

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/30/2025

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).													
	DUCE					CONTACT NAME:							
Lakenan												573-883-3981	
890 Rozier Street Sainte Genevieve MO 63670							E-MAIL ADDRESS: coi@lakenan.com						
Camillo Controllo Volvio Volvio							INSURER(S) AFFORDING COVERAGE NAIC #						
						MOURE				NV		6777	
INSURED ADJBASE-01							INSURER A : PHILADELPHIA INSURANCE COMPANY					0111	
ADJ Baseball, LLC DBA Rawlings Tigers							INSURER B:						
NTJ Baseball LLC/Balls-N-Strikes LLC/44 Baseball LLC 18018 Eads Avenue							INSURER C:						
Chesterfield MO 63005-1101							INSURER D:						
5.155.55.d 1110 00000 11101							INSURER E:						
COVERAGES CERTIFICATE NUMBER: 774621966							INSURER F : REVISION NUMBER:						
						/E 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	SR TR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		s		
Α	Х	X COMMERCIAL GENERAL LIABILITY			PHPK2632045-002		1/1/2025	1/1/2026	EACH OCCURRENCE \$ 1,00		\$ 1,000,0	000	
		CLAIMS-MADE X OCCUR	IS-MADE X OCCUR						DAMAGE TO RENTE PREMISES (Ea occui	D rrence)	\$ 500,00	0	
		<u> </u>							MED EXP (Any one p		\$0		
									PERSONAL & ADV IN		\$1,000,000		
	GEN	I'L AGGREGATE LIMIT APPLIES PER:								\$3,000,0	\$3,000,000		
	Х	POLICY PRO- JECT LOC							PRODUCTS - COMP.		\$3,000,0	000	
		OTHER:									\$		
Α	AUT	AUTOMOBILE LIABILITY			PHPK2632045		1/1/2025	1/1/2026	COMBINED SINGLE LIMIT \$ 1,000,000		000		
		ANY AUTO							BODILY INJURY (Per	r person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per	r accident)	\$		
	Х	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGI (Per accident)	E	\$		
		AUTOG ONET							(r er deeldern)		\$		
Α	Х	UMBRELLA LIAB X OCCUR			PHUB892173		1/1/2025	1/1/2026	EACH OCCURRENC	E	\$3,000,000		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$3,000,000		
		DED X RETENTION\$ 10,000									\$		
		WORKERS COMPENSATION							PER STATUTE	OTH- ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDEN		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA E		\$		
	If yes	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		\$		
A	Acci	dent Medical Expense			PHPA150833		1/1/2025	1/1/2026	Per Occurrence	-	100,00		
A A		sive Conduct Liability cipant Legal Liability			PHPK2632045 PHPK2632045		1/1/2025 1/1/2025	1/1/2026 1/1/2026	Aggregate Aggregate		3,000,0 1,000,0		
					7 TH T(20020 TO		17 172020	17172020					
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.												
CERTIFICATE HOLDER CANCELLATION													
<u> </u>		IIVEPEIL											
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								

AUTHORIZED REPRESENTATIVE

ACCORDANCE WITH THE POLICY PROVISIONS.

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

Warner Robins American Little League

310 Snell Grove Dr

Warner Robins GA 31088

## 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