

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/2/2023

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.

PRODUCER Lakenan 800 Rozier Street 800 Rozier St		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).											
Lakenan Son Rozier Street Sainte Genevieve MO 63670  ### AUTO- Control of Con			, tile	Cert	incate floider in fled of St	CONTA		<u>,.                                    </u>					
Sainte Genevieve MO 63670    Second													
NAME PROPRIES A PRODUCT OF THE ADDRESS AS SURBERS AFFORMANY   6777  ROUBED ADJOSES   NTJ Baseball LLC/Bal Rawlings Tigers NTJ Baseball LLC/Balls-N-Strikes LLC   10018 Eads Avenue   10018 Eads Eads   10018 Eads Eads   10018 Eads Eads   10018 Eads						(A/C, No, Ext): 3/3-883-7440 (A/C, No): 5/3-883-3981							
MSUBSECTION NUMBER:   MSUBSECTION   MSUBSECT	Sainte Genevieve MiO 63670												
NOURSESON TO Baseball LLC DBA Rawlings Tigers NTJ Baseball LLC DBA Rawlings Tigers  CERTIFICATE NUMBER: 1166842843  CERTIFICATE NUMBER: 1166842843  REVISION NUMBER: REVISION NUMBE						• /							
ADJ Baseball LLC DBA Rawlings Tigers NTJ Baseball LLC DBA Rawlings Tigers NTJ Baseball LLC Blast Avenue (Chesterfield MO 63005-1101  **SUBBER 5:****  **SUBBER 6:*****  **SUBBER 6:****  **	AD IDACE OF										6///		
NTJ Baseball LLC/Balls-N-Strikes LLC 1808 Eads Averue Chesterfield MO 63005-1101  **REVISION NUMBER: 1:6684883  **CERTIFICATE NUMBER: 1:16684883  **CERTIFICATE NUMBER: 1:16684883  **CERTIFICATE NUMBER: 1:16684883  **CERTIFICATE MY BE ISSUED OF THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MY BE ISSUED OF THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MY BE ISSUED OF THE POLICY PERIOD NIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MY BE ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD.  **THE POLICY PERIOD.**  **THE POLICY PE	AD	J Baseball, LLC DBA Rawlings Tige	rs		7,505,102 01	INSURER B:							
COVERAGES  CERTIFICATE NUMBER: 1106842843  THIS ST O CERTIFY THAT THE POLICES OF INSURANCE LISTED SELDY HAVE SEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIODS CERTIFICATE MAY SEE SSUED OR MAY PERFAN. THE INSURANCE LISTED SELDY HAVE SEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIODS CERTIFICATE MAY SEE SSUED OR MAY PERFAN. THE INSURANCE AFFORDED BY THE POLICES DESCRIBED CLAMEN THE RESPECT TO WHICH THIS EXECUTION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMES.  A X COMMERCIAL GENERAL LIBILITY  A X COMMERCIAL GENERAL GENERAL LIBILITY  A X COMMERCIAL GENERAL LIBILITY  A X COMMERCI	NT	J Baseball LLC/Balls-N-Strikes LLC				INSURE	RC:						
COVERAGES  CERTIFICATE NUMBER: 1166842813  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 MIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH A POLICY PERIOD MIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH A POLICY PERIOD CONTRACT. OR OTHER DOCUMENT WITH A POLICY PERIOD CONTRACT OR OTHER DOCUMENT WITH A POL						INSURE	RD:						
THIS IS TO CERTIFY THAT THE POLICES OF RISHRANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ADOVE 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 TO THE INSURED NOT BEEN INSURED TO ALL THE TERMS, THE INSURANCE AFFORDED BY THE POLICY OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCELSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A COMMERCIAL GENERAL LIABILITY PURP OR PRIVANANCE AFFORDED BY THE POLICY PROBLEMS BY THE POLICY BY ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A COMMERCIAL GENERAL LIABILITY PHENCESOSATP PHENCESOSATP 11/1/2023 11/1/2024 EACH OCCURRENCE STRONG S	CII	esterned MO 03003-1101											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOICATED. NOIVITHISTANDING NAY 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.  