

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)  
01/28/20

PRODUCER  <b>Keystone Risk Managers, LLC</b> 1995 Point Township Drive Northumberland, PA 17867		CERTIFICATE #: 4054022-2020-3	4 05 40
ADDITIONAL NAMED INSURED: NORTHRIDGE CITY LL Audrey Ritter 18755 Devonshire St. Northridge, CA 91324		<b>INSURERS AFFORDING COVERAGE:</b>	
		INSURER A:	<b>Lexington Insurance Company</b>
		INSURER B: (Non-Liability)	<b>National Union Fire Insurance Company of Pittsburgh, PA</b>
		INSURER C:	<b>AIG Specialty Insurance Company</b>

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	<b>Property Damage Deductible: \$250</b>			PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
						Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person	
C	X	<b>DIRECTORS &amp; OFFICERS</b>	018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000
						AGGREGATE	\$1,000,000
C	X	<b>CYBER LIABILITY COVERAGE</b>	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
		S&P SECURITY AND PRIVACY LIABILITY INSURANCE				<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>	
		S&P REGULATORY ACTION SUBLIMIT OF LIABILITY	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		POLICY INCEPTION	POLICY INCEPTION	
	EM	EVENT MANAGEMENT INSURANCE	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		NOT APPLICABLE	POLICY INCEPTION	
A	X	<b>CRIME COVERAGE</b>	011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000
						<b>Crime Deductible: \$250 Property/\$1,000 Money</b>	AGGREGATE
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

**"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

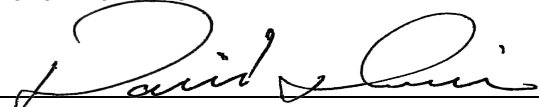
- |   |               |                               |   |               |
|---|---------------|-------------------------------|---|---------------|
| 1. First Presbyterian Church of Granada Hills RECREATION CENTER | 5. PETIT PARK | 2. MASON RECREATION CENTER    | 3. New Life Church of Nazarene                            | 4. NORTHRIDGE |
|   |               | 6. Winnetka Recreation Center | 7. City of Los Angeles Department of Recreation and Parks |               |

**INSURED**

**Little League Baseball Risk Purchasing Group, Incorporated**  
 539 U.S. RT. 15 Highway  
 South Williamsport, PA 17702

**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

## **IMPORTANT**

### **DISCLAIMER**

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		X INCL PARTICIPANTS	<b>Property Damage Deductible: \$250</b>		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE			Sexual Abuse OCCURRENCE	\$1,000,000	
					Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS				Any One Person	
C	X	<b>DIRECTORS &amp; OFFICERS</b>	018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000
						AGGREGATE	\$1,000,000
C	X	<b>CYBER LIABILITY COVERAGE</b>	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
		S&P SECURITY AND PRIVACY LIABILITY INSURANCE				<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>	
		S&P REGULATORY ACTION SUBLIMIT OF LIABILITY	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		POLICY INCEPTION	POLICY INCEPTION	
	EM	EVENT MANAGEMENT INSURANCE	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		NOT APPLICABLE	POLICY INCEPTION	
A	X	<b>CRIME COVERAGE</b>	011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000
						<b>Crime Deductible: \$250 Property/\$1,000 Money</b>	AGGREGATE
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

**"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

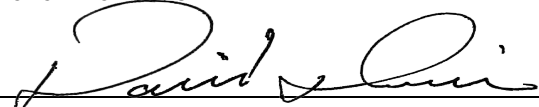
First Presbyterian Church of Granada Hills  
 10400 Zelzah Ave  
 Northridge, CA 91326

**INSURED**

**Little League Baseball Risk Purchasing Group, Incorporated**  
 539 U.S. RT. 15 Highway  
 South Williamsport, PA 17702

**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

## **IMPORTANT**

### **DISCLAIMER**

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2020

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**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).

