Sadler Sports: Mens Senior Baseball League

CORD

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 ce	rtificate holder in lieu of such endorsement(s).	entain policies may						
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 600-622-7370 100-622-7370 100-622-7370							
							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	INSURER(S) AFFORDING COVERAGE
	INSURER A: National Casualty							
INSURER B:								
INSURER C:								
INSURER D:								

COVERAGES

CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/ DD/ YYYY)	POLICY EXP (MM/ DD/ YYYY)	LIMITS	
Α	GENERAL LIABILITY	х					EACH OCCURRENCE DAMAGE TO RENTED PREMISES	\$2,000,000 \$1,000,000
							(Ea occurrence) PREMISES MEDICAL PAYMENTS	\$5,000
				KD 0000007400700	12:01AM ET	12:01AM ET	PERSONAL & ADV INJURY	\$2,000,000
	[]			KRO0000007180700	03/20/2018	03/20/2019	GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES						PRODUCTS- COMP/ OP AGG	\$2,000,000
							LEGAL LIABILITY TO PARTICIPANTS (see conditions)	\$1,000,000
A							COMBINED SINGLE LIMIT (Ea Accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	NON- OWNED AUTOS							
	NOT PROVIDED WHILE IN HAWAII							
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	CLAIMS- MADE						AGGREGATE	
	WORKERS COMPENSATION						WC STATUTORY LIMITS	
	AND EMPLOYERS' LIABILITY			N/ A				
	PARTNER / EXECUTIVE Y/ N OFFICER / MEMBER						E.L. EACH ACCIDENT	
	EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF						E.L. DISEASE - EA EOMPLOYEE	
	OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
в	EXCESS MEDICAL	Ì					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

CERTIFICATE HOLDER	CANCELLATION
RELATIONSHIP: Property Owner/ Lessor	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Town of Granby Ahrens Field 53 Hungary Rd Granby, CT 06035	AUTHORIZED REPRESENTATIVE

Coverage is only extended to U.S. events and activities ** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas. © 1988-2009 ACORD CORPORATION. All rights reserved.

ACORD 25 (2009/09)

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ENDORSEMENT NO. 0000

	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
KRO000007180700	03/12/2018	CT North Men's Senior Baseball League CNMSBL	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSUREDS 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:

[X] Owners and/ or lessors of the premises leased, rented, or

loaned to you, subject to the following additional exdusions: 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.

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

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

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