



**ARCH INSURANCE COMPANY**  
(A Missouri Corporation)

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

<b>POLICYHOLDER</b>	<b>WILLIAM S. HART BASEBALL &amp; SOFTBALL LEAGUE, INC.</b>
<b>POLICY NUMBER</b>	<b>O2SPR00000146</b>
<b>POLICY TERM</b>	<b>JANUARY 1, 2026 TO JANUARY 1, 2027</b>
<b>ENDORSEMENT NUMBER</b>	<b>1</b>
<b>ENDORSEMENT EFFECTIVE DATE</b>	<b>JANUARY 1, 2026</b>

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This Endorsement is made a part of the Policy to which it is attached as of the Effective Date shown above. This form applies only to Covered Accidents that occur on or after the Effective Date. This Endorsement ends at the same time as the Policy. This Endorsement is subject to all of the provisions, terms and limitations of the Policy, except as they are changed by it.

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It is hereby agreed and understood that effective with this Endorsement Effective Date, the following changes are made to the Policy:

For changes to the Class 1, the **Schedule of Benefits** is amended only as follows:

**SECTION I - SCHEDULE OF BENEFITS**

**CLASSES OF ELIGIBLE PERSONS**

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

Class 1: All registered and enrolled participants and all volunteers of the Policyholder while engaging in a Covered Activity.

**AGGREGATE LIMIT OF LIABILITY**

Benefit Maximum	\$500,000
Applies During	per Covered Accident
Applies To	Accidental Death & Dismemberment benefits only

**COVERED ACTIVITIES**

The following are the Covered Activities for which insurance applies:

<b>Class</b>	<b>Covered Activity</b>
Class 1	Supervised and Sponsored Activities

Covered Activities:

While participating in the following Policyholder supervised and sponsored activities and volunteer activities:  
Baseball (League and/or Club), Softball (League and/or Club)

Subject to all the terms and conditions of the Policy, benefits described in the Policy are payable when an Insured suffers a Covered Loss or Injury as a result of a Covered Accident during one of the Covered Activities listed above. Benefits are payable only once for any Covered Accident even if it is covered by more than one Covered Activity. The benefit amount will be the largest benefit amount applicable under all such Covered Activities.

**Schedule of Benefits:**

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

**Time Period for Loss:** 365 days

**Exposure and Disappearance** Included

<b>Loss of:</b>	<b>Benefit:</b>
	(Percentage of Principal Sum)
Life .....	100%
Quadriplegia .....	100%
Two or More Members .....	100%
One Member .....	50%
Hemiplegia .....	50%
Paraplegia .....	50%
Uniplegia .....	25%
Thumb and Index Finger of the Same Hand .....	25%

**ACCIDENT MEDICAL DENTAL EXPENSE BENEFIT**

Total Benefit Maximum for all Accident  
Medical Expense Benefits \$100,000 per Covered Accident

First Covered Expenses  
must be incurred within 90 days  
after the covered Accident

Benefit Period 1 year  
from the date of the covered Accident

Corridor Deductible \$0

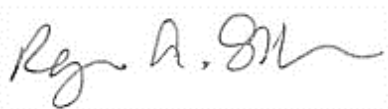
Scope of Coverage Full Excess

Any Benefit Periods, and Benefit Maximums apply on a per Covered Person, per Covered Accident basis.

**Additional Premium Due:** \$625.00.

All other terms and conditions of this Policy remain unchanged.

IN WITNESS WHEREOF, Arch Insurance Company has caused this Endorsement to be executed and attested.



Regan A. Shulman  
Secretary



Brian D. First  
President