DATE (MM/ DD/ YYYY)

# ACORD

Plantsville, CT 06479

### CERTIFICATE OF LIABILITY INSURANCE

03/12/2015

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). CONTACT NAME: Sports Commercial PRODUCER SADLER & COMPANY, INC. PHONE (A/C. No. Ext): 800-622-7370 FAX (A/ C, No): 803-256-4017 1 P.O. BOX 5866 E- MAIL ADDRESS: sport8@sadlersports.com COLUMBIA, SOUTH CAROLINA 29250-5866 PRODUCER CUSTOMER ID# INSURED NAIC# **INSURER(S) AFFORDING COVERAGE** Men's Senior Baseball League dba Men's Adult Baseball League INSURER A: National Casualty Connecticut MSBL INSURER B: Mr. Greg Schienda INSURER C: 1175 South Main Street #10,

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 DEFEN BEINGED BY THE POLICIES. MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER D

INSR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/ DD/ YYYY)	POLICY EXP (MM/ DD/ YYYY)	LIMITS	
LTR	THE OF MODICAROE							
Α	GENERAL LIABILITY	x					EACH OCCURRENCE	\$2,000,000
	☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	☐ CLAIMS MADE ☐ OCCUR						PREMISES MEDICAL PAYMENTS	\$5,000
	<u> </u>			KDOSOSO	12:01AM ET	12:01AM ET	PERSONAL & ADV INJURY	\$2,000,000
	LI			KRO32852	03/20/2015	03/20/2016	GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS- COMP/ OP AGG	\$2,000,000
	POLICY □ PROJECT □ LOC						LEGAL LIABILITY TO PARTICIPANTS (see conditions)	\$1,000,000
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea	
	☐ ANY AUTO						Accident)	
	☐ ALL OWNED AUTOS						BODILY INJURY (Per person)	
	☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	☐HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	☐ NON- OWNED AUTOS							
	☐ NOT PROVIDED WHILE IN HAWAII							
	☐UMBRELLA LIAB ☐OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS- MADE						AGGREGATE	
	DEDUCTIBLE							
	RETENTION							
	WORKERS COMPENSATION AND						WC STATUTORY LIMITS	
	EMPLOYERS' LIABILITY	OPRIETOR / PARTNER / IVE OFFICER / MEMBER Y/ N IED?		N/ A			OTHER	
	EXECUTIVE OFFICER / MEMBER Y/N EXCLUDED?						E.L. EACH ACCIDENT	
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EOMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
В	EXCESS MEDICAL						MEDICAL	
		1					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: Windsor Mets, Southington Navigators, Newington Dodgers, New Haven Cardinals, Marlborough A's, Kensington Cannons, Glastonbury G- Men, Canton Devil Rays, Portland Pirates, Newington Caps, Middletown, Manchester Nor'easters, East Lyme, East Haven Jor- eis, Colchester Thunder, Clinton

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**

**RELATIONSHIP:** 

Property Owner/Lessor

**Town of Newington Clem Lemire Rec. Complex** 150 New Britain Ave. Newington, CT 06111

### 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

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.

ACORD 25 (2009/09)

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Sadler Sports: Mens Senior Baseball League

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ISO | Commercial General Liability Forms | 07/01/04

**POLICY NUMBER: INSURED:**COMMERCIAL GENERAL LIABILITY
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# 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**

1. Name of Additional Insured Person(s) or Organizations(s):

Town of Newington Clem Lemire Rec. Complex 150 New Britain Ave.
Newington, CT 06111

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

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:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

Date Added: 03/11/2015 10:48:23 AM

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