

DATE(MM/DD/YYYY) 4/19/2018

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.

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this cert	this certificate does not confer rights to the certificate noider in lieu of such endorsement(s).								
PRODUCER		CONTACT NAME:							
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199							
	1. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com							
Phila #8098	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC							
#6096	40	INSURER A: New York Marine & General Ins. 16608							
INSURED	Mars Baseball Association	INSURER B: Great American Insurance	16691						
	124 Granite Ridge Circle	INSURER C:							
	Mars , PA 16046	INSURER D:							
	412-925-4906	INSURER E:							
	(412)327-7962	INSURER F:							
COVEDA	ACEC CERTIFICATE AN IMPER.	DEVICION NUMBER.							

412-925-4906		<b>.</b>	INSURER E:					
(412)327-7962			INSURER F:					
COVERAGES CERT	TIFICA	TE NUMBER:			REVISION NUMBER:			
INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN	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 S	WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
X COMMERCIAL GENERAL LIABILITY	П				EACH OCCURRENCE	<b>\$ 1</b> ,	000,000	
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
X Abuse & Molestation					MED EXP (Anyone person)	\$	0	
A	х	PK201800012200	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	<sub>\$</sub> 1,	000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	<b>\$ 2</b> ,	000,000	
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 1,	000,000	
OTHER:					Participant Legal Liab		000,000	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1</b> ,	000,000	
ANYAUTO		D#201800012200	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$		
A OWNED SCHEDULED AUTOS ONLY AUTOS		PK201800012200	4/23/2018	4/23/2019	BODILY INJURY (Per accident)	\$		
X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
						\$		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
DED RETENTION\$						\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$		
(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$		
A Inlande Marine		PK201800012200	4/23/2018	4/23/2019	Limit \$10,500		•	
B Directors & Officers		EPP9712261	4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.								
CERTIFICATE HOLDER	OFFITIECATE LIGITORY							
Adams Township		İ	CANCELLATION					
690 Valencia Roa	d				RIBED POLICIES BE CANCELLE			
Mars, PA. 16046	-		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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PRODUCER Gagliardi Insurance Services, Inc.	CONTACT NAME:							
109 S. 13th St. #117B	PHONE (A/C. No. Ext): 1(800)-995-9768 FAX (A/C. No.): 408) 4  E-MAIL ADDRESS: sales@gsportsinsurance.com	114-8199						
Philadelphia, PA 19107 #809840	INSURER(S) AFFORDING COVERAGE NAIC#							
#809840	INSURER A: New York Marine & General Ins. 16608							
INSURED Mars Baseball Association	INSURER B: Great American Insurance	16691						
124 Granite Ridge Circle	INSURER C:							
Mars , PA 16046	INSURER D:							
412-925-4906	INSURER E:							
(412)327-7962	INSURER F:							

	412-925-4906							INSURER E:					
		(412)3	327	7-7962				INSURER F:					
COVERAGES CERTIFICATE NUMBER:							NUMBER:				REVISION NUMBER:		
IN CE	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.												
INS LTR	R	TYPE OF I	NSUF	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X	COMMERCIAL GI	ENER	AL LIABILITY							EACH OCCURRENCE	<b>\$ 1</b> ,	000,000
		CLAIMS-MAD	DE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X	Abuse & M	ole	station			DW201000012200		4/22/2019	4 /22 /2010	MED EXP (Anyone person)	\$	0
Α					х		PK201800012200	)	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ 1,	000,000
	GEI	N'L AGGREGATE LII		PPLIES PER:							GENERAL AGGREGATE	\$ 2,	000,000
	X	POLICY PR	CT	LOC							PRODUCTS - COMP/OP AGG		000,000
		OTHER:									Participant Legal Liab		000,000
	ΑU٦	TOMOBILE LIABILITY	′								COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1</b> ,	000,000
		ANYAUTO		•			PK201800012200	)	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$	
Α		OWNED AUTOS ONLY		SCHEDULED AUTOS NON-OWNED			IRZUIUUUUIZZUU		-,,	-,,	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY	X	AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
			Щ		Ш							\$	
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE									Lasa Lasa	\$	
		RKERS COMPENSA ) EMPLOYERS' LIAB		<u>Y/N</u>							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTICER/MEMBER EXCL	TNER.	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH)									E.L. DISEASE - EA EMPLOYEE	\$	
_		s, describe under CRIPTION OF OPER					DT 001000010000		4 (00 (0010	4 /02 /0010	E.L. DISEASE - POLICY LIMIT	\$	<b>#050</b>
A		nlande Ma					PK201800012200			4/23/2019	Limit \$10,500		-
В	ט:	irectors	٥c	Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500
250				00.1710.10 (1/51.110)									
Th	9 (	Certifica	te	holder i	s i	Lnc.	101, Additional Remarks Schedule, m luded as an add	ditic	onal ins	sured, k	out only with		
re	spe	ect to th	e	liability	aı	ris:	ing out of the	neg]	ligence	of the	named insured		
Al.	1 1	policy te	rm	s and cor	ndit	io	ns apply.						
CE	TIFI	CATE HOLDER	?					CANC	ELLATION				
<u> </u>	<u> </u>			Coast B	ase	ba]	l1	O/NINO	LLLATION				
		9100	Coi	mmerce Ci	rcl	е					RIBED POLICIES BE CANCELLE		
				d. PA. 15				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					

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PRODUCER		CONTACT NAME:					
_	di Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199					
	13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com					
	lphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC					
#809840		INSURER A: New York Marine & General Ins. 16608					
INSURED 1	Mars Baseball Association	INSURER B: Great American Insurance	16691				
]	124 Granite Ridge Circle	INSURER C:					
1	Mars , PA 16046	INSURER D:					
4	112-925-4906	INSURER E:					
	(412)327-7962	INSURER F:					
COVEDACE	CEDTIEICATE NILIMDED:	DEVICION NI IMPED:					

	412-925-4906		INSURER E:							
	(412)327-7962				INSURER F:					
CC	OVERAGES CERT	ΓΙFICA	TE I	NUMBER:	REVISION NUMBER:					
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INSI LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>1</b> ,	300,000
	X Abuse & Molestation			DT 001 00001 0000		4 (02 (0010	4 (02 (001 0	MED EXP (Anyone person)	\$	0
Α		x		PK201800012200	,	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ 1,	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<b>\$ 2</b> ,	000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		000,000
	OTHER:							Participant Legal Liab		000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1</b> ,	000,000
	ANYAUTO			PK201800012200	1	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY			RZOIOOOOIZZOO	'	1, 20, 2020	1, 20, 2025	BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
Ш	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	,						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Inlande Marine			PK201800012200	)	4/23/2018	4/23/2019	Limit \$10,500	Ded	\$250
В	Directors & Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500
									<u> </u>	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD	101, Additional Remarks Schedule, ma	ay be atta	ched if more space	e is required)			
	e Certificate holder i						-			
	spect to the liability			<del>-</del>	neg.	ligence	or the	named insured	•	
AI.	All policy terms and conditions apply.									
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	Brickyard Park H	old	ing	s, LLC						
	13 Dewey Lane				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					

CENTIFICATE HOLDER	CANCELLATION
Brickyard Park Holdings, LLC	
13 Dewey Lane Gibsonia, PA 16059	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
•	



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PRODUCER	CONTACT NAME:	
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): $1(800) - 995 - 9768$ FAX (A/C, No): $(408)$	414-8199
109 S. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com	
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#
#809840	INSURER A: New York Marine & General Ins.	16608
INSURED Mars Baseball Association	INSURER B: Great American Insurance	16691
124 Granite Ridge Circle	INSURER C:	
Mars , PA 16046	INSURER D:	
412-925-4906	INSURER E:	
(412)327-7962	INSURER F:	
COVERAGES	DEVICION NUMBER.	·

412-925-4906								INSURER E:								
(412)327-7962								INSUR	ERF:							
C	OVE	RAGES		CER'	TIFICA	ATE	NUMBER:				REVISION NUMBER:					
IN CI	DICAT ERTIF	TED. NOTWITHSTA	ANDII SUED	NG ANY REQUIREM OR MAY PERTAIN	IENT, T N, THE S. LIMIT	ERM ( INSU IS SHO	TED BELOW HAVE BEEN ISSUED OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO DWN MAY HAVE BEEN REDUCED	RACT OR DLICIES D	OTHER DOCUM DESCRIBED HER	MENT WITH RES	PECT TO WHICH THIS					
INS LTR	R	TYPE OF I	NSUF	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
	X	<del></del> .	_	AL LIABILITY  X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED	\$ <b>1</b> ,	300,000			
	х	Abuse & M	_								PREMISES (Ea occurrence)  MED EXP (Anyone person)	\$	0			
Α					х		PK201800012200	)	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ <b>1</b> ,	000,000			
	GEI	N'L AGGREGATE LII		PPLIES PER:							GENERAL AGGREGATE	_	000,000			
	Х	J. 02.01	RO- CT	LOC							PRODUCTS - COMP/OP AGG Participant Legal Liab		000,000			
	ΑUT	OTHER:  TOMOBILE LIABILITY	′								COMBINED SINGLE LIMIT		000,000			
		ANYAUTO									(Ea accident) BODILY INJURY (Per person)	\$	, , , , , ,			
Α		OWNED AUTOS ONLY		SCHEDULED AUTOS			PK201800012200	)	4/23/2018	4/23/2019	BODILY INJURY (Per accident)	\$				
**	X	HIRED AUTOS ONLY	х	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
												\$				
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$				
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$				
	L	DED RETE	NTIC	ON \$								\$				
		RKERS COMPENSA ) EMPLOYERS' LIAB									PER OTH- STATUTE ER					
	ANY OFFI	PROPRIETOR/PAR	TNER	EXECUTIVE Y/N	N/A						E.L. EACH ACCIDENT	\$				
	(Mar	ndatory in NH)									E.L. DISEASE - EA EMPLOYEE	\$				
		s, describe under SCRIPTION OF OPE									E.L. DISEASE - POLICY LIMIT	\$				
Α		nlande Ma					PK201800012200	)		4/23/2019	Limit \$10,500					
В	Di	irectors	&	Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500			
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CEF	RTIFI	CATE HOLDER						CANC	ELLATION							
			_		oun	dat	cion, Inc.									
		873 L	ong	g Drive							RIBED POLICIES BE CANCELLE					
l		Abord		o Marrela	nd.	210	001	IHE	EXPIRATION	DATE THEKE	F, NOTICE WILL BE DELI	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				

Cal Ripken Sr. Foundation, Inc.
873 Long Drive
Aberdeen, Maryland 21001

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



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INS LTR	TYPE OF INSURANCE	ADDL SUB INSD WV		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	s 1,	,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X Abuse & Molestation		PK201800012200	4/23/2018	4/23/2019	MED EXP (Anyone person)	\$	0
Α		X	PKZ0160001ZZ00	1/23/2010	1/23/2013	PERSONAL & ADV INJURY		,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	<b>\$2,</b>	,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG		,000,000
	OTHER:					Participant Legal Liab		,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1</b> ,	,000,000
	ANYAUTO		PK201800012200	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY		FR201000012200	1, 23, 2010	1, 23, 2013	BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION\$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A	Inlande Marine		PK201800012200	4/23/2018	4/23/2019	Limit \$10,500	Ded	\$250
В	Directors & Officers		EPP9712261	4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500
The	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.							
CEF	RTIFICATE HOLDER			CANCELLATION				
	Callery Field							
l	1309 Mars Evans	City	Road			RIBED POLICIES BE CANCELLE		
l	Evans City, PA.	16033	3	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS				

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DATE(MM/DD/YYYY) 4/19/2018

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uns ceru	incate does not conter rights to the certificate holder in fied of	this certificate does not come rights to the certificate molder in ned of such endorsement(s).								
PRODUCER		CONTACT NAME:								
_	ardi Insurance Services, Inc.	PHONE (A/C, No. Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199								
	. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com								
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAI								
#8098	40	INSURER A: New York Marine & General Ins. 1660								
INSURED	Mars Baseball Association	INSURER B: Great American Insurance	16691							
	124 Granite Ridge Circle	INSURER C :								
	Mars , PA 16046	INSURER D:								
	412-925-4906	INSURER E:								
	(412)327-7962	INSURER F:								
COVEDA	OFO OFDITIOATE AUMOFD.	DEVICIONA NUMBER.								