<b>PRODUCER</b> Keystone Risk Managers, LLC 1995 Point Township Drive  Northumberland PA 17867		<b>CONTACT NAME:</b> David Irwin <b>PHONE (A/C. No. Ext):</b> (570) 473-2150 <b>E-MAIL ADDRESS:</b> Dlrwin@Keystoneinsgrp.com <b>FAX (A/C. No):</b> (570) 473-2151	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lexington Insurance Company	<b>NAIC #</b> 19437
		<b>INSURER B:</b> AIG Specialty Insurance Company	26883
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated NORTHRIDGE CITY LL 18755 Devonshire St. Northridge CA 91324			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

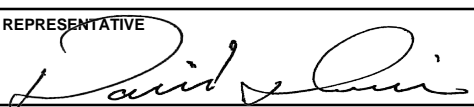
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League			011405740	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

**CERTIFICATE HOLDER****CANCELLATION**

First Presbyterian Church of Granada Hills  10400 Zelzah Ave  Northridge CA 91326	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 
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

First Presbyterian Church of Granada Hills  
10400 Zelzah Ave  
Northridge, CA 91326

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**CERTIFICATE OF LIABILITY INSURANCE**

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ADDITIONAL NAMED INSURED:  NORTHRIDGE CITY LL Audrey Ritter 18755 Devonshire St. Northridge, CA 91324	INSURER A:	<b>Lexington Insurance Company</b>	
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A	X	<b>CRIME COVERAGE</b>	011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000
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B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

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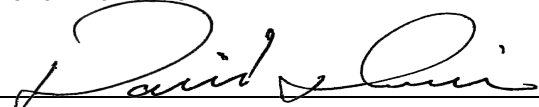
MASON RECREATION CENTER  
10500 Mason Ave  
Chatsworth, CA 91311

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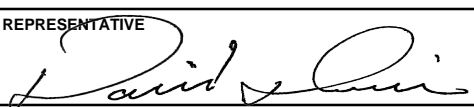
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ Excluded
	<input checked="" type="checkbox"/> OTHER: Per League						PERSONAL & ADV INJURY \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> UMBRELLA LIAB						BODILY INJURY (Per person) \$
	<input type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per accident) \$
	DED	RETENTION \$					PROPERTY DAMAGE (Per accident) \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

**CERTIFICATE HOLDER****CANCELLATION**

MASON RECREATION CENTER  10500 Mason Ave  Chatsworth CA 91311	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 
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© 1988-2015 ACORD CORPORATION. All rights reserved.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

MASON RECREATION CENTER  
10500 Mason Ave  
Chatsworth, CA 91311

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)  
01/28/20

PRODUCER <b>Keystone Risk Managers, LLC</b> 1995 Point Township Drive Northumberland, PA 17867		CERTIFICATE #: 4054022-2020-3	4 05 40
ADDITIONAL NAMED INSURED: NORTHRIDGE CITY LL Audrey Ritter 18755 Devonshire St. Northridge, CA 91324		<b>INSURERS AFFORDING COVERAGE:</b>	
		INSURER A:	<b>Lexington Insurance Company</b>
		INSURER B: (Non-Liability)	<b>National Union Fire Insurance Company of Pittsburgh, PA</b>
		INSURER C:	<b>AIG Specialty Insurance Company</b>

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A	X	<b>GENERAL LIABILITY</b>	011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000		
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS				<b>Property Damage Deductible: \$250</b>		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000		
						Sexual Abuse AGGREGATE	\$1,000,000		
		MEDICAL PAYMENTS				Any One Person			
C	X	<b>DIRECTORS &amp; OFFICERS</b>	018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000		
						AGGREGATE	\$1,000,000		
C	X	<b>CYBER LIABILITY COVERAGE</b>	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
						S&P SECURITY AND PRIVACY LIABILITY INSURANCE	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		RETROACTIVE DATE
		S&P REGULATORY ACTION SUBLIMIT OF LIABILITY	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		POLICY INCEPTION	POLICY INCEPTION			
	EM	EVENT MANAGEMENT INSURANCE	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		NOT APPLICABLE	POLICY INCEPTION			
A	X	<b>CRIME COVERAGE</b>	011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000		
						<b>Crime Deductible: \$250 Property/\$1,000 Money</b>		AGGREGATE	NONE
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

