

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/5/2025

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).

9	<u> </u>	CCITII	icate holder in lieu of su			•					
Lakenan 890 Rozier Street Sainte Genevieve MO 63670					CONTACT NAME:						
					PHONE (A/C, No, Ext): 573-883-7446 FAX (A/C, No): 573-883-3981						
					E-MAIL ADDRESS: coi@lakenan.com						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A: PHILADELPHIA INSURANCE COMPANY					6777	
ADJBASE-01 ADJ Baseball, LLC DBA Rawlings Tigers NTJ Baseball LLC/Balls-N-Strikes LLC/44 Baseball LLC 18018 Eads Avenue Chesterfield MO 63005-1101					INSURER B:						
					INSURER C:						
					INSURER D:						
					INSURER E :						
				INSURER F:							
COVERAGES 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											
INSR LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		S		
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			PHPK2632045-002		1/1/2025	1/1/2026	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ	TED	\$ 1,000		
							MED EXP (Any one	,	\$0		
							PERSONAL & ADV	'INJURY	\$ 1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$3,000	,000	
X POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$3,000	,000	
OTHER:									\$		
A AUTOMOBILE LIABILITY PHPK2632045			PHPK2632045		1/1/2025	1/1/2026	COMBINED SINGL (Ea accident)	E LIMIT	\$ 1,000	,000	
ANY AUTO	OWNED SCHEDULED AUTOS ONLY AUTOS						` ' /		\$		
AUTOS ONLY AUTOS									\$		
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
									\$		
A X UMBRELLA LIAB X OCCUR			PHUB892173		1/1/2025	1/1/2026	,		\$3,000	·	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$3,000	,000	
DED X RETENTION \$ 10,000							PER	OTH-	\$		
AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT		\$		
							E.L. DISEASE - EA		\$		
A Accident Medical Expense			PHPA150833		1/1/2025	1/1/2026	E.L. DISEASE - POLICY LIMIT Per Occurrence		100,0	00	
A Abusive Conduct Liability A Participant Legal Liability			PHPK2632045 PHPK2632045		1/1/2025 1/1/2025	1/1/2026 1/1/2026	Aggregate 3,		3,000 1,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL AUTOMATIC ADDITIONAL INSURED: OW COPROMOTERS SUBJECT TO A WRITTE	NERS	S AND) / OR LESSORS OF PRE					PONSOR	S OR		
CERTIFICATE HOLDER					CANCELLATION						
Clarksburg Baseball, Inc. CBI PO Box 996					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Clarksburg MD 20871					AUTHORIZED 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