURE						
	5054 Otters Den Trail				INSURE						
	Sanford			FL 32771	INSURE						
CO	VERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN CI EX	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					
Barbell 13					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
436 Plumosa Ave					AUTHORIZED REPRESENTATIVE						

Casselberry

FL 32707

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

Barbell 13 436 Plumosa Ave Casselberry, FL 32707

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
- 2. 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**

me Of Person Or Organization:	
arbell 13 36 Plumosa Ave asselberry, FL 32707	
ormation 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) 08/26/25					
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19				
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208							
Mechanicsburg, PA 17055	INSURERS AFF	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	alty 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 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	Х	X OCCURRENCE X INCL PARTICIPANTS		UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000	
				031030987230	01/01/2023	01/01/2020	GENERAL AGGREGATE	\$2,000,000	
				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	C X			016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*	
C	^	DIRECTORS & 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 SECURITY AND PRIVACY LIABILITY INSURANCE				\$100,000 PER LEA \$1,000 PER LEAGU		RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION		
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU		POLICE INCLESSION	FOLICT INCLETION		
	EM	EVE	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	EACH LOSS	\$35,000 Deductible: \$1,000	
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:

Bono Baseball, LLC 185 Humphrey Road 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) 8/26/2025

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 si			).				
PRODUCER						CONTACT NAME: David Irwin					
Keystone Risk Managers, LLC					PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151						
12	15 Manor Drive				E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com						
Sui	ite 208				INSURER(S) AFFORDING COVERAGE NAIC						
Ме	chanicsburg			PA 17055	INSURER A: Interstate Fire & Casualty Company					22829	
INSU	RED				INSURER B:						
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	R C :					
	LAKE MARY LL					INSURER D:					
	5054 Otters Den Trail				INSURE						
	Sanford			FL 32771	INSURE						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									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\$							DEB	\$		
	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	LOCATION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	COPD	101 Additional Pomarks Schodu	lo may b	a attached if more	o enaco le roquir	74)		_	
DLS	CRIF HON OF OFERATIONS / LOCATIONS / VEHICL	_L3 (A	COND	101, Additional Remarks Schedu	ic, illay b	e attached il illore	e space is require	eu)			
Се	rtificate Holder is named as Additional Ir	sure	d per	form CG 2026 (12/19)							
CF	RTIFICATE HOLDER				CANO	ELLATION					
<u> </u>	WILL HOLDEN				5/3/10	AIION					
Bono Baseball, LLC					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
185 Humphrey Road					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

Bono Baseball, LLC 185 Humphrey Road 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
- 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:	
Bono Baseball, LLC 185 Humphrey Road 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) 08/26/25		
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19	
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208				
Mechanicsburg, PA 17055	INSURERS AFF	FORDING COVERAGE:		
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company	
LAKE MARY LL	INSURER B:	<b>National Union Fire Insura</b>	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 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

COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY. POLICY ADD'L NAMED INSRD POLICY EFFECTIVE DATE (MM/DD/YYYY) EXPIRATION DATE INSR TYPE OF INSURANCE LIMITS POLICY NUMBER LTR (MM/DD/YYYY) \$1,000,000 GENERAL LIABILITY **EACH OCCURRENCE** Χ Α 01/01/2026 UST030987250 01/01/2025 \$2,000,000 **OCCURRENCE** GENERAL AGGREGATE PRODUCTS/COMP OPS \$1,000,000 **INCL PARTICIPANTS** Property Damage Deductible: \$250 **AGGREGATE** Sexual Abuse \$1,000,000 OCCURRENCE X SEXUAL ABUSE \$1,000,000 Sexual Abuse AGGREGATE MEDICAL PAYMENTS Any One Person \$1,000,000\* **EACH LOSS** 01/01/2026 С Χ 016033012 01/01/2025 **DIRECTORS & OFFICERS** AGGREGATE \$1,000,000 CYBER LIABILITY LIMIT OF LIABILITY \$100,000 PER LEAGUE С 017011565 01/01/2025 Χ 01/01/2026 **CLAIMS MADE** COVERAGE AGGREGATE RETROACTIVE DATE CONTINUITY DATE S&P \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY\*\* SECURITY AND PRIVACY LIABILITY INSURANCE \$1,000 PER LEAGUE RETENTION POLICY INCEPTION POLICY INCEPTION \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY REGULATORY ACTION SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION POLICY INCEPTION ΕM \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY\*\* NOT APPLICABLE **EVENT MANAGEMENT INSURANCE** \$1,000 PER LEAGUE RETENTION \$35,000 **INLAND MARINE/PROPERTY** D Χ MKLM7IM0055290 01/01/2025 01/01/2026 **EACH LOSS FLOATER** Deductible: \$500 \$35,000 Α Х **CRIME** UST030998250 01/01/2025 01/01/2026 **EACH LOSS** Deductible: \$1.000 As in Master Policy: As in Master Policy SPORTS EXCESS ACCIDENT SRG9105434 01/01/2025 01/01/2026 Med. Max. \$100,000 В Χ **Excess** Deductible \$50