		_		4900				INSURER E:					
		(412)3	327	7-7962				INSURE	RF:				
C	OVE	RAGES		CER <sup>®</sup>	TIFICA	ATE	NUMBER:				REVISION NUMBER:		
IN CI	DICAT ERTIF	TED. NOTWITHSTA TICATE MAY BE IS:	ANDIN SUED	NG ANY REQUIREM OR MAY PERTAIN	ENT, T	INSU	TED BELOW HAVE BEEN ISSUED OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO DWN MAY HAVE BEEN REDUCED	RACT OR DLICIES D	OTHER DOCUM DESCRIBED HER	MENT WITH RES	PECT TO WHICH THIS		
INS LTR	R	TYPE OF I	NSUF	RANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X	CLAIMS-MAD	_	AL LIABILITY  X OCCUR		2	. 62.61.11611152.11		(, 55, 1 . 1 . 1)	,	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>1</b> ,	300,000
	X	Abuse & M	_				PK201800012200	)	4/23/2018	4/23/2019	MED EXP (Anyone person)	\$	0
Α	GEN	L AGGREGATE LIF	ΜΙΤ Δ	DDI IES DED:	Х						PERSONAL & ADV INJURY GENERAL AGGREGATE		000,000
	X	POLICY PRO- JECT LOC									PRODUCTS - COMP/OP AGG Participant Legal Liab	<sub>\$</sub> 1,	000,000
	AUT	OTHER: OMOBILE LIABILITY	′								COMBINED SINGLE LIMIT (Ea accident)		000,000
	П	ANYAUTO									BODILY INJURY (Per person)	\$	
Α		OWNED		SCHEDULED			PK201800012200	)	4/23/2018	4/23/2019	BODILY INJURY (Per accident)	\$	
	X AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY			NON-OWNED						PROPERTY DAMAGE (Per accident)	\$		
			Щ									\$	
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE	NTIC	ON \$								\$	
		RKERS COMPENSA EMPLOYERS' LIAB									PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PAR' CER/MEMBER EXCL	TNER		N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)			,						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPER	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
A		nlande Ma		_			PK201800012200	)		4/23/2019	Limit \$10,500		
В	Di	irectors	&	Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500
DES <b>Th</b>	CRIPT	TION OF OPERATIO	NS/L	OCATIONS / VEHICL	ES (A	CORD	l 101, Additional Remarks Schedule, m luded as an add	nay be atta	chedif more space	e is required) sured, b	out only with	<u> </u>	
re	spe	ect to th	ıe	liability	aı aı	ris:	ing out of the	neg:	ligence	of the	named insured	•	
Al	Il policy terms and conditions apply.												
CEF	RTIFI	CATE HOLDER					-	CANC	ELLATION				
				air L.P.									
				Point Dr				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					

Cedar Fair L.P.

1 Cedar Point Dr.
Sandusky, OH 44870

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



DATE(MM/DD/YYYY) 4/19/2018

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this certificate does not comer rights to the	c ocitinoate notaci in nea o	or such chaorsement(s).								
PRODUCER		CONTACT NAME:								
Gagliardi Insurance Serv	ices, Inc.	PHONE (A/C, No, Ext): $1(800) - 995 - 9768$ FAX (A/C, No): (408) 414-8199								
109 S. 13th St. #117B		E-MAIL ADDRESS: sales@gsportsinsurance.com								
Philadelphia, PA 19107		INSURER(S) AFFORDING COVERAGE NAIO								
#809840		INSURER A: New York Marine & General Ins.	16608							
INSURED Mars Baseball Asso	ciation	INSURER B: Great American Insurance	16691							
124 Granite Ridge	Circle	INSURER C:								
Mars , PA 16046		INSURER D:								
412-925-4906		INSURER E:								
(412)327-7962		INSURER F:								
00\/ED 4.0E0	10 A TE A II IA ADED									

		412-92	25-	4906				INSURE	RE:	INSURER E:				
		(412)	327	7-7962				INSURE	RF:					
CC	OVE	RAGES		CER'	TIFICA	λΤΕ	NUMBER:				REVISION NUMBER:			
IN CE	DICATERTIF	TED. NOTWITHSTA	ANDIN SUED	NG ANY REQUIREM OR MAY PERTAIN	ENT, T	ERM INSU	TED BELOW HAVE BEEN ISSUED OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE POI DWN MAY HAVE BEEN REDUCED	RACT OR DLICIES D	OTHER DOCUMESCRIBED HER	MENT WITH RES	PECT TO WHICH THIS			
INS LTR	R	TYPE OF I	NSUF	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	X	COMMERCIAL G	ENER	AL LIABILITY							EACH OCCURRENCE	<b>\$ 1</b> ,	000,000	
		CLAIMS-MAD	DE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	X	Abuse & M	ole	station			DW201000012200		4 / 2 2 / 201 0	4 /22 /2010	MED EXP (Anyone person)	\$	0	
Α					х		PK201800012200	)	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ 1,	000,000	
	GEI	N'L AGGREGATE LII		PPLIES PER:							GENERAL AGGREGATE	\$ 2,	000,000	
	X	POLICY PR	THER:								PRODUCTS - COMP/OP AGG		000,000	
		OTHER:									Participant Legal Liab		000,000	
	AUT	TOMOBILE LIABILITY	′								COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1</b> ,	000,000	
		ANYAUTO					PK201800012200	)	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS						INZUIUUUUIZZUU	,   1, 20	-,,		BODILY INJURY (Per accident)	\$		
	X AUTOS ONLY X			AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
			Щ		Ш							\$		
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-M										AGGREGATE	\$		
	Ш	DED RETE									Lasa Lasa	\$		
		RKERS COMPENSA ) EMPLOYERS' LIAB		<u>Y/N</u>							PER OTH- STATUTE ER			
	ANY OFFI	PROPRIETOR/PAR CER/MEMBER EXCL	TNER.	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ndatory in NH)									E.L. DISEASE - EA EMPLOYEE	\$		
_		s, describe under CRIPTION OF OPE									E.L. DISEASE - POLICY LIMIT	\$	+0=0	
A		nlande Ma					PK201800012200			4/23/2019	Limit \$10,500		-	
В	נען	irectors	۵c	Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500	
Th	e (	Certifica	te	holder i	s i	Lnc.	101, Additional Remarks Schedule, maded as an add	ditic	onal ins	sured, k	out only with			
re	spe	ect to th	e	liability	aı	ris:	ing out of the	neg]	Ligence	of the	named insured			
Al.	1 1	policy te	rm	s and cor	ndit	io	ns apply.							
CE	TIFI	CATE HOLDER	,					CANC	ELLATION					
CER	<u> </u>			oint Park	, L	LC		CANCELLATION						
				Point Dr	-			SHO	ULD ANY OF TH	HE ABOVE DESC	RIBED POLICIES BE CANCELLE	D BEFOR	RE	
				v. OH 448				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						

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PRODUCER		CONTACT NAME:								
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199								
	. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com								
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE								
#8098	40	INSURER A: New York Marine & General Ins.	16608							
INSURED	Mars Baseball Association	INSURER B: Great American Insurance	16691							
	124 Granite Ridge Circle	INSURER C:								
	Mars , PA 16046	INSURER D :								
	412-925-4906	INSURER E:								
	(412)327-7962	INSURER F:								
COVERA	GES CERTIFICATE NUMBER:	REVISION NUMBER:								

		412-9	25-	<del>1</del> 900				INSURER E :					
		(412)	327	-7962				INSURE	RF:				
C	OVE	RAGES		CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
IN C	DICA <sup>-</sup> ERTIF	TED. NOTWITHST	ANDIN	IG ANY REQUIREM OR MAY PERTAI	MENT, T N, THE	TERM INSU	TED BELOW HAVE BEEN ISSUED OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO DWN MAY HAVE BEEN REDUCED	RACT OR DLICIES D	OTHER DOCUM	MENT WITH RES	PECT TO WHICH THIS		
INS LTR	R	TYPE OF	INSUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	Х	<del></del> -	_	AL LIABILITY  OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>1</b> ,	300,000
Α	Х	Abuse & M	ole	station	x		PK201800012200	)	4/23/2018	4/23/2019	MED EXP (Anyone person) PERSONAL & ADV INJURY	\$ \$ <b>1</b> ,	000,000
	GEI	N'L AGGREGATE LI	IMIT AF RO- ECT	PPLIES PER:							GENERAL AGGREGATE	Ψ -	000,000
		OTHER:	ECT								PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ <b>1</b> ,	000,000
	ΑU	TOMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ <b>1</b> ,	000,000
Α		OWNED AUTOS ONLY		SCHEDULED AUTOS			PK201800012200	)	4/23/2018	4/23/2019	BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
$\vdash$	$\vdash$	UMBRELLA LIAB	ᆛ	000115	1	┝							
	<del>                                     </del>	EXCESS LIAB	┢	OCCUR							EACH OCCURRENCE	\$	
	$\vdash$		ENTIO	CLAIMS-MADE	1						AGGREGATE	\$	
		RKERS COMPENSA DEMPLOYERS' LIAE	ATION	140							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PAR	RTNER/	EXECUTIVE Y/N	N/A						E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH)			"/^						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under SCRIPTION OF OPE	RATIO	NS below							E.L. DISEASE - POLICY LIMIT	\$	
Α		nlande Ma					PK201800012200			4/23/2019	Limit \$10,500		-
В	D:	irectors	& (	Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500
Th re	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured.  All policy terms and conditions apply.												
	סדורי	ICATE HOLDE						CANO	ELLATION				
CEI	(IIII)	City		Aberdeer	<u> </u>		ĺ	CAINC	ELLATION				<del></del>
				Drive	•			SHO	OULD ANY OF TH	HE ABOVE DESC	RIBED POLICIES BE CANCELLE	D BEFOR	₹E
			_	n, MD 210	01			THE	EXPIRATION		OF, NOTICE WILL BE DELI		

