

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/6/2022

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).

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PRODUCER						CONTACT NAME:						
Lakenan						PHONE (A/C, No, Ext): 573-883-7446 FAX (A/C, No): 573-883-3981						
890 Rozier Street Sainte Genevieve MO 63670						(A/C, No): 57 5 - 555 - 555 (A/C, No): 57 5 - 55						
						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 18018 Eads Avenue					INSURER C:							
Chesterfield MO 63005					INSURER D:							
					INSURER E:							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER: 611865651						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 POLICY EFF POLICY EXP												
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			ETD 0489975		1/1/2022	1/1/2023	EACH OCCURRENCE \$1,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000				
	OE MINE IN ALE									\$5,000		
								PERSONAL & ADV I		\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	GREGATE LIMIT APPLIES PER:									,000	
	POLICY PRO- LOC						PRODUCTS - COMP	P/OP AGG	\$3,000	,000		
OTHER:								\$		\$		
Α	A AUTOMOBILE LIABILITY			ETD 0489975	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT \$1,000,0			,000		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	AUTOS ONLY AUTOS	Y SCHEDULED AUTOS						BODILY INJURY (Per accident) \$		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$		
										\$		
Α	X UMBRELLA LIAB X OCCUR			ETD 0489975		1/1/2022	1/1/2023	,		\$ 1,000	,000	
	EXCESS LIAB CLAIMS-MADE							, ,		\$ 1,000	,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER	OTH-	\$		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								PER STATUTE	OTH- ER			
		N/A						E.L. EACH ACCIDENT		\$		
	(Mandatory in NH) If yes, describe under	pe under						E.L. DISEASE - EA EMPLOYEE				
В	DÉSCRIPTION OF OPERATIONS below Participant Medical			PHPA093666		1/1/2022	1/1/2023	E.L. DISEASE - POL Per Occurrence	ICY LIMIT	10,00	0	
2	Tartopart measur					17 17 2022	17172020	. 6. 6.664		,		
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						
CEM Baseball, LLC 782 La Mancha Drive St. Augustine FL 32086						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						