



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/04/2022

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).

|  |  |                                      |
|--|--|--------------------------------------|
| <b>PRODUCER</b><br>Bene-Marc, Inc.<br>6301 Southwest Blvd., Suite 101<br>Fort Worth, TX 76132-1063<br>(800) 247-1734 | <b>CONTACT NAME:</b>                         |                                      |
|  | <b>PHONE (A/C, No, Ext):</b> (800) 247-1734  | <b>FAX (A/C, No):</b> (817) 738-1811 |
| <b>INSURED</b><br>Mesquite Baseball, Inc.<br>P.O. Box 871205<br>Mesquite, TX 75187                                   | <b>E-MAIL ADDRESS:</b> contact@bene-marc.com |                                      |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>         |                                      |
|  | <b>INSURER A:</b> HDI Global Specialty SE    |                                      |
|  | <b>INSURER B:</b> AXIS Insurance Company     |                                      |
|  | <b>INSURER C:</b>                            |                                      |
|  | <b>INSURER D:</b>                            |                                      |
| <b>INSURER E:</b>  |  |                                      |
| <b>INSURER F:</b>  |  |                                      |

## COVERAGES

**CERTIFICATE NUMBER:** 4739-52410-243466

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b>                        | <input checked="" type="checkbox"/>                              |          | 18LB3869-52410       | 4/20/2022               | 4/20/2023               | EACH OCCURRENCE  | \$ 1,000,000.00 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                 |  |          |                      |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                            | \$ 100,000.00   |
|          | <input checked="" type="checkbox"/> <b>INCLUDES Participant Legal Liability</b>                |  |          |                      |                         |                         | MED EXP (Any one person)   | \$ 5,000.00     |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |  |          |                      |                         |                         | PERSONAL & ADV INJURY  | \$ 1,000,000.00 |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |          |                      |                         |                         | GENERAL AGGREGATE  | \$ 5,000,000.00 |
|          | OTHER:   |  |          |                      |                         |                         | PRODUCTS - COMP/OP AGG   | \$ 2,000,000.00 |
|          |  |  |          |                      |                         |                         | <b>* Medical Exp for Spectators Only</b>                             |                 |
|          |  |  |          |                      |                         |                         |  |                 |
|          | <b>AUTOMOBILE LIABILITY</b>  |  |          |                      |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                                  | \$              |
|          | <input type="checkbox"/> ANY AUTO  |  |          |                      |                         |                         | BODILY INJURY (Per person)   | \$              |
|          | <input type="checkbox"/> OWNED AUTOS ONLY  | <input type="checkbox"/> SCHEDULED AUTOS                         |          |                      |                         |                         | BODILY INJURY (Per accident)   | \$              |
|          | <input type="checkbox"/> HIRED AUTOS ONLY  | <input type="checkbox"/> NON-OWNED AUTOS ONLY                    |          |                      |                         |                         | PROPERTY DAMAGE (Per accident)                                       | \$              |
|          | <input type="checkbox"/>   | <input type="checkbox"/>   |          |                      |                         |                         |  | \$              |
|          | <input type="checkbox"/>   | <input type="checkbox"/>   |          |                      |                         |                         |  | \$              |
|          | <b>UMBRELLA LIAB</b>   |  |          |                      |                         |                         | EACH OCCURRENCE  | \$              |
|          | <b>EXCESS LIAB</b>   | <input type="checkbox"/> OCCUR                                   |          |                      |                         |                         | AGGREGATE  | \$              |
|          | <input type="checkbox"/>   | <input type="checkbox"/> CLAIMS-MADE                             |          |                      |                         |                         |  | \$              |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                             |  |          |                      |                         |                         |  | \$              |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |  |          |                      |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |                 |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A      |                      |                         |                         | E.L. EACH ACCIDENT   | \$              |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |  |          |                      |                         |                         | E.L. DISEASE - EA EMPLOYEE   | \$              |
|          |  |  |          |                      |                         |                         | E.L. DISEASE - POLICY LIMIT  | \$              |
| B        | Excess Accident Medical  |  |          | SRPO-30000-4000-0371 | 4/20/2022               | 4/20/2023               | Limit 100,000.00 / Deductible 250.00                                 |                 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This policy includes a blanket additional insured endorsement that provides additional insured status to the certificate holder per form CG 20 26 07/04.

Coverage Applies to Activities: Youth Baseball & T-Ball League.

Coverage Excludes: Tournament Hosting, Camps/Clinics, Tryouts, Softball.

**CERTIFICATE HOLDER** 4739-52410-243466

## CANCELLATION

Rangers Baseball, LLC, Rangers Baseball Real Estate, LLC and Ballpark Real Estate LP  
1000 Ballpark Way  
Arlington, TX 76011

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

*Alisa Lynn Hall*

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