



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/12/2018

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 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).

| PRODUCER SADLER & COMPANY, INC. P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866 | CONTACT NAME: Samantha Freeman PHONE (A/ C, No. Ext): 800-622-7370 FAX (A/ C, No): 803-256-4017 E-MAIL ADDRESS: insurance@sadlerco.com PRODUCER CUSTOMER ID#: | | | | | | | | | | | | | | | |
|--|---|-------------------------------|--|--------|------------|-------------------|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED Men's Senior Baseball League dba Men's Adult Baseball League CT North Men's Senior Baseball League CNMSBL Greg Schienda 1175 South Main St, #10 Plantsville, CT 06479 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>National Casualty</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | National Casualty | | INSURER B: | | | INSURER C: | | | INSURER D: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | |
| INSURER A: | National Casualty | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | |

| COVERAGES | CERTIFICATE NUMBER | REVISION NUMBER |
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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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | | | | | | | | | |
|--|---|----------------------------------|----------|-------------------------|----------------------------------|----------------------------------|---|-------------------------------------|-------------|---|-------------|------------------------------|---------|--------------------------------|-------------|-------------------|-------------|------------------------|-------------|--|-------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | X | | KRO0000007180700 | 12:01AM ET 03/20/2018 | 12:01AM ET 03/20/2019 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>PREMISES MEDICAL PAYMENTS</td><td style="text-align: right;">\$5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCTS- COMP/ OP AGG</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>LEGAL LIABILITY TO PARTICIPANTS (see conditions)</td><td style="text-align: right;">\$1,000,000</td></tr> </table> | EACH OCCURRENCE | \$2,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 | PREMISES MEDICAL PAYMENTS | \$5,000 | PERSONAL & ADV INJURY | \$2,000,000 | GENERAL AGGREGATE | \$2,000,000 | PRODUCTS- COMP/ OP AGG | \$2,000,000 | LEGAL LIABILITY TO PARTICIPANTS (see conditions) | \$1,000,000 |
| EACH OCCURRENCE | \$2,000,000 | | | | | | | | | | | | | | | | | | | | |
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| PREMISES MEDICAL PAYMENTS | \$5,000 | | | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$2,000,000 | | | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$2,000,000 | | | | | | | | | | | | | | | | | | | | |
| PRODUCTS- COMP/ OP AGG | \$2,000,000 | | | | | | | | | | | | | | | | | | | | |
| LEGAL LIABILITY TO PARTICIPANTS (see conditions) | \$1,000,000 | | | | | | | | | | | | | | | | | | | | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON- OWNED AUTOS <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea Accident)</td><td></td></tr> <tr><td>BODILY INJURY (Per person)</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr> </table> | COMBINED SINGLE LIMIT (Ea Accident) | | BODILY INJURY (Per person) | | BODILY INJURY (Per accident) | | PROPERTY DAMAGE (Per accident) | | | | | | | |
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| PROPERTY DAMAGE (Per accident) | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS- MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td></td></tr> <tr><td>AGGREGATE</td><td></td></tr> </table> | EACH OCCURRENCE | | AGGREGATE | | | | | | | | | | | |
| EACH OCCURRENCE | | | | | | | | | | | | | | | | | | | | | |
| AGGREGATE | | | | | | | | | | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/ N <input type="checkbox"/> | | N/ A | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EEMPLOYEE E.L. DISEASE - POLICY LIMIT | | | | | | | | | | | | | | |
| B | EXCESS MEDICAL | | | | | | MEDICAL DEDUCTIBLE | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Covered Sport: Member Baseball Team or League - 16 Team(s)
 Team Names: Portland Pirates, Newington/ Rocky Hill Caps, Middletown Mustang, East Haven Jorels, Hebron Nor- Easters, East Lyme Warriors, Colchester Thunder, Brewers, Southington GAtors, Newington Dodgers, Marlborough A's, Kennsington Cannons, Hartford/ Bicomfield Dream Chasers, Granby Cubs, Canton Devil Rays, New Haven Cardinals
 Legal Liability to Participants Policy Conditions: Waiver Release is required. If no waiver is produced- \$5,000 Deductible Applies.
 The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.

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| CERTIFICATE HOLDER RELATIONSHIP: Property Owner/ Lessor City of New Britain All City Fields & Pulaski Middle School 17 W Main Street New Britain, CT 06051 | 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. AUTHORIZED REPRESENTATIVE |
|--|--|

| ATTACHED TO AND FORMING A PART OF POLICY NUMBER | ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME) | NAMED INSURED | AGENT NO. |
|---|---|---|-----------|
| KRO0000007180700 | 03/12/2018 | CT North Men's Senior Baseball League CNMSBL | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED OWNERS AND/ OR LESSORS OF PREMISES, SPONSORS OR CO- PROMOTERS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The policy is amended to include as an additional Insured any person or organization of the types indicated by an "X" in any boxes shown below, but only with respect to liability arising out of your operations:

- Owners and/ or lessors of the premises leased, rented, or loaned to you, subject to the following additional exduisions:
 - a. This insurance applies only to an "occurrence" which takes place while you are a tenant in the premises;
 - b. This insurance does not apply to "bodily injury" or "property damage" resulting from structural alterations, new construction or demolition operations performed by or on behalf of the owner and/ or lessor of the premises;
 - c. This insurance does not apply to liability of the owners and/ or lessors for "bodily injury" or "property damage" arising out of any design defect or structural maintenance of the premises or loss caused by a premises defect.

With respect to any additional insured included under this policy, this insurance does not apply to any negligence of such additional insured.

- Sponsors
- Co- Promoters
- Any individual person(s) or organization(s) listed below
COACHES, OFFICIALS AND VOLUNTEERS
WHILE ACTING WITHIN THE SCOPE OF THEIR DUTIES
FOR THE INSURED.

KR- GL-56 (4-07)