AUTHORIZED REPRESENTATIVE COSCIONAL



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PRODUCER		CONTACT NAME:							
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): $1(800) - 995 - 9768$ FAX (A/C, No): $(408) 414 - 8199$							
	. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com							
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#						
#8098	40	INSURER A: New York Marine & General Ins. 1660							
INSURED	Mars Baseball Association	INSURER B: Great American Insurance 166							
	124 Granite Ridge Circle	INSURER C:							
	Mars , PA 16046	INSURER D:							
	412-925-4906	INSURER E:							
	(412)327-7962	INSURER F:							

		412-925-4906					INSURER E:						
		(412)327-7962	2				INSURE	RF:					
C	OVE	RAGES	CERTII	FICA	TE	NUMBER:				REVISION NUMBER:			
IN CI EX	DICA ERTIF	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQUIREMEN PERTAIN, POLICIES. I	NT, T THE LIMIT	ERM ( INSU S SHC	OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO	RACT OR DLICIES D	OTHER DOCUM ESCRIBED HER CLAIMS.	MENT WITH RES	PECT TO WHICH THIS			
INS LTR	R	TYPE OF INSURANCE	A II	DDL NSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	LIMITS			
	Х	COMMERCIAL GENERAL LIABIL	ITY							EACH OCCURRENCE	<b>\$ 1</b> ,	000,000	
		CLAIMS-MADE X OCCU	JR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	х	Abuse & Molestati	on							MED EXP (Anyone person)	\$	0	
Α				x		PK201800012200	)	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	<sub>\$</sub> 1,	000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER	R:							GENERAL AGGREGATE	<b>\$ 2</b> ,	000,000	
	Х	POLICY PRO- JECT LO	С							PRODUCTS - COMP/OP AGG	\$ 1,	000,000	
		OTHER:								Participant Legal Liab		000,000	
	ΑU	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1</b> ,	000,000	
		ANYAUTO				PK201800012200		4/23/2018	4/22/2010	BODILY INJURY (Per person)	\$		
A		OWNED SCHEDUL AUTOS				PK201600012200		4/23/2016	4/23/2019	BODILY INJURY (Per accident)	\$		
	X	HIRED X NON-OWN AUTOS ONLY								PROPERTY DAMAGE (Per accident)	\$		
											\$		
		UMBRELLA LIAB OCCU	JR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIN	MS-MADE							AGGREGATE	\$		
		DED RETENTION\$									\$		
		PRKERS COMPENSATION D EMPLOYERS' LIABILITY								PER OTH- STATUTE ER			
	ANY	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	<b>ĕ (Υ/Ν</b> Ι,	1/A						E.L. EACH ACCIDENT	\$		
	(Mai	indatory in NH)	`'ال	''^						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	es, describe under SCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
Α		nlande Marine				PK201800012200	)	4/23/2018	4/23/2019	Limit \$10,500		•	
В	D:	irectors & Offic	ers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500	
DES	CRIP	TION OF OPERATIONS / LOCATIONS	7 VEHICLES	S (AC	CORD	101, Additional Remarks Schedule.m	nay be atta	chedif more space	e is required)				
Th	e (	<b>Certificate hold</b>	ler is	i	nc.	luded as an add	ditio	onal ins	sured, k	-			
re	spe	ect to the liabi	lity	ar	is.	ing out of the	neg]	ligence	of the	named insured	•		
Al	1 j	policy terms and	l cond	lit	io	ns apply.							
CFF	RTIF	ICATE HOLDER					CANC	ELLATION					
		County of Er	ie, O	H			0, 1110						
		2900 Columbu	s Ave	nu	е					RIBED POLICIES BE CANCELLE			
		Sandusky, OH	4487	0			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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this certi	incate does not confer rights to the certificate holder in fieu of suc	ch endorsement(s).							
PRODUCER		CONTACT NAME:							
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199							
	. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com							
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#						
#8098	40	INSURER A: New York Marine & General Ins.	16608						
INSURED	Mars Baseball Association	INSURER B: Great American Insurance	16608 16691						
	124 Granite Ridge Circle	INSURER C:							
	Mars , PA 16046	INSURER D:							
	412-925-4906	INSURER E:							
	(412)327-7962	INSURER F:							
COVEDA	CES CERTIFICATE NI IMBER:	DEVISIONI NI IMPED							

		412-925-4906				INSURER E:					
		(412)327-7962				INSURE	RF:				
C	OVE	RAGES (	CERTIFIC	ATE	NUMBER:				REVISION NUMBER:		
IN CI EX	DICA ERTIF	S TO CERTIFY THAT THE POLICIES OF NTED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PEI ISIONS AND CONDITIONS OF SUCH PO	IREMENT, RTAIN, TH LICIES. LIM	TERM E INSU ITS SH	OR CONDITION OF ANY CONTRI IRANCE AFFORDED BY THE PC OWN MAY HAVE BEEN REDUCED	RACT OR DLICIES D	OTHER DOCUM ESCRIBED HER CLAIMS.	MENT WITH RES	PECT TO WHICH THIS		
INS LTR	R	TYPE OF INSURANCE	ADD INSE	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ <b>1</b> ,	000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	х	Abuse & Molestation			D==0010001000		4 (00 (0010	4 (00 (0010	MED EXP (Anyone person)	\$	0
Α			x		PK201800012200	)	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ <b>1</b> ,	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		_						GENERAL AGGREGATE	<b>\$ 2</b> ,	000,000
	Х	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		000,000
		OTHER:							Participant Legal Liab		000,000
	ΑU	ITOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1</b> ,	000,000
		ANYAUTO			PK201800012200	,	4/23/2018	4/22/2010	BODILY INJURY (Per person)	\$	
A		OWNED SCHEDULED AUTOS ONLY			PK201800012200	,	4/23/2010	1/23/2019	BODILY INJURY (Per accident)	\$	
	Х	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-M	ИADE						AGGREGATE	\$	
		DED RETENTION\$								\$	
		DRKERS COMPENSATION D EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	Y/N N/A						E.L. EACH ACCIDENT	\$	
	(Mai	andatory in NH)	""الــــ	`I					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α		nlande Marine			PK201800012200	)	4/23/2018	4/23/2019	Limit \$10,500		•
В	D:	irectors & Office:	rs		EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500
DES	CRIP	TION OF OPERATIONS / LOCATIONS / V	EHICLES (	ACORD	101, Additional Remarks Schedule, m	nay be atta	chedif more space	e is required)			
		Certificate holde:						-	-		
	_	ect to the liabil:	_		_	neg.	ligence	of the	named insured	•	
Al	1 j	policy terms and o	condi	tio	ns apply.						
CFF	RTIF	TICATE HOLDER				CANC	ELLATION				
		CRJ, Inc.				0, 11 10					
		873 Long Drive	•						RIBED POLICIES BE CANCELLE		
		Aberdeen, MD 2						THE POLICY PRO	OF, NOTICE WILL BE DELI' DVISIONS.	VERED	IN

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DATE(MM/DD/YYYY) 4/19/2018

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uns ceru	incate does not come rights to the certificate holder in fied of such	ii endorsement(s).							
PRODUCER		CONTACT NAME:							
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): $1(800) - 995 - 9768$ FAX (A/C, No): $(408) 414 - 8199$							
	. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com							
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#						
#8098	40	INSURER A: New York Marine & General Ins. 1660							
INSURED	Mars Baseball Association	INSURER B: Great American Insurance 166							
	124 Granite Ridge Circle	INSURER C:							
	Mars , PA 16046	INSURER D:							
	412-925-4906	INSURER E:							
	(412)327-7962	INSURER F:							

		412-92	25-	4906				INSURER E:					
		(412)3	327	7-7962				INSURE	RF:				
CC	OVE	RAGES		CER'	TIFICA	ATE	NUMBER:				REVISION NUMBER:		
INI CE	DICA RTIF	TED. NOTWITHSTA	ANDIN SUED	NG ANY REQUIREM OR MAY PERTAIN	IENT, T N, THE	ERM INSU	TED BELOW HAVE BEEN ISSUED OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE POI DWN MAY HAVE BEEN REDUCED	RACT OR DLICIES D	OTHER DOCUMESCRIBED HER	MENT WITH RESI	PECT TO WHICH THIS		
INSI LTR	R	TYPE OF II	NSUF	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	Х	COMMERCIAL GE	ENER	AL LIABILITY							EACH OCCURRENCE	<b>\$ 1</b> ,	000,000
		CLAIMS-MAD	ÞΕ	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		300,000
	X	Abuse & M	ole	station			DW201000012200		4/22/2019	4 /22 /2010	MED EXP (Anyone person)	\$	0
Α					x		PK201800012200	)	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ 1,	000,000
	GEI	N'L AGGREGATE LIN		PPLIES PER:							GENERAL AGGREGATE	\$ 2,	000,000
	X	POLICY PR	LICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG		000,000
		OTHER:								Participant Legal Liab		000,000	
	ΑU٦	TOMOBILE LIABILITY	,								COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1</b> ,	000,000
		ANYAUTO					PK201800012200	4/23/201	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$	
A		OWNED AUTOS ONLY		SCHEDULED AUTOS			IRZUIUUUUIZZUU		-,,		BODILY INJURY (Per accident)	\$	
	X AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY									PROPERTY DAMAGE (Per accident)	\$		
			Щ		Ш							\$	
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE									Lasa Lasa	\$	
		RKERS COMPENSA EMPLOYERS' LIAB									PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTICER/MEMBER EXCL	TNER/ UDED	EXECUTIVE Y/N	N/A						E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH)									E.L. DISEASE - EA EMPLOYEE	\$	
_		s, describe under CRIPTION OF OPER									E.L. DISEASE - POLICY LIMIT	\$	*
A		nlande Ma					PK201800012200			4/23/2019	Limit \$10,500		-
В	D:	irectors	δε	Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500
DESC	CRIPT	TION OF OPERATION	NS/L	OCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule, ma	nay be attao	chedif more space	e is required)			
							luded as an add				<del>-</del>		
	_			_			ing out of the	neg]	Ligence	of the	named insured.	•	
Al:	l j	policy te	rm	s and cor	ndit	cio	ns apply.						
CEF	TIF	CATE HOLDER						CANC	ELLATION				
				Edge Trai	nin	g Z	Academy LLC						
		304 W	arı	rendale R	oad	l					RIBED POLICIES BE CANCELLE		
		Wexfo	rd	PA 1509	0			THE	EXPIRATION	DATE THEREC	OF, NOTICE WILL BE DELI	√ERED	IN

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DATE(MM/DD/YYYY) 4/19/2018

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this certii	icate does not confer rights to the certificate holder in fied of su	ch endorsement(s).									
PRODUCER		CONTACT NAME:									
_	rdi Insurance Services, Inc.	PHONE (A/C, No, Ext): $1(800) - 995 - 9768$ (A/C, No): $(408) 414 - 8199$									
	13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com									
	lelphia, PA 19107	INSURER(S) AFFORDING COVERAGE									
#80984	10	INSURER A: New York Marine & General Ins.	16608								
INSURED	Mars Baseball Association	INSURER B: Great American Insurance									
	124 Granite Ridge Circle	INSURER C:									
	Mars , PA 16046	INSURER D:									
	412-925-4906	INSURER E:									
	(412)327-7962	INSURER F:									
COVEDAC	CEDTIFICATE NI IMPED:	DEVISION NI IMPED									

