

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).							
PRODUCER		CONTACT NAME:					
Lakenan 890 Rozier Street	PHONE (A/C, No, Ext): 573-883-7446 FAX (A/C, No): 573-883-3981						
Sainte Genevieve MO 63670	E-MAIL ADDRESS: info@lakenan.com						
			INSURER(S) AFFORDING COVERAGE				NAIC #
			INSURER A : CINCINNATI INSURANCE COMPANY				10677
INSURED ADJBASE-01			INSURER B : PHILADELPHIA INSURANCE COMPANY				6777
ADJ Baseball, LLC dba Rawlings Tigers			INSURER C :				0111
18018 Eads Avenue Chesterfield MO 63005			INSURER D :				
			INSURER E :				
			INSURER F :				
COVERAGES CERTIFICATE NUMBER: 305972743			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 S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	ETD 0489975	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000 \$ 1,000	,
					MED EXP (Any one person)	\$ 5,000	-
					PERSONAL & ADV INJURY	\$ 1,000	.000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000	,
					PRODUCTS - COMP/OP AGG	\$ 3,000	,
OTHER:						\$,000
A AUTOMOBILE LIABILITY ETD 0489975		1/1/2022	1/1/2023	COMBINED SINGLE LIMIT	\$ 1,000,000		
ANY AUTO					(Ea accident) BODILY INJURY (Per person)	\$	·
OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED X NON-OWNED					PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
A X UMBRELLA LIAB X OCCUR		ETD 0489975	1/1/2022	1/1/2023		-	000
		LTD 0403975	1/1/2022	1/1/2023	EACH OCCURRENCE	\$ 1,000	,
CLAIMS-WADE					AGGREGATE	\$ 1,000	,000
DED RETENTION \$					PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY Y / N							
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	-	
		DUDA000000	4/4/2022	1/1/00000	E.L. DISEASE - POLICY LIMIT	\$ 10,00	0
B Participant Medical		PHPA093666	1/1/2022	1/1/2023	Per Occurrence	10,00	v
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location: 203B Ramsey Lane, Ballwin, MO 63021 The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy of which is available upon request.							
CERTIFICATE HOLDER CANCELLATION							
Baseball365 Inc PO Box 5614	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Madison WI 53705	AUTHORIZED REPRESENTATIVE						
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