

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/17/2025

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 Lakenan 890 Rozier Street		CONTACT NAME: 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 Rawling NTJ Baseball LLC/Balls-N-Strike	gs Tigers es ITC/44 Basehall ITC	INSURER C:				
18018 Eads Avenue	55 22 6 / 11 Bassain 226	INSURER D:				
Chesterfield MO 63005-1101		INSURER E :				
		INSURER F:				
COVERACES	CERTIFICATE NUMBER, 4000004070	DEVICION NUM	ADED.			

COVERAGES CERTIFICATE NUMBER: 1020981076 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TY	PE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMER	CIAL GENERAL LIABILITY			PHPK2632045	1/1/2025	1/1/2026	EACH OCCURRENCE	\$1,000,000
	CLAI	MS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
								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- JECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:								\$
Α	AUTOMOBILE I	IABILITY			PHPK2632045	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO							BODILY INJURY (Per person)	\$
	OWNED AUTOS O	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS O	X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	X UMBRELL	A LIAB X OCCUR			PHUB892173	1/1/2025	1/1/2026	EACH OCCURRENCE	\$3,000,000
	EXCESS L	IAB CLAIMS-MADE						AGGREGATE	\$3,000,000
1	DED X	RETENTION \$ 10,000							\$
	WORKERS CON	CLUADILITY						PER OTH- STATUTE ER	
	AND EMILOTERS LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A					E.L. EACH ACCIDENT	\$
			,					E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
A A	Accident Medica Abusive Conduc Participant Lega	t 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	100,000 3,000,000 1,000,000

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
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Sandlot Youth Sports Holdings LLC and its direct ahd indirect affiialtes Including Sports Force Parks Sandusky LLC

7200 Wisconsin Ave Suite 500 Bethesda MD 20814 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

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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