

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/14/2025

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: coi@lakenan.com					
									INSURER(S) AFFORDING COVERAGE				NAIC#	
									INSURER A : PHILADELPHIA INSURANCE COMPANY				6777	
INSURED ADJBASE-01								INSURER B:						
ADJ Baseball, LLC DBA Rawlings Tigers NTJ Baseball LLC/Balls-N-Strikes LLC/44 Baseball LLC								INSURER C:						
18018 Eads Avenue								INSURER D:						
Chesterfield MO 63005-1101									INSURER E :					
									INSURER F:					
		AGES					NUMBER: 785779463				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSR!   ADDLISUBR    POLICY EFF   POLICY EXP													WHICH THIS	
INSR LTR		TYPE OF INSURANCE			INSD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR					PHPK2632045		1/1/2025	1/1/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	,000		
				X OCCUR							PREMISES (Ea occurrence)	\$ 500,000		
									MED EXP (Any one person)	\$0				
									PERSONAL & ADV INJURY	\$1,000,000				
		EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$3,000,000				
	X	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$3,000	,000			
OTHER: A AUTOMOBILE LIABILITY							DI IDICOCOCAT		4/4/0005	4/4/0000	COMBINED SINGLE LIMIT	\$ \$1.000	000	
A	ANY AUTO					PHPK2632045	1/1/2025	1/1/2026	(Ea accident) BODILY INJURY (Per person)	\$				
		OWNED		SCHEDULED							BODILY INJURY (Per accident)	\$		
	Х	AUTOS ONLY HIRED	Х	AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY		AUTOS ONLY							(Per accident)	\$		
Α	Х	X UMBRELLA LIAB X OCCUR PHUB		PHUB892173	HUB892173		1/1/2026	EACH OCCURRENCE	\$3,000,000					
		EXCESS LIAB CLAIMS-MADE								AGGREGATE	\$3,000,000			
	DED X RETENTION\$ 10,000										\$	,		
WORKERS COMPENSATION											PER OTH- STATUTE ER	·		
ANYPROPRIETOR/PARTNER/EXECUTIVE				EXECUTIVE T/N							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$			
A A A	Abus	ccident Medical Expense pusive Conduct Liability articipant Legal Liability					PHPA150833 PHPK2632045 PHPK2632045		1/1/2025 1/1/2025 1/1/2025	1/1/2026 1/1/2026 1/1/2026	Per Occurrence Aggregate Aggregate	regate 3,000,000		
AU	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) AUTOMATIC ADDITIONAL INSURED: OWNERS AND / OR LESSORS OF PREMISES, LESSORS OF LEASED EQUIPMENT, SPONSORS OR COPROMOTERS SUBJECT TO A WRITTEN AGREEMENT.													
CE	RTIF	ICATE HOLDI	ER					CANC	CANCELLATION					
Bunten Road Park 3180 Bunten Road									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					
Duluth GA 30096									A. Ca Cotto					

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

## ADDITIONAL INSURED: OWNERS AND / OR LESSORS OF PREMISES, LESSORS OF LEASED EQUIPMENT, SPONSORS OR CO-PROMOTERS

This endorsement modifies insurance provided under the following:

## **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

This policy is amended to include as an additional Insured any person or organization of the types designated below, but only with respect to liability arising out of your operations:

- 1. Owners and / or lessors of the premises leased, rented, or loaned to you, subject to the following additional exclusions:
  - This insurance applies only to an "occurrence" which takes place while you are a tenant in the premises;
  - b. This insurance does not apply to "bodily injury" or "property damage" resulting from structural alterations, new construction or demolition operations performed by or on behalf of the owner and / or lessor of the premises;
  - c. This insurance does not apply to liability of the owners and / or lessors for "bodily injury" or "property damage" arising out of any design defect or structural maintenance of the premises or loss caused by a premises defect.

With respect to any additional insured included under this policy, this insurance does not apply to the sole negligence of such additional insured.

- 2. Lessor of Leased Equipment, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s) subject to the following additional exclusions:
  - a. This insurance does not apply to any "occurrence" which takes place after the equipment lease expires.
- 3. Sponsors
- 4. Co-Promoters