

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/6/2022

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).

th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su).					
	DUCER				CONTAC NAME:	СТ						
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						
						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:						
	VERAGES CER	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		DDL SUBR NSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY			ETD 0489975		1/1/2022	1/1/2023	EACH OCCURRENCE \$1,000,			.000	
	CLAIMS-MADE X OCCUR							DAMAGE TO REN PREMISES (Ea oc	TED	\$ 1,000	,000	
								MED EXP (Any one person)		\$ 5,000		
							PERSONAL & ADV INJURY		\$ 1,000	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	GATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$3,000			,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM	/IP/OP AGG	\$ 3,000	,000	
	OTHER:									\$		
A AUTOMOBILE LIABILITY				ETD 0489975		1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,			,000	
	ANY AUTO					BODILY INJURY (Per person) \$		\$	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	AGE	\$		
								\$		\$	\$	
Α	X UMBRELLA LIAB X OCCUR			ETD 0489975		1/1/2022	1/1/2023	EACH OCCURRENCE		\$ 1,000	,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE			,000	
	DED RETENTION\$							DED	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ĔŔ			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	ECUTIVE N/A						E.L. EACH ACCIDENT		\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		\$		
	DESCRIPTION OF OPERATIONS below			DUDA COCCO		4440000	4/4/0000	E.L. DISEASE - PC	DLICY LIMIT	10,00	0	
В	Participant Medical			PHPA093666		1/1/2022	1/1/2023	Per Occurrence 10,0		10,00	U	
Loc	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.												
CE	RTIFICATE HOLDER	CANCELLATION										
Tinley Park Park District 8125 W 171st St Tinley Park IL 60477						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						