



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/ DD/ YYYY)
01/16/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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).

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| 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: dsi@sadlersports.com |
| | PRODUCER CUSTOMER ID#: |

| | | |
|--|---|--------|
| INSURED 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 | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: STATE NATIONAL INSURANCE COMPANY, INC. | 12831 |
| | INSURER B: ACE AMERICAN INSURANCE COMPANY | 22667 |
| | 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 | COMMERCIAL GENERAL LIABILITY <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 |
| | AUTOMOBILE LIABILITY <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 | | | OVE-0000010-04 | 05:35PM ET 01/16/2026 | 12:00AM ET 01/16/2027 | COMBINED SINGLE LIMIT (Ea Accident) | \$1,000,000 |
| | | | | | | | 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 |
| | | | | | | | | |
| | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/ N | | N/ A | | | <input type="checkbox"/> PER STATUE | |
| | | | | | | | <input type="checkbox"/> OTHER | |
| | | | | | | | E.L. EACH ACCIDENT | |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | |
| B | Excess Accident Medical Benefit | | | PTPN04964160 | 01/16/2026 | 12:00AM ET 01/16/2027 | EXCESS MEDICAL | \$250,000 |
| | | | | | | | AD&D (maximum amount) | \$5,000 |
| | | | | | | | DEDUCTIBLE | \$0 |

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)



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.

ACORD 25 (2014/01)

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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 INSUREDS 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. [X] 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.

[X] Sponsors

[X] Co- Promoters

[X] 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)