

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

								_	5/	11/2023
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).										
	DUCER			CONTAC NAME:	AME:					
Lakenan					PHONE (A/C, No, Ext): 573-883-7446 FAX (A/C, No): 573-883-3981					
890 Rozier Street Sainte Genevieve MO 63670					ADDRESS: coi@lakenan.com					
										NAIC #
						INSURER(S) AFFORDING COVERAGE				NAIC #
INSURED ADJBASE-01										6777
ADJ Baseball, LLC DBA Rawlings Tigers					INSURER B :					
NTJ Baseball LLC/Balls-N-Strikes LLC					INSURER C :					
18018 Eads Avenue					INSURE	INSURER D :				
Chesterfield MO 63005-1101					INSURE	INSURER E :				
						INSURER F :				
COVERAGES CERTIFICATE NUMBER: 1884546605						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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY			PHPK2503479		1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 1,000	,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	
									\$ 0	50
								MED EXP (Any one person)		000
	l							PERSONAL & ADV INJURY	\$ 1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000	,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$3,000	,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY			PHPK2503479		1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
А	X UMBRELLA LIAB X OCCUR			PHUB846228		1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 3,000	000
									\$ 3,000	
								AGGREGATE	• /	,000
	DED A RETENTION \$ 10,000	-						PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/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		
А	Participant Medical			PHPA119115	T	1/1/2023	1/1/2024	Per Occurrence	10,00	0
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101. Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)		
	above General Liability policy provides									
CERTIFICATE HOLDER CANCELLATION										
	-									
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Sports Facilities Management								EREOF, NOTICE WILL E	BE DEI	IVERED IN
						ACCORDANCE WITH THE POLICY PROVISIONS.				
600 Cleveland St. Suite 910										
CLearwater FL 33755					AUTHORIZED REPRESENTATIVE					
CLearwater FL 33755										
n. competer										

The ACORD name and logo are registered marks of ACORD

© 1988-2015 ACORD CORPORATION. All rights reserved.