CERTIFICATE OF LIABILITY INSURANCE

Date (mm/dd/yy) 8/31/2016

PRODUCER NAME OF INSURANCE CO. ADDRESS

INSURED

NAME TEAM / ORGANIZATION **ADDRESS**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVER	LAGE
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NSURER A:	NATIONWIDE MUTUAL INSURANCE COMPANY
NSURER B:	
NSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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, EXCLUSION AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMOD/YY)	POLICY EXPIRATION DATE (MMDD/YY)		LIMITS
A	GENERAL LIABILITY		01/01/2016	01/01/2017	EACH OCCURRENCE	\$ 2,000,000
	X COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE(any one fire)	\$ 300,000
	CLAIMS MADE X 000UR				MED EXP (any one person)	\$
	X ABUSEANOLESTATION \$1,000,000 LP				GENERAL AGGREGATE	\$ 5,000,000
	X PLL \$2,000,000				PERSONAL ACVINUARY	\$ 2,000,000
	GENTLAGGREGATE LIMIT APPLIES: POLICY PROJECT LOC				PRODUCTS - COMPJOP AGG	
	OTHER					
ε	XCESS LIABILTY				EACH OCCURRENCE	
F	CLAIMS MADE OCCUR				AGGREGATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

THE CERTIFICATE HOLDER LISTED BELOW IS NAMED AS AN ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED. NATIONS BASEBALL TOURNAMENT ASSOCIATION IS A NAMED INSURED ON THIS POLICY.

Coverage is effective 8/31/2016

CERTIFICATE HOLDER ADDITIONAL INSURED: INSURER LETTER CANCELLATION

1902 BELL LANE, WEST PALM BEACH FL 33406

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED. BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO FLORIDA GOLD COAST BASEBALL TRAVEL LEAGUE SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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