**"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

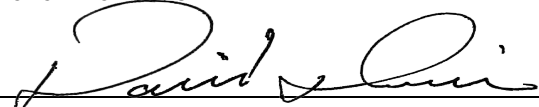
New Life Church of Nazarene  
 10650 Reseda Blvd  
 Porter Ranch, CA 91326

**INSURED**

**Little League Baseball Risk Purchasing Group, Incorporated**  
 539 U.S. RT. 15 Highway  
 South Williamsport, PA 17702

**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

## **IMPORTANT**

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2020

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).

<b>PRODUCER</b> Keystone Risk Managers, LLC 1995 Point Township Drive  Northumberland PA 17867	<b>CONTACT NAME:</b> David Irwin <b>PHONE (A/C. No. Ext):</b> (570) 473-2150 <b>E-MAIL ADDRESS:</b> Dlrwin@Keystoneinsgrp.com	<b>FAX (A/C. No):</b> (570) 473-2151
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated NORTHRIDGE CITY LL 18755 Devonshire St. Northridge CA 91324	<b>INSURER A:</b> Lexington Insurance Company	<b>NAIC #</b> 19437
	<b>INSURER B:</b> AIG Specialty Insurance Company	<b>NAIC #</b> 26883
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

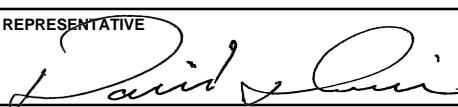
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League	X		011405740	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

**CERTIFICATE HOLDER****CANCELLATION**

New Life Church of Nazarene  10650 Reseda Blvd  Porter Ranch CA 91326	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 
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

New Life Church of Nazarene  
10650 Reseda Blvd  
Porter Ranch, CA 91326

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)  
01/28/20

PRODUCER <b>Keystone Risk Managers, LLC</b> 1995 Point Township Drive Northumberland, PA 17867		CERTIFICATE #: 4054022-2020-3	4 05 40
ADDITIONAL NAMED INSURED: NORTHRIDGE CITY LL Audrey Ritter 18755 Devonshire St. Northridge, CA 91324		<b>INSURERS AFFORDING COVERAGE:</b>	
		INSURER A:	<b>Lexington Insurance Company</b>
		INSURER B: (Non-Liability)	<b>National Union Fire Insurance Company of Pittsburgh, PA</b>
		INSURER C:	<b>AIG Specialty Insurance Company</b>

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A	X	<b>GENERAL LIABILITY</b>	011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000		
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS				<b>Property Damage Deductible: \$250</b>		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE						Sexual Abuse OCCURRENCE	\$1,000,000
								Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person			
C	X	<b>DIRECTORS &amp; OFFICERS</b>	018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000		
						AGGREGATE	\$1,000,000		
C	X	<b>CYBER LIABILITY COVERAGE</b>	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
						S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>	
		REGULATORY ACTION SUBLIMIT OF LIABILITY	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		POLICY INCEPTION	POLICY INCEPTION			
	EM	EVENT MANAGEMENT INSURANCE	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		NOT APPLICABLE	POLICY INCEPTION			
A	X	<b>CRIME COVERAGE</b>	011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000		
						<b>Crime Deductible: \$250 Property/\$1,000 Money</b>		AGGREGATE	NONE
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

**"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

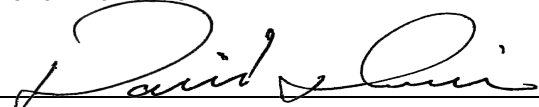
NORTHRIDGE RECREATION CENTER  
 18300 Lemarsh St  
 Northridge, CA 91325

**INSURED**

**Little League Baseball Risk Purchasing Group, Incorporated**  
 539 U.S. RT. 15 Highway  
 South Williamsport, PA 17702

**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

## **IMPORTANT**

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2020

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**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).

