

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Chappell Insurance Agency 25807-A Cox Rd Petersburg, VA 23803 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: richard@chappellinsurance.com</td> </tr> <tr> <td>PHONE (A/C, No. Ext): 1-804-733-2020</td> <td>FAX (A/C, No): 804-733-2968</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: support@chappellinsurance.com</td> </tr> </table> | CONTACT NAME: richard@chappellinsurance.com | | PHONE (A/C, No. Ext): 1-804-733-2020 | FAX (A/C, No): 804-733-2968 | E-MAIL ADDRESS: support@chappellinsurance.com | | | | | | | | | | | | | | | | |
|--|---|--|--|---|--|--|-------|---|--|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
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| INSURED Softball Nation, Inc. DBA Sports Nations 210 Huddersfield Drive Richmond, VA 23236 (4) Teams in OGAA Fastpitch group | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Nationwide Mutual Insurance Company</td> <td></td> <td>23787</td> </tr> <tr> <td>INSURER B: Hartford Life and Accident Company</td> <td></td> <td>70815</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: Nationwide Mutual Insurance Company | | 23787 | INSURER B: Hartford Life and Accident Company | | 70815 | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
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| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: **SN-SB-11-001920** REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|--------------------------------------|---|-----------|-----------|---------------|-------------------------|-------------------------|---|-------------------|-----------|
| | | | | | | | | | |
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | RPG303036-00 | 01/01/2019 12:01 AM | 01/01/2020 12:01 AM | EACH OCCURRENCE | 2,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | 300,000 | |
| | <input checked="" type="checkbox"/> Abuse Molestation - \$1 million/\$2 million | | | | | | MED EXP (Any one person) | | |
| | <input checked="" type="checkbox"/> PLL - \$2,000,000 | | | | | | PERSONAL & ADV INJURY | 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | 5,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | PRODUCTS-COMP/OP AGG | 2,000,000 | |
| | OTHER: | | | | | | PARTICIPANT LEGAL LIABILITY | 2,000,000 | |
| | <input type="checkbox"/> UMBRELLA LIAB | | | | | | EACH OCCURRENCE | | |
| <input type="checkbox"/> EXCESS LIAB | | | AGGREGATE | | | | | | |
| | | | DED | | RETENTION | | | | |
| B | PARTICIPANT ACCIDENT | | | 36-SB-206414 | 01/01/2019 12:01 AM | 01/01/2020 12:01 AM | EXCESS MEDICAL | 100,000 | |
| | | | | | | | DEDUCTIBLE | \$500.00 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Coverage includes amateur play and practice in the insured sport for OGAA Fastpitch. Team or league listed below is a named insured under the above referenced policy.

Coverage Effective From 02/28/2019 TO 01/01/2020

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| CERTIFICATE HOLDER OGAA Fastpitch 14 East Donnington HATTIESBURG, MS 39402 Certificate Number: SN-SB-11-001920 | 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 |
|---|--|