REFERENCE 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.  REFERENCE 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.  REFERENCE MAY BE SUBJECT TO ALL THE TERMS, EXCLUSIONS OF SUBJECT TO ALL THE TERMS, EXCLUSIONS		(55,455)				INSURE	RF:						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  REAL TYPE OF INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  REAL TYPE OF INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  REAL TYPE OF INSURANCE AND COUNTRIBER MAY HAVE BEEN REDUCED BY PAID CLAIMS.  REAL COUNTRIBER OF THE PAID CLAIMS AND COUNTRIBER MAY HAVE BEEN REDUCED BY PAID CLAIMS.  REAL COUNTRIBER OF THE PAID CLAIMS AND COUNTRIBER MAY HAVE BEEN REDUCED BY PAID CLAIMS.  REAL COUNTRIBER OF THE PAID CLAIMS AND COUNTRIBER MAY HAVE BEEN REDUCED BY PAID CLAIMS.  REAL COUNTRIBER OF THE PAID CLAIMS AND COUNTRIBER MAY HAVE BEEN REDUCED BY PAID CLAIMS.  REAL COUNTRIBER OF THE PAID OF THE PAID CLAIMS AND COUNTRIBER OF THE PAID OF THE PAID CLAIMS AND COUNTRIBER OF THE PAID OF THE PAID CLAIMS AND COUNTRIBER OF THE PAID OF THE PAID CLAIMS AND CHARLES AND COUNTRIBER OF THE PAID OF THE PAID CLAIMS AND CHARLES AND COUNTRIBER OF THE PAID CLAIMS AND CHARLES AND COUNTRIBE CLAIMS AND CHARLES AND COUNTRIBE CLAIMS AND CHARLES AN						VE DEE	N ICCUED TO			JE DOL	ICV DEDIOD		
NESS TYPE OF INSURANCE INSURANCE INSURING POLICY NUMBER (MINDO TYPE) (	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,												
The Commercial General Liability Policy Number   National Policy Numb													
CLAIMS-MADE   OCCUR   CLAIMS-MADE   OCCUR   CLAIMS-MADE   OCCUR   CENTIFICATE   OCCUR   CLAIMS-MADE   OCCUR   OC		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
CLAMIS-MADE   OCCUR   PREMISE (BROADERS)   S   O   O   PERSONAL & ADVINUARY   S 1,000,000   O   O   O   O   O   O   O   O   O	Α				PHPK2503479		1/1/2023	1/1/2024		\$1,000	,000		
PERSONAL & ADV INJURY   \$1,000,000		CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 100,0	00		
GENL AGGREGATE LIMIT APPLIES PER:    POLICY   GENT   LOC									MED EXP (Any one person)	\$0			
PRODUCTS - COMPIOP AGG   \$3,000,000									PERSONAL & ADV INJURY	\$1,000	,000		
A AUTOMOBILE LIABILITY  AND AUTO ONNED AUTOS ONLY AUTO ONNED AUTOS ONLY AUTOS									GENERAL AGGREGATE	\$3,000	,000		
A AUTOMOBILE LIABILITY  ANY AUTO  ANY AUTO  ANY AUTO  AUTOS ONLY		X POLICY PRO-							PRODUCTS - COMP/OP AGG		,000		
AVAITO AUTOS ONLY AUTO		·							COMPINED SINCLE LIMIT				
A V WARRENGE WATCH TO SHAPE AUTOS ONLY A HRED AUTOS ONLY AUTOS ONL	Α				PHPK2503479		1/1/2023	1/1/2024		. ,	,000		
A Y UMBRELLA LIAB  A Y UMBRELLA LIAB  EXCESS LIAB  DED X RETENTIONS 10.000  WORKERS COMPENSATION AND EMPLOYERS LIABBILITY ANYPROPRIETOR/PARTINER/EXECUTIVE V/N ANYPROPRIETOR/PARTINER/EXECUTIVE V/N I lyes, described under in the propertion of operations / Locations / Loca										-			
A X UMBRELLALIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETINITION \$ 1,0000  WORKERS COMPENSATION ANY ROPE TURNET REVECUTIVE OFFICE RIMEMER REVOLUTIVE OF MANAGEMENT OF PHAN 119115  A Participant Medical  PHAN 119115  PHAN 119115  PHAN 119115  PHAN 11/2023  1/1/2024  PER CACH OCCURRENCE \$ 3,000,000  AGGREGATE \$ 3,000,000  S S S S S S S S S S S S S S S S S S		AUTOS ONLY AUTOS							, ,	-			
A V UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ OCCUR NORRESC COMPENSATION AND EMPLOYERS 'LABILITY ANY PROPRIETON PRINTING OF OPERATIONS below PHPA119115  A Participant Medical  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.  CERTIFICATE HOLDER  CANCELLATION  PHUB846228  PHUB846228  1/1/2023  1/1/2024  PEACH OCCURRENCE \$ 3,000,000  AGREGATE \$ 3,000,000  PERATION OF OPERATION OF O									(Per accident)	-			
