

DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		naorse	ment. A stat	ement on th	is certificate does not co	nter r	gnts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton IA	5 ۸	2733	i	INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Br	dgewater N	J C	8807	•	INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	IIIOD	1111			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5,00	
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:								\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	` /	\$	
	HIRED AUTOS NON-OWNED AUTOS			0002/11/02/220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Iron Peack Sports & Events				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E LY PROVISIONS.		
	137 Mountain View Road				AUTHORIZED REPRESENTATIVE					
	HIllsborough	NJ	08	3844						
					Russelet July					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								g 10
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733	}	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	IJ C	8807	,	INSURE						
	<u> </u>	TIFIC	CATE	NUMBER:	INCORE			REVISION NUM	MBFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUI	BJECT TO	ALL 7	HE TERMS,
INSR		ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP		LIMIT		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20,000
								EACH OCCURRENT DAMAGE TO RENT	ED	• •	00,000
	CLAIMS-MADE CCCUR							PREMISES (Ea occu		\$ 100	
	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00	
Α	-	•		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000
	POLICY PRO- LOC							PRODUCTS - COMP			00,000
	OTHER:							Abuse/Mol COMBINED SINGLE	TIMIL	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe	· /	\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe	'	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$							□ PER □		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	Accident Insurance			4400411040704		00/45/0005	06/45/2026	Med pay \$10	00,000		
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
DEC	COURTION OF OREDATIONS / LOCATIONS / VEHICL	FC //	A CODE	And Additional Demants Cabada				٠, ٩١			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Verage is provided under these policies	•						•	heen nai	Ч	
	verage is provided under these policies	Offic	101 35	7011301Ca/3apcivi3ca activi	ucs or u	ne named ms	area for write	ir a promium nas	been par	u.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	/.						
CE	RTIFICATE HOLDER				CANO	ELLATION					
					SHO	UI D ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCFLI	ED REFORE
	Clark Girls Softball Legue				THE	EXPIRATION	N DATE THE	REOF, NOTICE			
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	430 Westfield Avenue				AUTUS	DIZED DEDDESE	NIT A TIVE				
	Clark	N.	J 07	7066	~0180	RIZED REPRESE	NIAIIVE				
							DR.	useed Duy	Lang		
	1										



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	ment. A stat	ement on th	is certificate does not ce	ing i	ignits to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	4 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater 1	JJ C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMITS	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	
Α				8502AH027228		06/15/2025	06/15/2026	(, , - ,	• •	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	00,000
	POLICY PRO- DECT LOC									00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT		00,000
	ANY AUTO							` '	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0502A11021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC								al	
C	verage is provided under these policies	only	ior sp	onsored/supervised activit	iles of ti	ne named ins	urea for which	n a premium nas been pai	a.	
CE	RTIFICATE HOLDER				CANC	ELLATION				
CENTIFICATE HOLDER										
	Home Run Tournaments, LLC				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	108 Tooker Avenue				AUTHO	RIZED REPRESE	NTATIVE			
	Sprinfield	N.	J 07	7081						
			Rusself July							



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	3 certificate does flot ce) I I C I I	gins to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	A 5	2733	j	INSURE		el Insurance C			38970
INSU	RED				INSURE			. , . ,		
Ві	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater 1	1J (8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RESTRICTED OR MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMITS	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	00 000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							, ,	\$ 5.00	-
Α	Filminanian Filmin			8502AH027228		06/15/2025	06/15/2026	(, , ,	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	
	POLICY PRO- DECT LOC								\$ 1,00	•
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							` '	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0502A11021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies	•						•	d	
		Í		,						
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Roxbury Township				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	1715 Route 46				AUTHO	RIZED REPRESE	NTATIVE			
	Ledgewood	N.	J 07	7852						
			Rusself Dulpy							



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
C	nton I	A 5	2733	<u> </u>	INSURE		el Insurance C			38970
INSU	RED				INSURE			, , ,		
Bı	dgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
P.	O. Box 6222				INSURE					
В	idgewater !	1J (8807	,	INSURE					
	<u> </u>	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD
١N	DICATED. NOTWITHSTANDING ANY R	EQUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPEC	TO T	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL I	HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		522.11	POLICY EFF	POLICY EXP	LIMITS	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence)	\$ 5.00	-
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	() = = = = = ,	\$ 1,00	
^									\$ 3,00	•
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC LOC									,
									\$ 1,00	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1M/ \$ 1,00	
								(Ed debident)	\$ 1,00	00,000
^	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	DDODEDTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUB								-	22.222
	H								\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE	-		4602AH024719		06/15/2025	06/15/2026		\$	
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.	
CF	RTIFICATE HOLDER				CANO	ELLATION				
<u> </u>	CHI IOATE HOLDER				OAIIC	<u> </u>				
	Rebelz Fastpitch				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	39 Mapledale Ave				AUTHO	RIZED REPRESE	NTATIVE			
	Succasunna	N.	J 07	7876						
			Rusself July							