<b>PRODUCER</b> Keystone Risk Managers, LLC 1995 Point Township Drive  Northumberland PA 17867		<b>CONTACT NAME:</b> David Irwin <b>PHONE (A/C. No. Ext):</b> (570) 473-2150 <b>E-MAIL ADDRESS:</b> Dlrwin@Keystoneinsgrp.com <b>FAX (A/C. No):</b> (570) 473-2151	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lexington Insurance Company	<b>NAIC #</b> 19437
		<b>INSURER B:</b> AIG Specialty Insurance Company	26883
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated NORTHRIDGE CITY LL 18755 Devonshire St. Northridge CA 91324			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

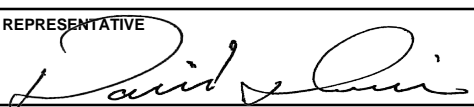
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	X		011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ Excluded
	<input checked="" type="checkbox"/> OTHER: Per League						PERSONAL & ADV INJURY	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					SEXUAL ABUSE OCC/AGG	\$ 1M/\$1M
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per accident)	\$
	DED	RETENTION \$					PROPERTY DAMAGE (Per accident)	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	N/A				PER STATUTE	OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

**CERTIFICATE HOLDER****CANCELLATION**

NORTHDRIDGE RECREATION CENTER  18300 Lemarsh St  Northridge CA 91325	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 
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

NORTHRIDGE RECREATION CENTER  
18300 Lemarsh St  
Northridge, CA 91325

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
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**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)  
01/28/20

PRODUCER <b>Keystone Risk Managers, LLC</b> 1995 Point Township Drive Northumberland, PA 17867		CERTIFICATE #: 4054022-2020-3	4 05 40
ADDITIONAL NAMED INSURED: NORTHRIDGE CITY LL Audrey Ritter 18755 Devonshire St. Northridge, CA 91324		<b>INSURERS AFFORDING COVERAGE:</b>	
		INSURER A:	<b>Lexington Insurance Company</b>
		INSURER B: (Non-Liability)	<b>National Union Fire Insurance Company of Pittsburgh, PA</b>
		INSURER C:	<b>AIG Specialty Insurance Company</b>

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	<b>Property Damage Deductible: \$250</b>		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE			Sexual Abuse OCCURRENCE	\$1,000,000	
					Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS				Any One Person	
C	X	<b>DIRECTORS &amp; OFFICERS</b>	018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000
						AGGREGATE	\$1,000,000
C	X	<b>CYBER LIABILITY COVERAGE</b>	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
		S&P				SECURITY AND PRIVACY LIABILITY INSURANCE	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>
		REGULATORY ACTION SUBLIMIT OF LIABILITY	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		POLICY INCEPTION	POLICY INCEPTION	
	EM	EVENT MANAGEMENT INSURANCE	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		NOT APPLICABLE	POLICY INCEPTION	
A	X	<b>CRIME COVERAGE</b>	011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000
						<b>Crime Deductible: \$250 Property/\$1,000 Money</b>	AGGREGATE
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

**"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

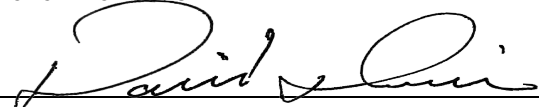
PETIT PARK  
16730 Chatsworth St  
Granada Hills, CA 91344

**INSURED**

**Little League Baseball Risk Purchasing Group, Incorporated**  
539 U.S. RT. 15 Highway  
South Williamsport, PA 17702

**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

## **IMPORTANT**

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2020

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).