		(412)32	7-7962				INSURER F:					
C	OVE	RAGES	CER <sup>-</sup>	TIFIC	ATE	NUMBER:	REVISION NUMBER:					
IN CI	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.											
INS LTR	R	TYPE OF INSU	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X	CLAIMS-MADE								EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>1,</b>	000,000 300,000
A	X	Abuse & Mole	estation	x		PK201800012200	)	4/23/2018	4/23/2019	MED EXP (Anyone person) PERSONAL & ADV INJURY		000,000
	GEN X	POLICY PRO-	APPLIES PER:							GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ <b>1</b> ,	000,000 000,000 000,000
	AUT	OTHER: OMOBILE LIABILITY ANYAUTO				DW201000010000		4/22/2015	4/22/2016	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)		000,000
A	x	OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200		4/23/2018	4/23/2019	BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
$\vdash$		UMBRELLA LIAB	<del>-</del>	$\vdash$	⊢						\$	
	-	EXCESS LIAB	OCCUR  CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION	•							AGGREGATE	\$	
		RKERS COMPENSATION	N		$\vdash$					PER OTH- STATUTE ER	2	
	ANY	PROPRIETOR/PARTNER	R/EXECUTIVE T/N							E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUDED  ndatory in NH)	D?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATION	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Ir	nlande Mari	.ne			PK201800012200	)	4/23/2018	4/23/2019	Limit \$10,500	Ded	\$250
В	Di	irectors &	Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500
Th re	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.											
CE	RTIFI	CATE HOLDER					CANC	ELLATION				
		ECTB, L										
		1008 So	uth Howar	d s	tre	eet	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					

CENTIFICATE HOLDEN	CANCELLATION
ECTB, LLC 1008 South Howard Street Allentown, PA 18103	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
	C 1000 COLD CODD CODD CODD CODD CODD CODD CODD



DATE(MM/DD/YYYY) 4/19/2018

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this certificate does not confer rights to the certificate holder in fied of such endorsement(s).								
PRODUCER		CONTACT NAME:						
_	di Insurance Services, Inc.	PHONE (A/C, No. Ext): 1(800)-995-9768 FAX (A/C, No.): (408) 414-8199 E-MAIL ADDRESS: sales@gsportsinsurance.com						
	13th St. #117B							
	lphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840		INSURER A: New York Marine & General Ins.	16608					
INSURED 1	Mars Baseball Association	INSURER B: Great American Insurance	16691					
]	124 Granite Ridge Circle	INSURER C:						
1	Mars , PA 16046	INSURER D:						
4	112-925-4906	INSURER E:						
	(412)327-7962	INSURER F:						
COVEDACE	CEDTIEICATE NILIMDED:	DEVICION NI IMPED:						

412-925-4906								INSURER E:					
		(412)	327	7-7962				INSURER F:					
C(	OVE	RAGES		CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:					
IN C	IDICA ERTII	ATED. NOTWITHST FICATE MAY BE IS	ANDIN	NG ANY REQUIREN OR MAY PERTAI	MENT, THE	TERM INSU	TED BELOW HAVE BEEN ISSUED OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO DWN MAY HAVE BEEN REDUCED	RACT OR OLICIES D	OTHER DOCUMESCRIBED HER	MENT WITH RESI	PECT TO WHICH THIS		
INS LTR	i R	TYPE OF	INSUF	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	Х	COMMERCIAL G	ENER	AL LIABILITY					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	,,	EACH OCCURRENCE	s 1,	,000,000
		CLAIMS-MAI	DE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
l	х	_	_				D		4 (00 (0010	4 /02 /0010	MED EXP (Anyone person)	\$	0
Α					x		PK201800012200	ט	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ 1,	,000,000
	GE	N'L AGGREGATE LI	MIT A	P <u>PLIES</u> PER:							GENERAL AGGREGATE	<b>\$2,</b>	,000,000
	Х	POLICY PI	RO- CT	LOC							PRODUCTS - COMP/OP AGG		,000,000
		OTHER:									Participant Legal Liab		,000,000
	AU	TOMOBILE LIABILIT	Y								COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1</b> ,	,000,000
		ANYAUTO					PK201800012200	n	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$	
Α		OWNED AUTOS ONLY	SCHEDULED AUTOS					, ., .	BODILY INJURY (Per accident)		\$		
	Х	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
_	┖		Щ							Ļ		\$	
		UMBRELLA LIAB	<u> </u>	OCCUR							EACH OCCURRENCE	\$	
	┖	EXCESS LIAB		CLAIMS-MADE	4						AGGREGATE	\$	
_	ᆫ		ENTIC		<u> </u>						LDED LOTH	\$	
		RKERS COMPENSA D EMPLOYERS' LIAE		V/N	l						PER OTH- STATUTE ER		
	AN) OFF	Y PROPRIETOR/PAR FICER/MEMBER EXCL	TNER/ LUDED	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	lf ve	andatory in NH) es. describe under									E.L. DISEASE - EA EMPLOYEE	\$	
Ļ	DÉS	SCRIPTION OF OPE					DW001000010000		4 /02 /0010	4 (02 (0010	E.L. DISEASE - POLICY LIMIT	\$	4050
A		nlande Ma		_			PK201800012200	י		4/23/2019 4/23/2019	Limit \$10,500		•
В	ן די	irectors	œ	Officers			EPP9712261		4/23/2016	4/23/2019	Limit \$1Mil	עפע	\$500
DES	CRIP	TION OF OPERATION	NS/L	OCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedule, m	nay be atta	chedif more spac	e is required)			
							luded as an add				<del>-</del>		_
	_			_	-		ing out of the	neg.	ligence	or the	named insured	• A1.	T
policy terms and conditions apply.													
CEI	RTIF	ICATE HOLDER						CANC	ELLATION				
l				ea School	. Di	.stı	rict						
l	545 Route 228						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						

CENTIFICATE HOLDER	CANCELLATION
Mars Area School District	
545 Route 228	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
Mars, PA. 16046	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE
•	



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PRODUCER Gagliardi Insurance Services, Inc. 109 S. 13th St. #117B	CONTACT NAME: PHONE (A/C. No. Ext): 1(800)-995-9768 FAX (A/C. No.): (408) 414-8199 E-MAIL ADDRESS: sales@gsportsinsurance.com							
Philadelphia, PA 19107 #809840	INSURER A: New York Marine & General Ins.	NAIC#						
INSURED Mars Baseball Association	INSURER B: Great American Insurance	16691						
124 Granite Ridge Circle	INSURER C:							
Mars , PA 16046	INSURER D :							
412-925-4906	INSURER E:							
(412)327-7962	INSURER F:							

		(412)327-7962				INSURER F:					
C	OVE	RAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:					
IN C	DICATERTIF	TO CERTIFY THAT THE POLICIES OF INSI FED. NOTWITHSTANDING ANY REQUIREM ICATE MAY BE ISSUED OR MAY PERTAIN SIONS AND CONDITIONS OF SUCH POLICIES	ENT, THE	TERM INSU	OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE POI	ACT OR	OTHER DOCUM ESCRIBED HER	MENT WITH RES	PECT TO WHICH THIS		
INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)			LIMITS		
	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	<b>\$ 1</b> ,	,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	х	Abuse & Molestation			PK201800012200		4/02/2010	4 /22 /2010	MED EXP (Anyone person)	\$	0
Α			X		PK201800012200	'	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ 1,	,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<b>\$2</b> ,	,000,000
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		,000,000
		OTHER:							Participant Legal Liab		,000,000
	ΑU٦	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1</b> ,	,000,000
	L	ANYAUTO			PK201800012200	1	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$	
Α		OWNED SCHEDULED AUTOS ONLY				'		1, 10, 1015	BODILY INJURY (Per accident)	\$	
	Х	HIRED X NON-OWNED AUTOS ONLY		1					PROPERTY DAMAGE (Per accident)	\$	
	L									\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	_	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	ᆫ	DED RETENTION \$		<u> </u>						\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
_		s, describe under CRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT	\$	
A		nlande Marine			PK201800012200			4/23/2019	Limit \$10,500		•
В	D:	irectors & Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500
			L	<u> </u>	L						
	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Proof of coverage.										
CF	RTIF	CATE HOLDER				CANC	ELLATION				
OL!	<u> </u>	Mars Baseball As	soc	iat	tion	O/NINO	LLLATION				
I		2 Descridential I				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					

Mars Baseball Association

3 Presidential Lane
Valencia, PA 16059

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



DATE(MM/DD/YYYY) 4/19/2018

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.

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this certificate does not confer rights to the certificate holder in fied of such endorsement(s).								
PRODUCER		CONTACT NAME:						
_	di Insurance Services, Inc.	PHONE (A/C, No. Ext): 1(800)-995-9768 FAX (A/C, No.): (408) 414-8199 E-MAIL ADDRESS: sales@gsportsinsurance.com						
	13th St. #117B							
	lphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840		INSURER A: New York Marine & General Ins.	16608					
INSURED 1	Mars Baseball Association	INSURER B: Great American Insurance	16691					
]	124 Granite Ridge Circle	INSURER C:						
1	Mars , PA 16046	INSURER D:						
4	112-925-4906	INSURER E:						
	(412)327-7962	INSURER F:						
COVEDACE	CEDTIEICATE NILIMDED:	DEVICION NI IMPED:						

412-925-4906								INSURER E:					
		(412)	327	7-7962				INSURER F:					
	COVE	RAGES		CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:					
	INDICAT	TED. NOTWITHST	ANDIN	E POLICIES OF INS NG ANY REQUIREM OOR MAY PERTAII	URANO MENT, T N, THE	CE LIS TERM : INSU	TED BELOW HAVE BEEN ISSUED OF CONDITION OF ANY CONTR.  JEANCE AFFORDED BY THE POLOWN MAY HAVE BEEN REDUCED I	RACT OR DLICIES D	OTHER DOCUMESCRIBED HER	MENT WITH RES	PECT TO WHICH THIS		
ᄖ	NSR R	TYPE OF	INSUF	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Ë	х	1			III I		T OEIOT NOMBER		(WIWI/DD/1111)	(WIW)/DD/TTTT/	EACH OCCURRENCE	s 1.	,000,000
		CLAIMS-MAI	DE <b>[</b>	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	х	Abuse & M	_								MED EXP (Anyone person)	\$	0
1	∡				х		PK201800012200	)	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	<sub>\$</sub> 1,	,000,000
	GEI	N'L AGGREGATE LI	MIT A	PPLIES PER:							GENERAL AGGREGATE	<sub>\$</sub> 2,	,000,000
	X	POLICY PF	RO-	LOC							PRODUCTS - COMP/OP AGG		,000,000
L		OTHER:									Participant Legal Liab		,000,000
	AUT	TOMOBILE LIABILIT	Y								COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1,</b>	,000,000
		ANYAUTO				PK201800012200	DE201800012200	4/2	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$	
1 2	$\subseteq$	OWNED AUTOS ONLY		SCHEDULED AUTOS			,	1/23/2010	, ==, ===	BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS ONLY	▼ NON-OWNED	NON OWNED							PROPERTY DAMAGE (Per accident)	\$	
L	$oldsymbol{\perp}$											\$	
	$\perp$	UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	\$	
l	L	EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
L		DED RET	ENTIC	ON \$								\$	
	WOI	RKERS COMPENSA DEMPLOYERS' LIAE	ATION								PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE TYN	N/A						E.L. EACH ACCIDENT	\$	
l	(Mai	ndatory in NH)	LODED		"/"						E.L. DISEASE - EA EMPLOYEE	\$	
L	If yes	s, describe under SCRIPTION OF OPE	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
1		nlande Ma					PK201800012200	)	4/23/2018	4/23/2019			\$250
I	3 D:	irectors	&	Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500
DE	SCRIP	TION OF OPERATIO	NS/L	OCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedule, ma	nay be atta	chedif more spac	e is required)			
							luded as an add			-			
	_			_			ing out of the	neg.	ligence	or the	named insured	• AI.	T
p	OLIC	cy terms	an	d condit:	Lon	s a	bbīà.						
l													
l													
С	ERTIFI	ICATE HOLDER						CANC	ELLATION				
		Mars		•									
1	598 Spring Avenue						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						