#### "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:

Eric Sinns 198 S. 5th St 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) 8/26/2025

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).

tł	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of s			).				
PRO	DUCER				CONTAC NAME:	David IIV	vin				
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	, Ext): (570) 4	173-2150		FAX (A/C, No):	(570)	473-2151
12	15 Manor Drive				E-MAIL ADDRES	ss: DIrwin@	Keystoneins	grp.com			
Su	ite 208					INS	URER(S) AFFOR	DING COVERAGE			NAIC#
Me	chanicsburg			PA 17055	INSURE	RA: Intersta	te Fire & Cas	ualty Company			22829
INSU	RED				INSURE	RB:					
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	R C :					
	LAKE MARY LL				INSURE	R D :					
	5054 Otters Den Trail				INSURE						
	Sanford			FL 32771	INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFRIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH	RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	CLAIMS-MADE X OCCUR							EACH OCCURRENC DAMAGE TO RENTE PREMISES (Ea occu	D	\$	1,000,000 300,000
								MED EXP (Any one p		\$	Excluded
Α		Х	X	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV II		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC		\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	r person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Pe	r accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	,	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	· C	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	·L	\$	
								AGGILGATE		\$	
	DED   RETENTION \$   WORKERS COMPENSATION							PER STATUTE	отн-	Ψ.	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								ER	\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN  E.L. DISEASE - EA E		·	
	If yes, describe under										
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	) 101, Additional Remarks Schedu	le, may be	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	ELLATION					
Е	ric Sinns				THE	EXPIRATION	N DATE THE	ESCRIBED POLICI EREOF, NOTICE Y PROVISIONS.			
19	98 S. 5th St				AUTHO	RIZED REPRESE	NTATIVE		$\overline{}$		

Lake Mary

**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

Eric Sinns 198 S. 5th St

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 modifies insurance provided under the following:

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

### **SCHEDULE**

Name Of Person Or Organization:
Eric Sinns 198 S. 5th St Lake Mary, FL 32746
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:

# 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**

- (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) 08/26/25	
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19
Keystone Risk Managers, LLC			
1215 Manor Drive, Suite 208 Mechanicsburg, PA 17055	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 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			
A X		X GENERAL LIABILITY		UST030987250	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		
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000		
			MEDICAL PAYMENTS			Any One Person				
С	Х	DIRECTORS & OFFICERS				016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*
C	^			ECTORS & OFFICERS				\$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			
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	POLICY INCEPTION	POLICY INCEPTION			
	EM	EVE	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	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:

D-Bat Lake Mary 200 Technology Park Ste 1030 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.



Lake Mary

ACORD 25 (2016/03)

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2025

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).