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	ignio to the	
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							SURER(S) AFFOR	DING COVERAGE		NAIC #	
C	inton L	A 5	2733	i — — — — — — — — — — — — — — — — — — —	INSURE		el Insurance C			38970	
INSU	RED				INSURE			, ,			
Bı	idgewater Baseball, etal				INSURE						
C	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
В	idgewater N	IJ C	8807	,	INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS	
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	•		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(WIWI/DD/TTTT)	(INIM/DD/TTTT)			00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
	Incl participant							, , ,	\$ 5.00	-	
Α	=	Υ		8502AH027228		06/15/2025	06/15/2026	() /	· /	00.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								+ ,	00,000	
	POLICY PRO-								• •	00,000	
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY									00,000	
	ANY AUTO							1	\$	•	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			0502AFI021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of th	ne named ins	ured for which	n a premium has been pai	d.		
Th	e certificate holder is named as an addi	ional	insur	red under the liability policy	<i>'</i> .						
CE	RTIFICATE HOLDER CANCELLATION										
	Future Stars Tournaments				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.			
	43 Limestone Lane				AUTHO	RIZED REPRESE	NTATIVE				
	Palmyra	P/	17	7078							
		· ·	Rusself July								



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	Cathor	_Fonseca@rp	osins.com	(,,-		
							SURER(S) AFFOR	DING COVERAGE			NAIC #
CI	inton IA	. 5	2733	;	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	idgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	J C	8807	,	INSURE						
	•	TIFIC	ATE	NUMBER:	INOUNE			REVISION NUM	MBFR:		<u> </u>
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	BJECT TC	ALL 7	THE TERMS,
INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20.000
								EACH OCCURRENG DAMAGE TO RENT	ED	• •	00,000
	CLAIMS-MADE CCCUR							PREMISES (Ea occi		\$ 100	
^	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00	
Α		•		0302/11027220		00/13/2023	00/13/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000
	POLICY PRO- LOC							PRODUCTS - COMI			00,000
	OTHER:							Abuse/Mol COMBINED SINGLE	E I IMIT	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (PE		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000		
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
DEC	COURTION OF ORER ATIONS / LOCATIONS / VEHICL	FC //	CODD	And Additional Demants Cabada				٠, ٩١			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI EVERAGE IS PROVIDED UNDER THESE POLICIES	•						•	s haan nai	Ч	
	verage is provided under these policies	Oilly	101 0	70113010a/3aporvioca aotivi		no named mo	area for write	ir a promium nac	been pai	u.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
CE	RTIFICATE HOLDER				CANC	CELLATION					
					l sho	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED BEFORE
	Wrightstown Friends Meeting							REOF, NOTICE	WILL B	E DE	LIVERED IN
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	535 Durham Road				AUTHO	RIZED REPRESE	NTATIVE				
	Newtown	PA	18	3940							
	T.				S Russelet Juffey						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	ignio to the		
	DUCER				CONTA NAME:	ст Cathy	Fonseca					
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp					
							URER(S) AFFOR	DING COVERAGE		NAIC #		
C	nton L	۹ 5	2733	i	INSURE		el Insurance C			38970		
INSU	RED				INSURE			, ,				
Bı	idgewater Baseball, etal				INSURE							
C	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
В	idgewater N	IJ C	8807	,	INSURE							
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS		
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	•			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOWIBER		(MIM/DD/TTTT)	(MIM/DD/TTTT)			00,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100			
	Incl participant							MED EXP (Any one person)	\$ 5.00	-		
Α	Filmination in the second seco	Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	· /	00.000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	+ ,	00,000		
	POLICY PRO-								• •	00,000		
	OTHER:								\$ 1M/			
	AUTOMOBILE LIABILITY									00,000		
	ANY AUTO							BODILY INJURY (Per person)	\$	•		
Α	ALL OWNED SCHEDULED AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026		\$			
	HIRED AUTOS NON-OWNED AUTOS			0502AFI021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$			
								(i or addiadiny	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)				
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of th	ne named ins	ured for which	n a premium has been pai	d.			
Th	e certificate holder is named as an addi	ional	insur	red under the liability policy	<i>'</i> .							
CE	RTIFICATE HOLDER				CANO	ELLATION						
	Westfield Board of Education				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.				
	302 Elm Street				AUTHO	RIZED REPRESE	NTATIVE					
	Westfield	N.	J 07	7090								
			· ·	Rusself July								



DATE (MM/DD/YYYY) 6/5/2025

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.