CERTIFICATE HOLDER	CANCELLATION					
Mars Borough 598 Spring Avenue Mars, PA. 16046	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1	AUTHORIZED REPRESENTATIVE					
	© 4000 COAF STORE CORPORATION WILLIAM STATES					



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this certificate does not comer rights to the certificate holder in ned of si	den endorsement(s).						
PRODUCER	CONTACT NAME:						
Gagliardi Insurance Services, Inc.	PHONE (A/C, No. Ext): 1 (800) -995-9768 FAX (A/C, No.): (408) 414-8199						
109 S. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840		16608					
INSURED Mars Baseball Association	INSURER B: Great American Insurance	16691					
124 Granite Ridge Circle	INSURER C:						
Mars , PA 16046	INSURER D:						
412-925-4906	INSURER E:						
(412)327-7962	INSURER F:						

412-925-4906			INSURER E:					
(412)327-7962			INSURER F:					
COVERAGES CER	TIFICAT	E NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POLICIE	MENT, TER N, THE IN	RM OR CONDITION OF ANY CONTR. ISURANCE AFFORDED BY THE PO	ACT OR OTHER DOCUM LICIES DESCRIBED HER	MENT WITH RES	PECT TO WHICH THIS			
INSR LTR TYPE OF INSURANCE	ADDL SU	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X Abuse & Molestation	x	PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY	\$	000,000 300,000 0	
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- DOTHER:					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 2, \$ 1, \$ 1,	000,000 000,000 000,000	
AUTOMOBILE LIABILITY  ANYAUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY  X  AUTOS ONLY  X  AUTOS ONLY		PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	\$ 1, \$ \$ \$	000,000	
UMBRELLA LIAB  EXCESS LIAB  DED  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				EACH OCCURRENCE  AGGREGATE  PER OTH- E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$ \$		
A Inlande Marine B Directors & Officers		PK201800012200 EPP9712261		4/23/2019 4/23/2019	Limit \$10,500 Limit \$1Mil		\$250 \$500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.								
Middlesex Townsh  133 Brownshill F  Valencia, PA. 16	Road		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.					

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this cert	this certificate does not comer rights to the certificate holder in field of such endorsement(s).									
PRODUCER		CONTACT NAME:	NAME:							
_	ardi Insurance Services, Inc.	PHONE $(A/C, No, Ext)$ : 1(800)-995-9768 $(A/C, No)$ : (408)	414-8199							
	. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com								
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#							
#8098	40	INSURER A: New York Marine & General Ins. 16608								
INSURED	Mars Baseball Association	INSURER B: Great American Insurance	16691							
	124 Granite Ridge Circle	INSURER C:								
	Mars , PA 16046	INSURER D:								
	412-925-4906	INSURER E:								
	(412)327-7962	INSURER F:								
001/55	OFF THE ATE AND THE	DEL MOION AND DED								

412-925-4906		INSU	INSURER E:						
(412)327-7962		INSU	INSURER F:						
COVERAGES CER	TIFICATE	NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POLICIE	MENT WITH RES	PECT TO WHICH THIS							
INSR LTR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X Abuse & Molestation  A	x	PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY	\$ \$ \$ 1,	000,000 300,000 0 000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC OTHER:					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1,	000,000		
AUTOMOBILE LIABILITY  ANYAUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY		PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	\$ 1, \$ \$ \$	000,000		
UMBRELLA LIAB  EXCESS LIAB  DED  RETENTION\$  WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  A Inlande Marine B Directors & Officers  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC The Certificate holder respect to the liability policy terms and conditions.	is inc , aris	luded as an addit ing out of the ne	attachedif more spac	sured, k		DED	\$500		
CERTIFICATE HOLDER		CAI	NCFLI ATION						
Nations Baseball 10801 Hammerly F Houston, TX 7704	lvd	S TI	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.						

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PRODUCER		CONTACT NAME:						
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	. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com						
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#8098	40	INSURER A: New York Marine & General Ins.	16608					
INSURED	Mars Baseball Association	INSURER B: Great American Insurance	16691					
	124 Granite Ridge Circle	INSURER C:						
	Mars , PA 16046	INSURER D:						
	412-925-4906	INSURER E:						
	(412)327-7962	INSURER F:						
COVEDA	CES CERTIFICATE NI IMBER:	PEVISION NUMBER:						

		412-9	25-	<b>4</b> 500				INSURE						
		(412):	<u> 327</u>	-7962				INSURE						
CC	VE	RAGES		CEF	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
INE CE	DICA <sup>*</sup> RTIF	TED. NOTWITHST. FICATE MAY BE IS	ANDIN SUED	IG ANY REQUIRE! OR MAY PERTAI	MENT, T N, THE	TERM INSU	TED BELOW HAVE BEEN ISSUED OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO DWN MAY HAVE BEEN REDUCED	RACT OR DLICIES D	OTHER DOCUM	MENT WITH RES	PECT TO WHICH THIS			
INS LTR	2	TYPE OF I	INSUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X	<del></del> .		AL LIABILITY  OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>1</b> ,	300,000	
A	Х	Abuse & M	ole	station	x		PK201800012200	)	4/23/2018	4/23/2019	MED EXP (Anyone person) PERSONAL & ADV INJURY	\$ \$ <b>1</b> ,	000,000	
	GEI	N'L AGGREGATE LI	MIT AF	PPLIES PER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,	000,000	
Н	A 1 17	OTHER:	·			<u> </u>					Participant Legal Liab  COMBINED SINGLE LIMIT		000,000	
	AU	ANYAUTO	<u> </u>				PK201800012200	,	4/23/2018	4/23/2019	(Ea accident) BODILY INJURY (Per person)	\$	000,000	
Α		OWNED AUTOS ONLY HIRED	Ш	SCHEDULED AUTOS NON-OWNED			RZ0100001ZZ00	<b>'</b>	-,,	-,,	BODILY INJURY (Per accident)	\$		
╽	X	AUTOS ONLY	X	AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
Н	_	UMBRELLA LIAB	ㅜ	OCCUR		$\vdash$					EACH OCCURRENCE	\$		
l t		EXCESS LIAB	F	CLAIMS-MADE							AGGREGATE	\$		
l i		DED RET	ENTIO		1						ACONEONIE	\$		
		RKERS COMPENSA DEMPLOYERS' LIAB	NOITA	14 0							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PAR	TNER/	EXECUTIVE Y/N	N/A						E.L. EACH ACCIDENT	\$		
	(Mai	ndatory in NH)									E.L. DISEASE - EA EMPLOYEE	\$		
Ш	If yes	s, describe under SCRIPTION OF OPE	RATIO	NS below							E.L. DISEASE - POLICY LIMIT	\$		
A		nlande Ma					PK201800012200	)		4/23/2019	Limit \$10,500			
В	D:	irectors	& (	Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500	
The res	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.													
	TIC:	ICATE LIQUES						CANO						
CER	HH	ICATE HOLDER		Season Sp	ort	· c		CANC	ELLATION					
				se Drive	OI U			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
				n, PA. 15	5084			THE	EXPIRATION		OF, NOTICE WILL BE DELI			

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PRODUCER		CONTACT NAME: PHONE (A/C, No, Ext): 1(800) - 995 - 9768 (A/C, No): (408) 414 - 8199							
_	ardi Insurance Services, Inc.								
	. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com							
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#						
#8098	40	INSURER A: New York Marine & General Ins. 16							
INSURED	Mars Baseball Association	INSURER B: Great American Insurance 1669							
	124 Granite Ridge Circle	INSURER C :							
	Mars , PA 16046	INSURER D:							
	412-925-4906	INSURER E:							
	(412)327-7962	INSURER F:							
COVEDA	OFO OFDITIOATE AUMOFD.	DEVICIONA NUMBER.							

		412-9	25-	<b>4</b> 900				INSURER E:						
		(412)	<u> 327</u>	-7962				INSURE						
C	OVE	RAGES		CEF	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
IN CI	DICA <sup>-</sup> ERTIF	TED. NOTWITHST. FICATE MAY BE IS	ANDIN SUED	IG ANY REQUIRE! OR MAY PERTAI	MENT, THE	TERM INSU	TED BELOW HAVE BEEN ISSUED OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO DWN MAY HAVE BEEN REDUCED	RACT OR DLICIES D	OTHER DOCUM DESCRIBED HER	MENT WITH RES	PECT TO WHICH THIS			
INS LTR	R	TYPE OF I	INSUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	X	COMMERCIAL G	ENER				, olio , nomber.		(, 55, 1 · · · )		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>1</b> ,	300,000	
A	х	Abuse & M	ole	station	x		PK201800012200	)	4/23/2018	4/23/2019	MED EXP (Anyone person) PERSONAL & ADV INJURY	\$ \$ <b>1</b> ,	000,000	
	-	N'L AGGREGATE LI								GENERAL AGGREGATE	\$ <b>2</b> ,	000,000		
	Х	POLICYJE	RO- CT	LOC							PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ <b>1</b> ,	000,000	
	AUT	TOMOBILE LIABILITY ANYAUTO	Y				DW001000010000		4 /02 /2212	4 /02 /0010	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)	\$ <b>1</b> ,	000,000	
A		OWNED AUTOS ONLY		SCHEDULED AUTOS			PK201800012200	)	4/23/2018	4/23/2019	BODILY INJURY (Per accident)	\$		
**	Х								PROPERTY DAMAGE (Per accident)	\$				
												\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
		DED RET	ENTIO	N\$								\$		
		RKERS COMPENSA DEMPLOYERS' LIAB			1						PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PAR	TNER/	EXECUTIVE Y/N	N/A						E.L. EACH ACCIDENT	\$		
	(Mai	ndatory in NH)			1						E.L. DISEASE - EA EMPLOYEE	\$		
	DES	s, describe under SCRIPTION OF OPE	RATIO	NS below							E.L. DISEASE - POLICY LIMIT	\$	_	
Α		nlande Ma					PK201800012200		, ., .	4/23/2019	Limit \$10,500			
В	D:	irectors	& (	Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500	
Th re	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.													
CE	RTIFI	CATE HOLDER	۲					CANC	ELLATION					
				Season, I	LLC									
			_	, Lane							RIBED POLICIES BE CANCELLE			
		Gibso	nia	a, PA 150	44			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						

