

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2022

									/29/2022	
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).										
PRODUCER					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					
					INSURER A : PHILADELPHIA INSURANCE COMPANY				NAIC # 6777	
INSURED ADJBASE-01									0	
ADJ Baseball, LLC DBA Rawlings Tigers					INSURER C :					
NTJ Baseball LLC/Balls-N-Strikes LLC										
18018 Eads Avenue Chesterfield MO 63005-1101					INSURER D :					
					INSURER E :					
					INSURER F :					
			NUMBER: 450295418				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.										
LTR TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
A X COMMERCIAL GENERAL LIABILITY			PHPK2503479		1/1/2023	1/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000 \$ 100,0	,	
							MED EXP (Any one person)	\$0		
							PERSONAL & ADV INJURY	\$ 1,000	000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000	,	
								• /	,	
							PRODUCTS - COMP/OP AGG	\$ 3,000 \$,000	
					4/4/0000	4/4/2024	COMBINED SINGLE LIMIT		000	
			PHPK2503479		1/1/2023	1/1/2024	(Ea accident)	\$ 1,000	,000	
							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
A X UMBRELLA LIAB X OCCUR			PHUB846228		1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 3,000	,000	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$3,000	,000	
DED X RETENTION \$ 10,000								\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
If ves, describe under										
DÉSCRIPTION OF OPERATIONS below A Participant Medical			PHPA119115		1/1/2023	1/1/2024	E.L. DISEASE - POLICY LIMIT Per Occurrence	\$ 10,00	0	
			FIFALISTIS		1/1/2023	1/1/2024		10,00	0	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC								_		
The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.										
CERTIFICATE HOLDER CANCELLATION										
Washoe County, Nevada					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1001 E 9th St.										
Reno NV 89512					AUTHORIZED REPRESENTATIVE					

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