


**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

**01/16/2026**

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).

<b>PRODUCER</b> <b>SADLER &amp; COMPANY, INC.</b> P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866		<b>CONTACT NAME:</b> Sports Dept <b>PHONE (A/ C, No. Ext):</b> 800-622-7370   <b>FAX (A/ C, No):</b> 803-256-4017 <b>E-MAIL ADDRESS:</b> dsi@sadlersports.com <b>PRODUCER CUSTOMER ID#:</b>																
<b>INSURED</b> D/ B/ A DIXIE SOFTBALL, INC. West Pasco Girls Fastpitch Softball Association 3152 Little Road, Unit 173 Trinity, FL 34655  Application ID: 473101 A Member of the ERS Risk Purchasing Group		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: STATE NATIONAL INSURANCE COMPANY, INC.</td> <td></td> <td>12831</td> </tr> <tr> <td>INSURER B: ACE AMERICAN INSURANCE COMPANY</td> <td></td> <td>22667</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: STATE NATIONAL INSURANCE COMPANY, INC.		12831	INSURER B: ACE AMERICAN INSURANCE COMPANY		22667	INSURER C:			INSURER D:		
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**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	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER	X		OVE-0000010-04	05:35PM ET 01/16/2026	12:00AM ET 01/16/2027	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO PREMISES RENTED TO YOU	\$1,000,000
							PREMISES MEDICAL PAYMENTS	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS- COMP/ OP AGG	\$2,000,000
							PARTICIPANT LIABILITY SUBLIMIT	\$2,000,000
							NEURODEGENERATIVE INJURY SUBLIMIT	\$1,000,000
								<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON- OWNED AUTOS
BODILY INJURY (Per person)								
BODILY INJURY (Per accident)								
PROPERTY DAMAGE (Per accident)								
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS- MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION <input checked="" type="checkbox"/> SEXUAL ABUSE + MOLESTATION			OVE-0000010-04	05:35PM ET 01/16/2026	12:00AM ET 01/16/2027	EACH OCCURRENCE	\$1,000,000
							AGGREGATE	\$2,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED?    Y/ N 							

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

**RE: COVERED SPORTS** Dixie Sweetees, Dixie Angels/ Darlings/ Ponytails, Dixie Belles, Dixie Debs, Regular Season Including All Star Teams

NOTE: The Participant Accident policy, if included above, is not a part of the ERS Risk Purchasing Group Association, Inc.

Cert holder is named as an additional insured with respects to the operations of the named insured.

Sadler Sports: DixieS Insurance Plan  
CANCELLATION


CERTIFICATE HOLDER

RELATIONSHIP:  
Property Owner/ Lessor


**Pasco County Board of County Commissioners**  
**7530 Little Road**  
**New Port Richey, FL 34654**

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 (company A)



AUTHORIZED REPRESENTATIVE (company B)



ENDORSEMENT NO. 0000

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OVE-0000010-04	01/16/2026	West Pasco Girls Fastpitch Softball Association	

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

**ADDITIONAL INSURED OWNERS AND/ OR LESSORS OF PREMISES, SPONSORS OR CO- PROMOTERS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART**

1. The policy is amended to include as an additional Insured any person or organization of the types indicated by an "X" in any boxes shown below, but only with respect to liability arising out of your operations:

1. ☒ Owners and/ or lessors of the premises leased, rented, or loaned to you, subject to the following additional exclusions:
1. This insurance applies only to an "occurrence" which takes place while you are a tenant in the premises;
  2. This insurance does not apply to "bodily injury" or "property damage" resulting from structural alterations, new construction or demolition operations performed by or on behalf of the owner and/ or lessor of the premises;
  3. This insurance does not apply to liability of the owners and/ or lessors for "bodily injury" or "property damage" arising out of any design defect or structural maintenance of the premises or loss caused by a premises defect.

2. With respect to any additional insured included under this policy, this insurance does not apply to any negligence of such additional insured.

☒ Sponsors

☒ Co- Promoters

☒ Any individual person(s) or organization(s) listed below:

- COACHES, OFFICIALS AND VOLUNTEERS WHILE ACTING WITHIN THE SCOPE OF THEIR DUTIES FOR THE INSURED.

This endorsement shall not increase the applicable Limits of insurance shown in the declarations.

**CG GL CW 0128 (12 20)**