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this cert	this certificate does not comer rights to the certificate holder in field of such endorsement(s).									
PRODUCER		CONTACT NAME:	NAME:							
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	. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com								
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#							
#8098	40	INSURER A: New York Marine & General Ins. 16608								
INSURED	Mars Baseball Association	INSURER B: Great American Insurance	16691							
	124 Granite Ridge Circle	INSURER C:								
	Mars , PA 16046	INSURER D:								
	412-925-4906	INSURER E:								
	(412)327-7962	INSURER F:								
001/55	OFF THE ATE AND THE	DEL MOION AND DED								

	412-925-4906			INSURER E:							
	(412)327-7962				INSURE	RF:					
С	OVERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
II C	NDICATED. NOTWITHSTANDING ANY REQUIREM	EMENT, TERM OR CONDITION OF ANY CONTR AIN, THE INSURANCE AFFORDED BY THE PC				ED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ITRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, ED BY PAID CLAIMS.					
INS LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X COMMERCIAL GENERAL LIABILITY			, rozior nomben		(11111/1997)	(11117)	EACH OCCURRENCE	s 1.	,000,000	
l	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	X Abuse & Molestation			PK201800012200		4/23/2018	4/23/2019	MED EXP (Anyone person)	\$	0	
Α		X		PRZ01800012200		4/23/2010	1/23/2013	PERSONAL & ADV INJURY		,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<b>\$ 2</b> ,	,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		,000,000	
	OTHER:							Participant Legal Liab		,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1</b> ,	,000,000	
	ANYAUTO			DW201000012200		4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$		
Ιa	OWNED SCHEDULED AUTOS		PK201800012200		, 1,23,2010	1/23/2013	BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AS TO SOLET								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	<b>.</b>						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	\$		
Α	Inlande Marine			PK201800012200	1	4/23/2018	4/23/2019	Limit \$10,500	Ded	\$250	
В	Directors & Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500	
DES	CCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule, ma	ay be atta	chedif more space	is required)				
	e Certificate holder i						-	_			
re	spect to the liability	aı	ris	ing out of the	neg]	ligence	of the	named insured	. Al	1	
рc	licy terms and conditi	on	s a	pply.							
CE	RTIFICATE HOLDER				CANC	ELLATION					
٢	Northeast Tourna	mer	ıts	Baseball	J/ 11 10						
1	111 Janet Street				SHO	ULD ANY OF TH	HE ABOVE DESC	RIBED POLICIES BE CANCELLE	D BEFOR	RE	
I	Decreefalls Di			0	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						

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



DATE(MM/DD/YYYY) 4/19/2018

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.

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109 s	ardi Insurance Services, Inc. . 13th St. #117B	CONTACT NAME: PHONE (A/C, No. Ext): 1(800)-995-9768  E-MAIL ADDRESS: sales@gsportsinsurance.com						
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#8098	40	INSURER A: New York Marine & General Ins.	16608					
INSURED	Mars Baseball Association	INSURER B: Great American Insurance 1669						
	124 Granite Ridge Circle	INSURER C:						
	Mars , PA 16046	INSURER D:						
	412-925-4906	INSURER E:						
	(412)327-7962	INSURER F:						

		412-92						INSURER E:					
		(412)3	327-	7962				INSURER F:					
C	OVE	RAGES		CER	TIFICA	ATE	NUMBER:	REVISION NUMBER:					
IN C	DICATERTIF	TED. NOTWITHSTA TICATE MAY BE ISS	NDING SUED O	ANY REQUIREM OR MAY PERTAIN	IENT, T N, THE S. LIMIT	ERM INSU	OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO DWN MAY HAVE BEEN REDUCED	JED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EED BY PAID CLAIMS.					
INS LTR	R	TYPE OF II	NSURAI	NCE	INSD WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X	<del></del> .									EACH OCCURRENCE DAMAGE TO RENTED		000,000
	X	CLAIMS-MAD  Abuse & Mo		-			DW201000012200	,	4/23/2018	4/22/2010	PREMISES (Ea occurrence)  MED EXP (Anyone person)	\$	300,000
Α					x		PK201800012200	)	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ 1,	000,000
	_	N'L AGGREGATE LIN		LIES PER:						GENERAL AGGREGATE	Ψ -	000,000	
	Х	POLICY PR JEG	ct L	LOC							PRODUCTS - COMP/OP AGG Participant Legal Liab		000,000
	ΑU٦	OMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1</b> ,	000,000
	П	ANYAUTO									BODILY INJURY (Per person)	\$	
A	Г	OWNED AUTOS ONLY	S	CHEDULED UTOS			PK201800012200	,	4/23/2018	±/23/2019	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY	<b>▼</b> N	ON-OWNED UTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
				-	Ш							\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
	$ldsymbol{ld}}}}}}$	DED RETE	NTION	\$								\$	
		RKERS COMPENSAT EMPLOYERS' LIABI									PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PART	NER/EX	ECUTIVE TYN	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)		ш	,						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPER	RATIONS	S below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Ir	nlande Ma	rin	e			PK201800012200	)	4/23/2018	4/23/2019	Limit \$10,500		•
В	D:	irectors	& O:	fficers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500
Th re	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.												
CEI	RTIFI	CATE HOLDER						CANC	ELLATION				
				de Lions	Cl	ub							
		4500	Air	ort Roa	.d			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					

CERTIFICATE HOLDER	CANCELLATION
Penn Glade Lions Club	
4500 Airport Road Butler, PA. 16002	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE



DATE(MM/DD/YYYY) 4/19/2018

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this certificate does not comer rights to the certificate holder in ned of si	den endorsement(s).						
PRODUCER	CONTACT NAME:						
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800) -995-9768 FAX (A/C, No): (408) 4:	14-8199					
109 S. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840		16608					
INSURED Mars Baseball Association	INSURER B: Great American Insurance	16691					
124 Granite Ridge Circle	INSURER C:						
Mars , PA 16046	INSURER D:						
412-925-4906	INSURER E:						
(412)327-7962	INSURER F:						

	412-925-4906					IN	ISURER E :					
		(412)32	7-7962			IN	ISURER F :					
C	OVE	RAGES	CER	TIFIC	ATE	NUMBER:			REVISION NUMBER:			
IN C	NDICA ERTI	ATED. NOTWITHSTAND FICATE MAY BE ISSUE	ING ANY REQUIREM D OR MAY PERTAIN	IENT, T	TERM INSU	TED BELOW HAVE BEEN ISSUED TO OR CONDITION OF ANY CONTRAC RANCE AFFORDED BY THE POLIC DWN MAY HAVE BEEN REDUCED BY	T OR OTHER DOCUI	MENT WITH RES	PECT TO WHICH THIS			
INS LTR	SR	TYPE OF INSU	JRANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X	COMMERCIAL GENE	RAL LIABILITY						EACH OCCURRENCE	<b>\$ 1</b> ,	,000,000	
		CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	Х	Abuse & Mol	estation			PK201800012200	4/23/2018	4/23/2019	MED EXP (Anyone person)	\$	0	
Α		J		X		PRZ0100001ZZ00	1, 23, 2010	1, 23, 2013	PERSONAL & ADV INJURY		,000,000	
	GE	N'L AGGREGATE LIMIT	APPLIES PER:						GENERAL AGGREGATE		,000,000	
	Х	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	· ·	,000,000	
		OTHER:							Participant Legal Liab		,000,000	
	ΑU	JTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1</b> ,	,000,000	
		ANYAUTO	<b></b>			PK201800012200	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$		
Α		OWNED AUTOS ONLY	ONLY AUTOS			PRZ0100001ZZ00	1, 23, 2010	1, 23, 2013	BODILY INJURY (Per accident)	\$		
	Х	HIRED X	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$		
		DED RETENT	ION\$							\$		
		DRKERS COMPENSATIO D EMPLOYERS' LIABILIT'							PER OTH- STATUTE ER			
	AN	Y PROPRIETOR/PARTNE	R/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
	(Ma	FICER/MEMBER EXCLUDE andatory in NH)		\\\					E.L. DISEASE - EA EMPLOYEE	\$		
	If ye	es, describe under SCRIPTION OF OPERAT	IONS below						E.L. DISEASE - POLICY LIMIT	\$		
Α	I	nlande Mar:	ine			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500	Ded	\$250	
В	D	irectors &	Officers			EPP9712261	4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500	
_										<u> </u>		
DES Th	CRIP	PTION OF OPERATIONS	LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedule, may luded as an addi	be attached if more space	e is required)	out only with			
						ing out of the n		-	<b>-</b>	_ A1	1	
	_	cy terms and	_	•		_	.cg11gc11cc	01 0110	named inputed		_	
اعرا	,	cy cerms ar	ia conarc.	LOII.	3 a	PP-7.						
CE	RTIF	FICATE HOLDER		<u> </u>	-		ANCELLATION					
l		<del>-</del>	seball/Sc	itk	oal.	I, Inc.			DIDED DOLLOISE		n=	
l		P.O. Bo							RIBED POLICIES BE CANCELLE OF. NOTICE WILL BE DELI			
l		Washing	ton, PA.	153	301		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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DATE(MM/DD/YYYY) 4/19/2018

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this certificate does not comer rights to the certificate holder in fied of s	uch endorsement(s).							
PRODUCER Gagliardi Insurance Services, Inc.	CONTACT NAME:							
109 S. 13th St. #117B	PHONE (A/C. No. Ext): 1(800)-995-9768 FAX (A/C. No.): 408) 4  E-MAIL ADDRESS: sales@gsportsinsurance.com	114-8199						
Philadelphia, PA 19107 #809840	INSURER(S) AFFORDING COVERAGE	NAIC#						
#809840	INSURER A: New York Marine & General Ins. 16608							
INSURED Mars Baseball Association	INSURER B: Great American Insurance	16691						
124 Granite Ridge Circle	INSURER C:							
Mars , PA 16046	INSURER D:							
412-925-4906	INSURER E:							
(412)327-7962	INSURER F:							

		412-925-4906		INSURER E:								
		(412)327-7962				INSURER F:						
C	OVE	RAGES CER <sup>T</sup>	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN C	IDICA <sup>T</sup>	TO CERTIFY THAT THE POLICIES OF INSITED. NOTWITHSTANDING ANY REQUIREM FICATE MAY BE ISSUED OR MAY PERTAIN SIONS AND CONDITIONS OF SUCH POLICIES	ENT, 1 I, THE	INSU	OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO	RACT OR OLICIES D	OTHER DOCUM DESCRIBED HER	MENT WITH RES	PECT TO WHICH THIS			
INS LTR	R	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	Х	COMMERCIAL GENERAL LIABILITY					,,	,,	EACH OCCURRENCE	s 1.	000,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	х	Abuse & Molestation							MED EXP (Anyone person)	\$	0	
Α			x		PK201800012200	)	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ 1,	000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<sub>\$</sub> 2,	000,000	
	Х	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	<sub>\$</sub> 1,	000,000	
		OTHER:							Participant Legal Liab	\$ <b>1</b> ,	000,000	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1</b> ,	000,000	
		ANYAUTO			DW001000010000		4 /02 /0010	4 (02 (0010	BODILY INJURY (Per person)	\$		
Α	Г	OWNED SCHEDULED AUTOS ONLY			PK201800012200	)	4/23/2018	4/23/2019	BODILY INJURY (Per accident)	\$		
	Х	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		7.0.100 0.121								\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mai	ICER/MEMBER EXCLUDED?  Indatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Iı	nlande Marine			PK201800012200	)	4/23/2018	4/23/2019	Limit \$10,500	Ded	\$250	
В	D:	irectors & Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500	
Th re	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.											
CF	RTIFI	ICATE HOLDER				CANC	ELLATION					
	VIII I	Ripken Basebal Camp	ps,	LLC	. & Ripken	J/ 11 10	/ (IIOIN					
		Baseball Academy				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						