<b>PRODUCER</b> Keystone Risk Managers, LLC 1995 Point Township Drive  Northumberland PA 17867		<b>CONTACT NAME:</b> David Irwin <b>PHONE (A/C. No. Ext):</b> (570) 473-2150 <b>E-MAIL ADDRESS:</b> Dlrwin@Keystoneinsgrp.com <b>FAX (A/C. No):</b> (570) 473-2151	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lexington Insurance Company	<b>NAIC #</b> 19437
		<b>INSURER B:</b> AIG Specialty Insurance Company	26883
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated NORTHRIDGE CITY LL 18755 Devonshire St. Northridge CA 91324			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

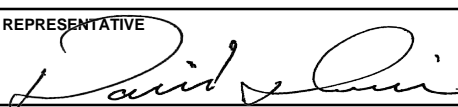
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League	X		011405740	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

**CERTIFICATE HOLDER****CANCELLATION**

PETIT PARK  16730 Chatsworth St  Granada Hills CA 91344	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 
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

PETIT PARK  
16730 Chatsworth St  
Granada Hills, CA 91344

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)  
01/28/20

PRODUCER  <b>Keystone Risk Managers, LLC</b> 1995 Point Township Drive Northumberland, PA 17867		CERTIFICATE #: 4054022-2020-3	4 05 40
ADDITIONAL NAMED INSURED: NORTHRIDGE CITY LL Audrey Ritter 18755 Devonshire St. Northridge, CA 91324		<b>INSURERS AFFORDING COVERAGE:</b>	
		INSURER A:	<b>Lexington Insurance Company</b>
		INSURER B: (Non-Liability)	<b>National Union Fire Insurance Company of Pittsburgh, PA</b>
		INSURER C:	<b>AIG Specialty Insurance Company</b>

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	<b>Property Damage Deductible: \$250</b>		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE			Sexual Abuse OCCURRENCE	\$1,000,000	
					Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS				Any One Person	
C	X	<b>DIRECTORS &amp; OFFICERS</b>	018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000
						AGGREGATE	\$1,000,000
C	X	<b>CYBER LIABILITY COVERAGE</b>	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
		S&P SECURITY AND PRIVACY LIABILITY INSURANCE				<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>	
		S&P REGULATORY ACTION SUBLIMIT OF LIABILITY	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		POLICY INCEPTION	POLICY INCEPTION	
	EM	EVENT MANAGEMENT INSURANCE	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		NOT APPLICABLE	POLICY INCEPTION	
A	X	<b>CRIME COVERAGE</b>	011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000
						<b>Crime Deductible: \$250 Property/\$1,000 Money</b>	AGGREGATE
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

**"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

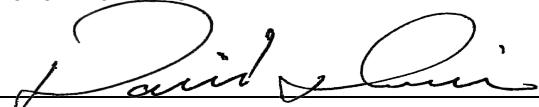
Winnetka Recreation Center  
 8401 Winnetka Ave  
 Winnetka, CA 91306

**INSURED**

**Little League Baseball Risk Purchasing Group, Incorporated**  
 539 U.S. RT. 15 Highway  
 South Williamsport, PA 17702

**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

## **IMPORTANT**

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2020

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**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).

<b>PRODUCER</b> Keystone Risk Managers, LLC 1995 Point Township Drive  Northumberland PA 17867		<b>CONTACT NAME:</b> David Irwin <b>PHONE (A/C. No. Ext):</b> (570) 473-2150 <b>E-MAIL ADDRESS:</b> Dlrwin@Keystoneinsgrp.com <b>FAX (A/C. No):</b> (570) 473-2151	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lexington Insurance Company	<b>NAIC #</b> 19437
		<b>INSURER B:</b> AIG Specialty Insurance Company	26883
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated NORTHRIDGE CITY LL 18755 Devonshire St. Northridge CA 91324			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

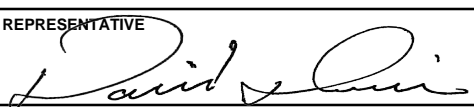
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		X					MED EXP (Any one person)	\$ Excluded
	<input checked="" type="checkbox"/> OTHER: Per League							PERSONAL & ADV INJURY	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

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

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

**CERTIFICATE HOLDER****CANCELLATION**

Winnetka Recreation Center  8401 Winnetka Ave  Winnetka CA 91306	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 
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