EXCESS LIAB CLAIMS-MADE    Deb   X   RETENTIONS 10,000					<u> </u>					\$			
DED X RETENTIONS 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR PARTINER/EXECUTIVE OFFICE/MEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.  CERTIFICATE HOLDER  CANCELLATION  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  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE	Α	OCCOR			PHUB846228		1/1/2023	1/1/2024	EACH OCCURRENCE	\$3,000	,000		
WORKERS COMPENSATION AND EMPLOYERS **LIBRILITY** ANYPROPRIETOR PARTNER EXECUTIVE OF THE ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  **CANCELLATION**  **PRINT DETAIL DISEASE - EA EMPLOYEE S   E.L. DISEASE - POLICY LIMIT   S   **EL. DISEASE - POLICY LIMIT   S   **IT DISEAS		CLAIWG-WADL							AGGREGATE	\$3,000	,000		
A Participant Medical PhPA119115 1/1/2023 1/1/2024 Per Occurrence 10,000  DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Insured coverage to the certificate holder. A copy if available upon request.  CERTIFICATE HOLDER  City of Middletown 1 Donham Plaza  AUTHORIZED REPRESENTATIVE  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - FOLICY LIMIT \$  DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.  CANCELLATION  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		10 KETERTION \$ 10,000							DED OTH	\$			
ANYPROPRIENCE XCUITURE OFFICERMEMBERS XCUITURE  E.L. DISEASE - BA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.  CERTIFICATE HOLDER  CANCELLATION  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  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE		AND EMDLOVEDS! LIABILITY							STATUTE ER				
If yes, describe under   E.L. DISEASE - POLICY LIMIT   \$   A   Participant Medical   PHPA119115   1/1/2023   1/1/2024   Per Occurrence   10,000		ANYPROPRIETOR/PARTNER/EXECUTIVE -							E.L. EACH ACCIDENT \$				
DESCRIPTION OF OPERATIONS below  A Participant Medical PHPA119115 1/1/2023 1/1/2024 Per Occurrence 10,000  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.  CERTIFICATE HOLDER  CANCELLATION  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		(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.  CERTIFICATE HOLDER  CANCELLATION  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		DESCRIPTION OF OPERATIONS below								<u> </u>	•		
The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.  CERTIFICATE HOLDER  CANCELLATION  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	Α	Participant Medical			PHPA119115		1/1/2023	1/1/2024	Per Occurrence	10,00	0		
The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.  CERTIFICATE HOLDER  CANCELLATION  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													
CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  City of Middletown 1 Donham Plaza Authorized Representative													
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	The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.												
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													
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													
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													
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													
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													
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  City of Middletown 1 Donham Plaza  Authorized Representative	CE	RTIFICATE HOLDER				CANC	ELLATION						
Middle Later of Color Action Co	City of Middletown						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHORIZED REPRESENTATIVE							