CERTIFICATE HOLDER	CANCELLATION
Ripken Basebal Camps, LLC. & Ripken	
Baseball Academy 1427 Clarkview Road Baltimore, MD 21209	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



DATE(MM/DD/YYYY) 4/19/2018

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PRODUCER CONTACT								
I NAME:	NAME:							
Gagliardi Insurance Services, Inc.  PHONE (A/C, No. Ext): 1(800) -995-9768  (A/C, No. Ext): 1(800) -995-9768	199							
109 S. 13th St. #117B  E-MAIL ADDRESS: sales@gsportsinsurance.com								
Philadelphia, PA 19107  INSURER(S) AFFORDING COVERAGE	NAIC#							
INSCILLA.	508							
INSURED Mars Baseball Association Insurance 166	591							
124 Granite Ridge Circle INSURER C:								
Mars , PA 16046 INSURER D:								
412-925-4906 INSURER E:								
(412)327-7962 INSURER F:								

		412-925-4906				INSURER E:						
		(412)327-7962				INSURER F:						
C	OVE	RAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN CI EX	IDICA <sup>-</sup> ERTIF XCLUS	S TO CERTIFY THAT THE POLICIES OF INS TED. NOTWITHSTANDING ANY REQUIREM FICATE MAY BE ISSUED OR MAY PERTAIN SIONS AND CONDITIONS OF SUCH POLICIES	IENT, THE S. LIMI	TERM INSU TS SHO	OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO	RACT OR DLICIES D	OTHER DOCUM ESCRIBED HER CLAIMS.	MENT WITH RES	PECT TO WHICH THIS			
INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
A	X X GEI	CLAIMS-MADE X OCCUR  Abuse & Molestation  N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC	х		PK201800012200	)		4/23/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ \$ 1, \$ 2, \$ 1, \$ 1, \$ 1, \$ 1, \$ 1, \$ 1	,000,000 300,000 0 ,000,000 ,000,000 ,000,000	
A	AU1	OTHER: TOMOBILE LIABILITY  ANYAUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY			PK201800012200	)	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	\$ <b>1</b>	,000,000	
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$		
	AND ANY OFFI (Mai	DED RETENTION \$  RKERS COMPENSATION DEMPLOYERS' LIABILITY ' PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?  ndatory in NH) s, describe under SCRIPTION OF OPERATIONS below	N/A						PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$		
A B		nlande Marine irectors & Officers			PK201800012200 EPP9712261			4/23/2019 4/23/2019	Limit \$10,500 Limit \$1Mil		\$250 \$500	
Th re	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with Tespect to the liability arising out of the negligence of the named insured. All Tespect to the analysis of the named insured. All Tespect to the named insured. All											

CERTIFICATE HOLDER

Ripken Baseball Camps and Clinics

LLC, Ripken Baseball Inc., Double
Play Dining, LLC, Cal Ripken Sr.

Foundation, Inc.

3051 Ripken Way

Myrtle Beach, SC, 29577

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

Jonne Gazhard



DATE(MM/DD/YYYY) 4/19/2018

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PRODUCER Gagliardi Insurance Services, Inc. 109 S. 13th St. #117B	CONTACT NAME: PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199 E-MAIL E-MA							
Philadelphia, PA 19107 #809840	INSURER A: New York Marine & General Ins.	NAIC#						
INSURED Mars Baseball Association	INSURER B: Great American Insurance	16691						
124 Granite Ridge Circle	INSURER C:							
Mars , PA 16046	INSURER D :							
412-925-4906	INSURER E:							
(412)327-7962	INSURER F:							

		412-925-4906					INSURER E:					
		(412)327-7962				INSURE	RF:					
C	OVE	RAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
IN CI	DICAT ERTIF	TO CERTIFY THAT THE POLICIES OF INSI FED. NOTWITHSTANDING ANY REQUIREM FICATE MAY BE ISSUED OR MAY PERTAIN SIONS AND CONDITIONS OF SUCH POLICIES	ENT, THE	TERM INSU	OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE POI	RACT OR DLICIES D	OTHER DOCUMESCRIBED HER	MENT WITH RES	PECT TO WHICH THIS			
INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	Х	COMMERCIAL GENERAL LIABILITY	INOD		FOLICT NOWIBLE	(WWW/DB/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	s 1 -	000,000		
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	Х				DW001000010000		4 /02 /0010	4 (02 (001 0	MED EXP (Anyone person)	\$	0	
Α			х		PK201800012200	)	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ 1,	000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<b>\$ 2</b> ,	000,000	
	X POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG Participant Legal Liab		000,000	
		OTHER:								_	000,000	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1</b> ,	000,000	
		ANYAUTO			PK201800012200	012200 4/23/2018	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$		
Α		OWNED SCHEDULED AUTOS ONLY			INDUIGUOUIDE			BODILY INJURY (Per accident)	\$			
	Х	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		<u></u>								\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE	l						AGGREGATE	\$		
	Ш	DED RETENTION \$	_							\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ndatory in NH)	,						E.L. DISEASE - EA EMPLOYEE	\$		
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A		nlande Marine			PK201800012200			4/23/2019	Limit \$10,500			
В	Di	irectors & Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500	
DES		TION OF OREDATIONS // COATIONS ///TIME	F0 /:	0005	404 A LIPPO I Donnard - Out - 11							
Th	e (	TION OF OPERATIONS/LOCATIONS/VEHICL Certificate holder i	.⊵S (A . <b>S</b>	inc	101, Additional Remarks Schedule, marks Schedule, marks an add	nay be attac <b>litic</b>	onal ins	e is required) <b>sured</b> ,	out only with			
		ect to the liability						-	-			
	_	policy terms and cor			_	- 3	•					
CE	CANCELLATION											
	ERTIFICATE HOLDER CANCELLATION  Ripken Baseball Camps and Clinics.											

Ripken Baseball Camps and Clinics, LLC; Ripken Baseball, Inc; Cal Ripken Sr. Foundation, Inc; Double Play Dining LLC 873 Long Drive Aberdeen, MD 21001

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



DATE(MM/DD/YYYY) 4/19/2018

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PRODUCER Gagliardi Insurance Services, Inc.	CONTACT NAME:							
109 S. 13th St. #117B	PHONE (A/C. No. Ext): 1(800)-995-9768 FAX (A/C. No.): 408) 4  E-MAIL ADDRESS: sales@gsportsinsurance.com	114-8199						
Philadelphia, PA 19107 #809840	INSURER(S) AFFORDING COVERAGE	NAIC#						
#809840	INSURER A: New York Marine & General Ins. 16608							
INSURED Mars Baseball Association	INSURER B: Great American Insurance	16691						
124 Granite Ridge Circle	INSURER C:							
Mars , PA 16046	INSURER D:							
412-925-4906	INSURER E:							
(412)327-7962	INSURER F:							

	412-925-4906						INSURER E:					
		(412)327	7-7962				INSURE	RF:				
C	OVE	RAGES	CERT	TIFICA	ATE	NUMBER:				REVISION NUMBER:		
IN C	DICA ERTIF	TED. NOTWITHSTANDII FICATE MAY BE ISSUED	NG ANY REQUIREM O OR MAY PERTAIN	ENT, T I, THE	ERM INSU	TED BELOW HAVE BEEN ISSUED OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO DWN MAY HAVE BEEN REDUCED	RACT OR DLICIES D	OTHER DOCUM ESCRIBED HER	IENT WITH RES	PECT TO WHICH THIS		
INS LTR	R	TYPE OF INSU	RANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X	CLAIMS-MADE	X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person)	\$ <b>1</b> ,	300,000
A		N'L AGGREGATE LIMIT A	APPLIES PER:	x		PK201800012200	)	4/23/2018	4/23/2019	PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2, \$ 1,	000,000 000,000 000,000
	AU.	OTHER: TOMOBILE LIABILITY								Participant Legal Liab  COMBINED SINGLE LIMIT		000,000
		ANYAUTO				PK201800012200	4/23/2018 4	4/23/2019	(Ea accident) BODILY INJURY (Per person)	\$	, , , , , , , , , , , , , , , , , , , ,	
Α		OWNED AUTOS ONLY	SCHEDULED AUTOS			PK201600012200	'	4/23/2010	4/23/2019	BODILY INJURY (Per accident)	\$	
	X	HIRED X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	L	<u> </u>	<u></u>								\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
	L	DED RETENTIO									\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY								PER OTH- STATUTE ER		
	ANY	/ PROPRIETOR/PARTNER	/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Ma	ndatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under SCRIPTION OF OPERATIO								E.L. DISEASE - POLICY LIMIT	\$	_
B		nlande Mari irectors &	_			PK201800012200 EPP9712261			4/23/2019 4/23/2019	Limit \$10,500 Limit \$1Mil		\$250 \$500
Th re	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured.  All policy terms and conditions apply.											
							CANC	ELLATION				
		3760 Si	Fields, I xes Rd. S GA 30114	uit		126-331	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.					

