CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/01/2021

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).

PRODUCER
SportsInsurance.com
P.O. Box 1155,
Lake Placid, NY, 12946

CONTACT NAME:
PHONE (A/C, No, Ext): 1-866-889-4763
FAX (A/C No):
E-MAIL ADDRESS: info@sportsinsurance.com
PRODUCER CUSTOMER ID :

INSURED SSEI Program Management Inc.
Thunder Baseball League, Inc.
6900 W 117th Ave
Broomfield, CO, 80020

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : HDI Global Specialty SE	AA1340041
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** A-FC-SU-20-11-30-220345_E1 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY**	Y	N	HDGL19000267	01/01/2021	01/01/2022	EACH OCCURRENCE	$ 1,000,000.00
	X COMMERICAL GENERAL LIABILITY						DAMAGE TO PREMISES RENTED (Any one premises)	$ 300,000.00
	X CLAIMS-MADE X OCCUR						MED EXP (any one person)	$ 5,000.00
	X INCLUDES ATHLETIC PARTICIPANTS						PERSONAL & ADV INJURY	$ 1,000,000.00
							GENERAL AGGREGATE	$ 3,000,000.00
	GENERAL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000.00
	X POLICY PROJECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO / HIRED AUTOS						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / NON-OWNED AUTO						BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DEDUCTIBLE							$
	RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					WC STATUTORY LIMITS / OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under SPECIAL PROVISIONS below						E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	**OTHER** Abuse/Molestation	Y		HDGL19000267	01/01/2021	01/01/2022	Each Occurrence: $ 1,000,000.00	Aggregate: $ 1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Liability Policy Deductible: $ 0.00 per each bodily injury or property damage claim. ISO Occurrence form CG 00 01 04 13 and company's specific forms. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. The certificate holder is named as Additional Insured with respect to negligent acts or omissions of the Named Insured and only with respect to the Operations of the Insured during the coverage period. RE: Registered Baseball participants: 01/01/2021 - 01/01/2022; Registered Softball participants: 01/01/2021 - 01/01/2022;

Endorsed Date :Feb 25 2021 12:00AM EST

CERTIFICATE HOLDER
City of Broomfield Broomfield Community Center
280 Lamar Street
Broomfield, CO, 80020

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
Mark Di Perno

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AGENCY		NAMED INSURED
SportsInsurance.com		**Thunder Baseball League, Inc.**
POLICY NUMBER		**6900 W 117th Ave** **Broomfield,** **CO, 80020**
HDGL19000267		
CARRIER	NAIC CODE	
HDI Global Specialty SE	AA1340041	EFFECTIVE DATE: 01/01/2021

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

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