RECOURT AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATIO	this	s certificate does not confer rights to	o the	cert	ificate holder in lieu of su			).	<u> </u>			
1215 Marco Drive  Mechanicibrurg  Mechanicibrurg  Mechanicibrurg  Little League Baseball Risk Purchasing Group, Incorporated LAKE MARY LL  Sold-Otters Den Trail  Sanford  COVERAGES  CERTIFICATE NUMBER:  THIS IST O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN RESULCED TO THE INSURER ISSURED TO THE INSURED ANABOR FOR THE POLICY PERIOD NUMBER:  THIS IST O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN RESULCED TO THE INSURED MANDED AND PROTECT TO WHICH THE SEXULISH OF ANABOR AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCCED BY PADL CLAMS.  COMMERCIAL DEBERAL LIABILITY  CLAMS-MACE CONTINUE AND ANABOR CONTINUE AND ANABOR AND CONTINUE AND ANABOR CONTINUE ANABOR CONTINUE AND ANABOR CONTINUE ANABOR CONTINUE AND ANABOR CONTINUE ANABOR CONT	PROD	JCER				NAME:	David IIV	vin				
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Suite 208  Mechanicisturg  PA 17055  MISURER A: Interstate Fire & Casualty Company  22829  MORER B:  MISURER C:  MISURER C:  MISURER B:	1215	Manor Drive				E-MAIL ADDRE	ss: Dlrwin@	Keystoneins	grp.com			
NSURED  Little League Baseball Risk Purchasing Group, Incorporated  LAKE MARY LL  5094 Otters Dan Trail  Sandrod FL 32771  NSURER E:  NSURER E	Suite	e 208						SURER(S) AFFOR	RDING COVERAGE			NAIC#
Little League Baseball Risk Purchasing Group, Incorporated LAKE MARY LL SOS Others Dan Trail Sanford FL 32771  NBURER 9: NBURE	Mec	hanicsburg			PA 17055	INSURE	1					22829
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200 Technology Park Ste 1030  AUTHORIZED REPRESENTATIVE	D-E	Bat Lake Mary				THE	EXPIRATION	N DATE THE	EREOF, NOTICE			
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**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

D-Bat Lake Mary 200 Technology Park Ste 1030 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
- Available under the applicable limits of insurance;

whichever is less.

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:	
D-Bat Lake Mary 200 Technology Park Ste 1030 Lake Mary, FL 32746	

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:

# 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**

- (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) 08/26/25		
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208			
Mechanicsburg, PA 17055	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 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	Х		GENERAL LIABILITY	UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000
,,	,	X	OCCURRENCE	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
		х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		X SEXUAL ABUSE					Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
С	Х			016033012 01/0		01/01/2026	EACH LOSS	\$1,000,000*
	^	D	IRECTORS & OFFICERS	010033012	01/01/2025	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	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	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:

Robert Crews 2152 Alaqua Drive Longwood, FL 32779

**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) 8/26/2025

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 si			).			
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
12	15 Manor Drive				E-MAIL ADDRE	Director @	Keystoneins			
Sui	ite 208					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Ме	chanicsburg			PA 17055	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829
INSU	IRED				INSURE	RB:				
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	RC:				
	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 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	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	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 GIVET							(i oi dooidoin)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							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 / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)		
Ce	rtificate Holder is named as Additional Ir	sure	d per	form CG 2026 (12/19)						
CE	RTIFICATE HOLDER				CANO	ELLATION				
					7					
R	obert Crews				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.		
21	2152 Alaqua Drive  Authorized representative									

Longwood

**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

Robert Crews 2152 Alaqua Drive Longwood, FL 32779

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 modifies insurance provided under the following:

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

### **SCHEDULE**

Name Of Person Or Organization:
Robert Crews 2152 Alaqua Drive Longwood, FL 32779
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:

# 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**

- (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) 08/26/25		
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208			
Mechanicsburg, PA 17055	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 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.

COST	,	<u>RE F</u> U	LLY DESCRIBED IN ENDORS	SEMENT #14 OF THE MA	ASTER CYBER POLIC				
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	rs	
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	
			GEXONE NEGGE				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person		
С	X			016033012	016033012 01/01/2025 01/01/2026		EACH LOSS	\$1,000,000*	
	, A		DIRECTORS & OFFICERS	010000012	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	CURITY 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	
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF LIABILITY JE RETENTION		FOLICT INCLETION	FOLICY INCEPTION	
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF LIABILITY** JE RETENTION		NOT APPLICABLE	POLICY INCEPTION	
D	Х	INL	LAND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$500	
А	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:

