ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/ DD/ YYYY)
04/26/2022

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 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
SADLER & COMPANY, INC.
P.O. BOX 5866
COLUMBIA, SOUTH CAROLINA 29250-5866

CONTACT NAME: Sports Dept
PHONE (A/ C, No. Ext): 800-622-7370 | **FAX (A/ C, No):** 803-256-4017
E- MAIL ADDRESS: amateur@sadlersports.com
PRODUCER CUSTOMER ID#:

INSURED
Warrior Baseball Association
P.O. Box 130
Northport, AL 35476

Application ID: 344197
A Member of the Sports, Leisure & Entertainment RPG

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY	23787
INSURER B:	
INSURER C:	
INSURER D:	

COVERAGES **CERTIFICATE NUMBER** **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.

INSD LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/ DD/ YYYY)	POLICY EXP (MM/ DD/ YYYY)	LIMITS	
A	**GENERAL LIABILITY** ☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☑ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC			**6B RPG 74846**	**05:31:08 PM ET 02/08/2022**	**12:01AM ET 02/08/2023**	EACH OCCURRENCE	$1,000,000
							DAMAGE TO PREMISES RENTED TO YOU (Fire Legal Liability)	$1,000,000
							MEDICAL EXPENSES (other than participants)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE (other than Products- completed Operations)	$5,000,000
							PRODUCTS- COMP/ OP AGG	$1,000,000
							LEGAL LIAB TO PARTICIPANTS	$2,000,000
							PROFESSIONAL LIABILITY	$1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS (not provided while in Hawaii) ☑ NON- OWNED AUTOS (not provided while in Hawaii)			**6B RPG 74846**	**05:31:08 PM ET 02/08/2022**	**12:01AM ET 02/08/2023**	COMBINED SINGLE LIMIT (Ea Accident)	$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS- MADE ☐ DEDUCTIBLE ☐ RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? Y/ N ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			**N/ A**			☐ WC STATUTORY LIMITS ☐ OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EOMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	**MEDICAL PAYMENTS TO PARTICIPANTS**			**6B RPG 74846**	**05:31:08 PM ET 02/08/2022**	**12:01AM ET 02/08/2023**	EXCESS MEDICAL	$25,000
							AD&D	NONE
							DEDUCTIBLE	$100

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: COVERED SPORTS Baseball 12 & Under, Baseball 13-15, Baseball 16-19,

High Brain Injury Sports - For Deck/ Floor/ Field/ Street Hockey, Roller Hockey (quad), Cheerleading (age 19 & under); Lacrosse (age 19 & under); Tackle and contact football (age 19 & under), Soccer (age 19 & under), Water Hockey (age 19 & under),Wrestling (age 19 & under), and Umpire/ Referee Associations for the above High Risk Concussion Sports, Limited Coverage for "Brain Injury" endorsement applies- Brain Injury Limit: $1,000,000 occurrence/ $1,000,000 aggregate; Brain Injury Loss Adjustment Expense Limit: $1,000,000 occurrence/ $1,000,000 aggregate. "Brain Injury" means concussion, chronic traumatic encephalopathy, or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

CERTIFICATE HOLDER **CANCELLATION**

EVIDENCE OF COVERAGE

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

Coverage is only extended to U.S. events and activities
** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

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