Winnetka Recreation Center  
8401 Winnetka Ave  
Winnetka, CA 91306

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)  
01/28/20

PRODUCER  <b>Keystone Risk Managers, LLC</b> 1995 Point Township Drive Northumberland, PA 17867		CERTIFICATE #: 4054022-2020-3	4 05 40
ADDITIONAL NAMED INSURED: NORTHRIDGE CITY LL Audrey Ritter 18755 Devonshire St. Northridge, CA 91324		<b>INSURERS AFFORDING COVERAGE:</b>	
		INSURER A:	<b>Lexington Insurance Company</b>
		INSURER B: (Non-Liability)	<b>National Union Fire Insurance Company of Pittsburgh, PA</b>
		INSURER C:	<b>AIG Specialty Insurance Company</b>

**COVERAGES**

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INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A	X	<b>GENERAL LIABILITY</b>	011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000		
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS				<b>Property Damage Deductible: \$250</b>		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000		
						Sexual Abuse AGGREGATE	\$1,000,000		
		MEDICAL PAYMENTS				Any One Person			
C	X	<b>DIRECTORS &amp; OFFICERS</b>	018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000		
						AGGREGATE	\$1,000,000		
C	X	<b>CYBER LIABILITY COVERAGE</b>	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
						S&P SECURITY AND PRIVACY LIABILITY INSURANCE	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		RETROACTIVE DATE
		S&P REGULATORY ACTION SUBLIMIT OF LIABILITY	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		POLICY INCEPTION	POLICY INCEPTION			
	EM	EVENT MANAGEMENT INSURANCE	<b>\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION</b>		NOT APPLICABLE	POLICY INCEPTION			
A	X	<b>CRIME COVERAGE</b>	011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000		
						<b>Crime Deductible: \$250 Property/\$1,000 Money</b>		AGGREGATE	NONE
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

**"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

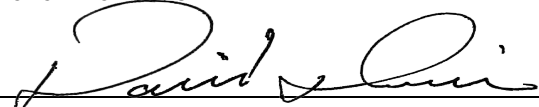
City of Los Angeles Department of Recreation and Parks  
 221 N. Figueroa St.  
 #350  
 Los Angeles, CA 90012

**INSURED**

**Little League Baseball Risk Purchasing Group, Incorporated**  
 539 U.S. RT. 15 Highway  
 South Williamsport, PA 17702

**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

## **IMPORTANT**

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2020

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).

<b>PRODUCER</b> Keystone Risk Managers, LLC 1995 Point Township Drive  Northumberland PA 17867		<b>CONTACT NAME:</b> David Irwin <b>PHONE (A/C. No. Ext):</b> (570) 473-2150 <b>E-MAIL ADDRESS:</b> Dlrwin@Keystoneinsgrp.com <b>FAX (A/C. No):</b> (570) 473-2151	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lexington Insurance Company	<b>NAIC #</b> 19437
		<b>INSURER B:</b> AIG Specialty Insurance Company	26883
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated NORTHRIDGE CITY LL 18755 Devonshire St. Northridge CA 91324			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

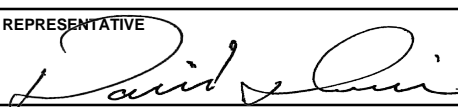
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	X		011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League						MED EXP (Any one person)	\$ Excluded
	<b>AUTOMOBILE LIABILITY</b>						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					SEXUAL ABUSE OCC/AGG	\$ 1M/\$1M
	<b>UMBRELLA LIAB</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per accident)	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PROPERTY DAMAGE (Per accident)	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A					\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	
							OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

**CERTIFICATE HOLDER****CANCELLATION**

City of Los Angeles Department of Recreation and Parks  221 N. Figueroa St. #350 Los Angeles CA 90012	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 
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

City of Los Angeles Department of Recreation and Parks  
221 N. Figueroa St.  
#350  
Los Angeles, CA 90012

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.