Ward Family Grandkids, LLC 5711 Deer Path Ln Sanford, FL 32771

### **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) 8/26/2025

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 si			).				
PRO	DUCER		CONTACT David Irwin								
Keystone Risk Managers, LLC						PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151					
1215 Manor Drive						E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com					
Suite 208						INS	SURER(S) AFFOR	DING COVERAGE		NAIC#	
Mechanicsburg PA 17055					INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829	
INSU	RED				INSURE	RB:					
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	R C :					
	LAKE MARY LL				INSURE	RD:					
	5054 Otters Den Trail				INSURE	RE:					
	Sanford			FL 32771	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	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 RESPE	OT 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 AUTOS ONLY 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	LOCATION OF OPERATIONS / LOCATIONS / VEHICL	ES //	COPD	101 Additional Pamarks Schodu	lo may b	a attached if more	o enaco le roquir	74)		_	
DLS	CRIF HON OF OFERATIONS / LOCATIONS / VEHICL	_L3 (A	CORD	101, Additional Remarks Schedu	ic, illay b	e attacheu ii ilion	e space is require	eu)			
Се	rtificate Holder is named as Additional Ir	sure	d per	form CG 2026 (12/19)							
CF	RTIFICATE HOLDER				CANO	CELLATION					
							THE ABOVE D	ESCRIBED POLICIES BE C	ANCELL	LED BEFORE	
Ward Family Grandkids, LLC					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
5711 Deer Path Ln					AUTHORIZED REPRESENTATIVE						

Sanford

**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 Ward Family Grandkids, LLC 5711 Deer Path Ln Sanford, FL 32771

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 modifies insurance provided under the following:

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

### **SCHEDULE**

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:

# 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**

- (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) 08/26/25				
PRODUCER	CERTIFICATE #:	3091429-2025-9	3 09 19			
Keystone Risk Managers, LLC 1215 Manor Drive, Suite 208						
Mechanicsburg, PA 17055	INSURERS AFF	INSURERS AFFORDING 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 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)	LIN	LIMITS	
Α	Х	GENERAL LIABILITY	UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000	
, ,		X OCCURRENCE	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	
		X GENONE NEGGE				Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS				Any One Person		
С	Х		016033012	016033012 01/01/2025 01/01/202		EACH LOSS	\$1,000,000*	
C	^	DIRECTORS & 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	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION		RETROACTIVE DATE	CONTINUITY DATE		
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU		POLICY INCEPTION	POLICY INCEPTION		
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF LIABILITY** JE RETENTION		NOT APPLICABLE	POLICY INCEPTION	
D	Х	INLAND 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	SPORTS 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:

The School Board of Seminole County, Florida 400 E. Lake Mary Boulevard 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) 8/26/2025

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	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su			).				
PRODUCER						CONTACT NAME: David Irwin						
Keystone Risk Managers, LLC						PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151						
1215 Manor Drive						E-MAIL ADDRE	Dimi.a @	Keystoneinso	rp.com			
Suite 208								SURER(S) AFFOR	DING COVERAGE			NAIC#
Me	cha	nicsburg			PA 17055	INSURE	Latanata		ualty Company			22829
INSU	JRED					INSURE	RB:					
		Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE						
		LAKE MARY LL				INSURE						
		5054 Otters Den Trail				INSURE						
		Sanford			FL 32771	INSURE						
CO	VFF		TIFIC	CATE	NUMBER:	INSUKL	. К Г .		REVISION NUM	IBFR:		
IN C E	IDIC. ERT XCLI	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH	RESPE	OT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$	300,000
									MED EXP (Any one p		\$	Excluded
Α			Χ	Х	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV I	NJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	1,000,000
	X	OTHER: Per League							SEXUAL ABUSE OC	C/AGG	\$	1M/\$1M
	AU <sup>-</sup>	TOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
		ANY AUTO							BODILY INJURY (Pe	er person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iΕ	\$	
		ACTOS GNET							(r or accident)		\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTION \$									\$	
		RKERS COMPENSATION							PER STATUTE	OTH- ER	·	
	ANY	D EMPLOYERS' LIABILITY  (PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN	_	\$	
	OFF (Mai	TICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA E		\$	
	If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	
										-	·	
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
Ce	rtific	ate Holder is named as Additional In	sure	d per	form CG 2026 (12/19)							
CE	RTIF	FICATE HOLDER				CANO	CELLATION					
The School Board of Seminole County, Florida					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
400 E. Lake Mary Boulevard				AUTHORIZED REPRESENTATIVE								

Sanford

**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

The School Board of Seminole County, Florida 400 E. Lake Mary Boulevard 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:

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

whichever is less.

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:									
The School Board of Seminole County, Florida 400 E. Lake Mary Boulevard 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:

# 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**

- (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.