

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/14/2023

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	, tile	Cert	incate floider in fled of St	CONTA		<u>)·</u>				
Lakenan					NAME: PHONE (A/C, No, Ext): 573-883-7446  FAX (A/C, No): 573-883-3981						
890 Rozier Street Sainte Genevieve MO 63670					I E-MAII						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
INSURED ADJBASE-01					INSURER A : PHILADELPHIA INSURANCE COMPANY					6777	
ADJ Baseball, LLC DBA Rawlings Tigers					INSURER B:						
NTJ Baseball LLC/Balls-N-Strikes LLC					INSURER C:						
18018 Eads Avenue					INSURER D:						
Chesterfield MO 63005-1101					INSURER E :						
00//504050					INSURER F:						
				E NUMBER: 1607886061	VE DEE	N ICCUED TO		REVISION NUMBER:	IE DOL	ICV DEDIOD	
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,											
	(CLUSIONS AND CONDITIONS OF SUCH F		SUBR		BEEN	POLICY EFF					
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
Α	X COMMERCIAL GENERAL LIABILITY			PHPK2503479		1/1/2023	1/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000		
	CLAIMS-MADE X OCCUR	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) \$ 100,0		00		
								MED EXP (Any one person)	\$0		
								PERSONAL & ADV INJURY	\$ 1,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000	,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 3,000	,000	
	OTHER:							COMBINED SINGLE LIMIT	\$	000	
Α	AUTOMOBILE LIABILITY			PHPK2503479		1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS							PROPERTY DAMAGE	\$		
	X HIRED X NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
Α	X UMBRELLA LIAB X OCCUR			PHUB846228		1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 3,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 3,000	,000	
	DED X RETENTION\$ 10,000							DEB OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	•	
Α	Participant Medical			PHPA119115		1/1/2023	1/1/2024	Per Occurrence	10,00	U	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL above General Liability policy provides										
The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.											
CERTIFICATE HOLDER						CANCELLATION					
Ripken Holding LLC					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
880 Long Drive Aberdeen MD 21001					AUTHORIZED REPRESENTATIVE						
Aberdeen MD 21001						81. PH.					