

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/1/2025

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).

th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of si).					
	DUCER	CONTACT 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					6777	
INSURED ADJBASE-01						INSURER B:						
ADJ Baseball, LLC DBA Rawlings Tigers NTJ Baseball LLC/Balls-N-Strikes LLC/44 Baseball LLC					INSURER C:							
18018 Eads Avenue					INSURER D :							
Chesterfield MO 63005-1101					INSURER E:							
						INSURER F:						
				NUMBER: 190867631		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	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY			POLICY EFF POLICY EXP (MM/DD/YYYY)				LIMITS			
A	X COMMERCIAL GENERAL LIABILITY		1112	PHPK2632045-002		1/1/2025	1/1/2026				.000	
	CLAIMS-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:	GREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$			\$3,000,000			
	X POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$3,000	,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY PHPK2632045				1/1/2025	1/1/2026	COMBINED SINGLE LIMIT \$ 1,000,		,000			
	ANY AUTO							BODILY INJURY (F	Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	•	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
Α	X UMBRELLA LIAB X OCCUR	IAB X OCCUR PHUB892173		PHUB892173		1/1/2025 1/1/2026		EACH OCCURRENCE		\$3,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$3,000	,000	
	DED X RETENTION\$ 10,000							DED	OTU	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	IETOR/PARTNER/EXECUTIVE BMBER EXCLUDED?						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		100,000		
A A A	Accident Medical Expense Abusive Conduct Liability Participant Legal 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		3,000 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.												
CE	RTIFICATE HOLDER			CANC	CANCELLATION							
Wheeler Park 1120 S. Wester Ave						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						
Oklahoma City OK 73106						ACTIONIZED REPRESENTATIVE						

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