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this certificate does not comer rights to the certificate holder in her	d of such endorsement(s).								
PRODUCER	CONTACT NAME:								
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): $1(800) - 995 - 9768$ (A/C, No): $(408) 414 - 8199$								
109 S. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com								
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#							
#809840	INSURER A: New York Marine & General Ins. 1660								
INSURED Mars Baseball Association	INSURER B: Great American Insurance	16691							
124 Granite Ridge Circle	INSURER C:								
Mars , PA 16046	INSURER D:								
412-925-4906	INSURER E:								
(412)327-7962	INSURER F:								
OOVED A OFO	DEVICION AUMED								

412-925-4906	412-925-4906						INSURER E:				
(412)327-7962				INSURE	RF:						
COVERAGES CER	RTIFICA	ATE	NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIRE CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POLICI	MENT, 1 N, THE	TERM INSU	OR CONDITION OF ANY CONTRA RANCE AFFORDED BY THE POL	ACT OR LICIES D	OTHER DOCUMESCRIBED HER	MENT WITH RES	PECT 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	INOD	1112	T OLIOT NOMBER		(WIWI/DD/1111)	(WWW/DD/TTTT)	EACH OCCURRENCE	s 1 -	000,000		
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
X Abuse & Molestation	.		PK201800012200		4/23/2018	4/23/2019	MED EXP (Anyone person)	\$	0		
A	X		FRZ01000012200		1, 23, 2010	1, 23, 2013	PERSONAL & ADV INJURY		000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	_	000,000		
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		000,000		
OTHER:							Participant Legal Liab		000,000		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1,</b>	000,000		
ANYAUTO			DE201900012200		4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$			
A OWNED SCHEDULED AUTOS ONLY	os		PK201800012200	,	4/23/2018		BODILY INJURY (Per accident)	\$			
X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	ــــــ							\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MAD							AGGREGATE	\$			
DED RETENTION\$								\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IJ <sup>™</sup> ′^						E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
A Inlande Marine			PK201800012200		4/23/2018	4/23/2019	Limit \$10,500	Ded	\$250		
B Directors & Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedule, ma	ay be atta	chedif more space	e is required)					
The Certificate holder						_	_				
respect to the liabilit	_			neg.	Ligence	of the	named insured	•			
All policy terms and co	ndit	cio	ns apply.								
CERTIFICATE HOLDER				CANC	ELLATION						
Sports Force Pa			ndusky, LLC								
3115 Cleveland	Road	l W					RIBED POLICIES BE CANCELLE				

Sports Force Parks Sandusky, LLC
3115 Cleveland Road W
Sandusky, OH 44870

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



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PRODUCER	CONTACT NAME:						
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199						
109 S. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840		16608					
INSURED Mars Baseball Association	INSURER B: Great American Insurance	16691					
124 Granite Ridge Circle	INSURER C:						
Mars , PA 16046	INSURER D:						
412-925-4906	INSURER E:						
(412)327-7962	INSURER F:						

412-925-4906		IN	ISURER E :						
(412)327-7962		IN	INSURER F:						
COVERAGES CER	TIFICATE	NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIL EXCLUSIONS AND CONDITIONS OF SUCH POLICIE	IENT, TERM N, THE INSU	OR CONDITION OF ANY CONTRAC JRANCE AFFORDED BY THE POLIC	T OR OTHER DOCUM	MENT WITH RES	PECT TO WHICH THIS				
INSR LTR TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT				
X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X Abuse & Molestation		P#2010001000	4/23/2018	4 /02 /0010	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person)	\$ <b>1</b> ,	300,000		
A GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC	x	PK201800012200	4/23/2016	4/23/2019	PERSONAL & ADVINJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 2, \$ 1,	,000,000 ,000,000 ,000,000		
A THER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY		PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)		,000,000		
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					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	N/A				PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$			
A Inlande Marine B Directors & Officers		PK201800012200 EPP9712261		4/23/2019 4/23/2019	Limit \$10,500 Limit \$1Mil		\$250 \$500		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.  CERTIFICATE HOLDER  CANCELLATION									
Triple Crown Spo 3930 Automation Fort Collins, CO	Way	25	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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this certificate does not comer rights to the certificate holder in fied of s	such endorsement(s).						
PRODUCER Gagliardi Insurance Services, Inc.	CONTACT NAME:						
109 s. 13th st. #117B	PHONE (A/C. No. Ext): 1(800)-995-9768 FAX (A/C. No.): 408) 4  E-MAIL ADDRESS: sales@gsportsinsurance.com	114-8199					
Philadelphia, PA 19107 #809840	INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840	INSURER A: New York Marine & General Ins.	16608					
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124 Granite Ridge Circle	INSURER C:						
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(412)327-7962	INSURER F:						

	412-925-4906				INSURER E:						
	(412)327-7962				INSURER F:						
CC	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
INI CE	IS IS TO CERTIFY THAT THE POLICIES OF INSI DICATED. NOTWITHSTANDING ANY REQUIREM RTIFICATE MAY BE ISSUED OR MAY PERTAIN CLUSIONS AND CONDITIONS OF SUCH POLICIES	ENT, 1 I, THE	ERM INSU	OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO	RACT OR DLICIES D	OTHER DOCUM DESCRIBED HER	MENT WITH RES	PECT TO WHICH THIS			
INSI LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X Abuse & Molestation	x		PK201800012200	)	4/23/2018	4/23/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY	\$	000,000 300,000 0	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC OTHER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1,	000,000 000,000 000,000	
A	ANYAUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X AUTOS ONLY X AUTOS ONLY AUTOS ONLY AUTOS ONLY			PK201800012200	)	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	\$ 1, \$ \$ \$	000,000	
	UMBRELLA LIAB  EXCESS LIAB  DED  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	N/A						EACH OCCURRENCE  AGGREGATE  PER OTHER  E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	<b>\$ \$ \$</b>		
A B	Inlande Marine Directors & Officers			PK201800012200 EPP9712261		, ., .	4/23/2019 4/23/2019	Limit \$10,500 Limit \$1Mil		\$250 \$500	
DESCRIPTION OF OPERATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.  CERTIFICATE HOLDER  CANCELLATION											
	Tufton Professio 873 Long Drive Aberdeen, MD 210		. Bā	isedall	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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this certifica	ite does not confer rights to the certificate holder in fieu of suc	n endorsement(s).						
PRODUCER		CONTACT NAME:						
_	di Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199						
	13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com						
	lphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840		INSURER A: New York Marine & General Ins.	16608					
INSURED 1	Mars Baseball Association	INSURER B: Great American Insurance	16691					
]	124 Granite Ridge Circle	INSURER C:						
1	Mars , PA 16046	INSURER D:						
4	112-925-4906	INSURER E:						
	(412)327-7962	INSURER F:						
COVEDACE	CEDTIEICATE NILIMDED:	DEVICION NI IMPED:						

412-925-4906								INSURER E:						
(412)327-7962									INSURER F:					
	OVE	RAGES		CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
IN CE	DICA ERTIF	TED. NOTWITHST.	ANDIN SUED	NG ANY REQUIREM OR MAY PERTAI	MENT, THE	TERM INSU	TED BELOW HAVE BEEN ISSUED OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO DWN MAY HAVE BEEN REDUCED	RACT OR OLICIES D	OTHER DOCUMESCRIBED HER	MENT WITH RESI	PECT TO WHICH THIS			
INS LTR	R	TYPE OF I	INSUF	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	īs		
	X	COMMERCIAL G	ENER	AL LIABILITY							EACH OCCURRENCE	s 1,	,000,000	
		CLAIMS-MAI	DE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	х	Abuse & M	_	_			D		4 (00 (0010	4 /02 /0010	MED EXP (Anyone person)	\$	0	
Α		]			x		PK201800012200	ט	4/23/2018	4/23/2019	PERSONAL & ADV INJURY	\$ 1,	,000,000	
	GE	N'L AGGRE <u>GATE</u> LI	MIT A	PPLIES PER:							GENERAL AGGREGATE	<b>\$2,</b>	,000,000	
	X POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG		,000,000			
		OTHER:									Participant Legal Liab		,000,000	
	ΑU	TOMOBILE LIABILITY	Y								COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1</b> ,	,000,000	
		ANYAUTO					PK201800012200	n	4/23/2018	4/23/2019	BODILY INJURY (Per person)	\$		
A		OWNED AUTOS ONLY	S ONLY AUTOS			INZULUUUIZZUU		.,,	1, 20, 2025	BODILY INJURY (Per accident)	\$			
	Х	HIRED AUTOS ONLY	Х	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
$ldsymbol{ldsymbol{ldsymbol{eta}}}$			Щ		_					Ļ		\$		
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE	1						AGGREGATE	\$		
<u> </u>	_		ENTIC		₩						I DED	\$		
		RKERS COMPENSA D EMPLOYERS' LIAE		V/N							PER OTH- STATUTE ER			
	ANY OFF	PROPRIETOR/PAR	TNER/	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
		ndatory in NH) s. describe under									E.L. DISEASE - EA EMPLOYEE	\$		
⊢	DÉS	SCRIPTION OF OPE			-		DTT 0.01.00.01.00.00		4 (00 (0010	4 (02 (001 0	E.L. DISEASE - POLICY LIMIT	\$	4050	
A	ı	nlande Ma		_			PK201800012200	ט		4/23/2019	Limit \$10,500		•	
В	ים ן	irectors	δc	Officers			EPP9712261		4/23/2018	4/23/2019	Limit \$1Mil	DED	\$500	
D=5	20:5:	TION OF 6555.	NIC /:	OOATIONS (1951)	150 /:	0055	101 A HER		.1 127					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The Certificate holder is included as an additional insured, but only with  respect to the liability arising out of the negligence of the named insured. All  policy terms and conditions apply.														
CEF	RTIF	ICATE HOLDER						CANC	ELLATION					
l				a Borough							DIDED DOLIGIES DE 04::		n=	
	34 Altimere Street								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					

Valencia Borough
34 Altimere Street
Valencia, PA. 16059

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



DATE(MM/DD/YYYY) 4/19/2018

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 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).

uns ceru	incate does not come rights to the certificate holder in fied of such	ii endorsement(s).							
PRODUCER		CONTACT NAME:							
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800) -995-9768 FAX (A/C, No): (408) 414-8199							
	. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com							
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#						
#8098	40	INSURER A: New York Marine & General Ins.	16608						
INSURED	Mars Baseball Association	INSURER B: Great American Insurance	16691						
	124 Granite Ridge Circle	INSURER C:							
	Mars , PA 16046	INSURER D:							
	412-925-4906	INSURER E:							
	(412)327-7962	INSURER F:							

		412-925-4906				INSURER E:						
		(412)327-7962				INSURER F:						
C	OVE	RAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN CI EX	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.											
INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)			LIMITS			
	Х	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED		000,000	
	┰	<del>-</del> -							PREMISES (Ea occurrence)	\$	300,000	
Α	X	Abuse & Molestation	x		PK201800012200	)	4/23/2018	4/23/2019	MED EXP (Anyone person) PERSONAL & ADV INJURY	\$ \$ <b>1</b> ,	000,000	
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		000,000	
	Х	3501							PRODUCTS - COMP/OP AGG Participant Legal Liab		000,000	
	ΔII	OTHER: ITOMOBILE LIABILITY		┢					COMBINED SINGLE LIMIT		000,000	
	7.0	ANYAUTO							(Ea accident) BODILY INJURY (Per person)	\$	000,000	
A		OWNED SCHEDULED AUTOS ONLY			PK201800012200	)	4/23/2018	4/23/2019	BODILY INJURY (Per accident)	\$		
	Х								PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	_	DED RETENTION \$		<u> </u>					LDED L LOTH	\$		
	ANI	DRKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER	<b>-</b>		
	ANY OFF	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	If ve	andatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
_	DÉS	SCRIPTION OF OPERATIONS below		-	PK201800012200	`	4/23/2018	4/23/2019	E.L. DISEASE - POLICY LIMIT	\$	ė a E O	
A B		nlande Marine irectors & Officers			EPP9712261	,		4/23/2019	Limit \$10,500 Limit \$1Mil		\$250 \$500	
										<u> </u>		
DES Th	CRIP	TION OF OPERATIONS/LOCATIONS/VEHICL Certificate holder i	ES (A	CORD	101, Additional Remarks Schedule, m	nay be atta	chedif more space	e is required)	nut only with			
		ect to the liability						-		_		
	_	policy terms and cor				cg.	11901100	01 0110	named inputed	•		
		porrey cerms and cor		J	no appij.							
CE	RTIF	TICATE HOLDER				CANC	ELLATION					
		West Penn Elite				J, 1140						
		PO Box 462							RIBED POLICIES BE CANCELLE			
		Monroeville, PA	151	46		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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