



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/15/2020

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY K&K Insurance Group 1712 Magnavox Way PO Box 2338 Fort Wayne IN 46801-2338		PHONE (A/C, No, Ext): 1-800-441-3994	COMPANY Scottsdale Indemnity Company	
FAX (A/C, No): 1-260-459-5120	E-MAIL ADDRESS: Cheryl.Pettibone@kandkinsurance.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID#:				
INSURED DOVER YOUTH BABE RUTH SOFTBALL LG. 7 Drew Road Dover, NH, 03820		LOAN NUMBER	POLICY NUMBER KKI-80544-00	
		EFFECTIVE DATE	EXPIRATION DATE 02/01/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION Various Locations

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	DEDUCTIBLE
Employee Theft					\$500
					\$25,000

REMARKS (Including Special Conditions)

This covers only those 5 persons listed below holding the "positions" designated while such person is engaged in league sanctioned Activities:

President - Jamie Stevens
 Vice President - Aaron Frigon
 Treasurer - Jen Hutchinson
 Secretary - Tim Joilicoeur
 Concession stand Director - Krystal Small

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.

ADDITIONAL INTEREST

NAME AND ADDRESS	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>
	MORTGAGEE					
EVIDENCE OF COVERAGE	LOAN #					
	AUTHORIZED REPRESENTATIVE 					