PROBLEM PROBLE	C	ertificate holder in lieu of such endors	seme	nt(s)								.g
P.O. Box 4162 Control Applies Control	PRO	DUCER					ст Cathy	Fonseca				
P.O. Box 4162 Collision IA 52733	RF	S Bollinger Sports & Leisure				PHONE	o. Ext): (973)	921-8124		FAX (A/C, No):		
March Marc	Ρ.	O. Box 4162				É-MAIL	Cathoo	_Fonseca@rp	osins.com	(
MISURER 8. Markel Insurance Company 38970								URER(S) AFFOR	DING COVERAGE			NAIC#
MOUNTER B. MOUNTE	CI	nton IA	۸ 5	2733	;	INSURF						
Bridgewater Baseball, stal (A) Diana Bellinger (N) Diana Bellinger (N) 6807 (N) Bridgewater (N) 08007 (N) Bridgewater (N) 08007 (N) Bridgewater (N) 08007 (INSU	RED							' '			
MINURER D :	Br	dgewater Baseball, etal										
P.O. Box 6222 Bridgewater COVERAGES CERTIFICATE NUMBER: CERTIFICATE NUMBER: REVISION NUMBER: THIS BTO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BENISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERCOLORS OF AN ADDITION OF ANY POLICES OF INSURANCE LISTED BELOW HAVE BENISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERCOLORS OF AN ADDITION OF ANY POLICES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED.	C/	O Diane Bellinger										
Bridgewater NJ 08807 Mesurer F: COVERAGES CENTIFICATE NAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD (NOICATED) NOTWITHSTANNING ANY REQUISEMENT TERM OR CONDITION OF ANY CONTRACT OF OTHER DOCUMENT HE REPORT 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 CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADIO CLAMPS. MORE TYPE OF INSURANCE MADE	Ρ.	O. Box 6222										
COVERAGES CENTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICES OF INDURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER ADDRESS PROJECT ON CONDITIONS OF A DISCONSINUAL PROJECT OF INSURED NUMBER ADDRESS PROJECT ON CONDITIONS OF ANY POLICES OF INSURED NUMBER OF INTERIOR OF A DISCONSINUAL PROJECT ON CONDITIONS OF ANY POLICES OF INSURED NUMBER OF INTERIOR	Br	idgewater N	IJ C	8807	,							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED AROUT FOR THE POLICY PERIOD MOICATED. 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. RERE TYPE OF INSURANCE AFFORDED BY THE POLICY PROVIDED		<u> </u>	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUM	MBFR:		<u> </u>
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 BERN REDUCED BY PAID CLAIMS. THE O'R NUMBERGAL GENERAL LUBBLITY COMMERCIAL GENERAL LUBBLITY A COMMERCIAL GENERAL LUBBLITY BOOLOY DICK MANDON MAY PERTAIN AND COLOR OF THE MANDON MAY PERTAIN THE POLICIES AND COLOR OF THE MANDON MAY PERTAIN AND COLOR OF THE MANDON MAY						VE BEE	N ISSUED TO				IE POL	ICY PERIOD
EXCLUSIONS AND CONDITIONS OF SUCH POLICES LUMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. RER												
TYPE OF INSURANCE ADDI- SUBSET A									HEREIN IS SU	BJECT TO	ALL 7	THE TERMS,
COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COUR CLAME-MADE COUR CLAME-MADE COUR CLAME-MADE COUR CLAME-MADE CLAME	INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP		LIMIT		
CLAIMS-MADE	LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				20,000
A									DAMAGE TO RENT	ED	• •	
A SCIENT AGRECATE LIMIT APPLIES PER: POLY PRODUCTS COMPOR AGE 1,000,000									,		•	
GENL AGGREGATE LIMIT APPLIES PER: POLICY	_	inci participant	~		85024H027228		06/15/2025	06/15/2026		· /		
PRODUCTS - COMPIOP AGG \$ 1,000,000 ADUS-MINE LABILITY ANY AUTO	А	-	•		0002/11/02/220		00/10/2020	00/10/2020				
ADUSE/MOI S 1M/2M AUTOMOBILE LIABILITY A ALL OWNED BECAPTOR AND BECA												
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO ANY AUTO ANY AUTO AUTOS AU		POLICY L JÉČT L LOC										
A ACIDITION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CERTIFICATE HOLDER CERTIFICATE HOLDER CANCELLATION SHOULD NUMBY (Per person) \$ BOOLY INJURY (Per person) \$ BOOLY INJURY (Per person) \$ BOOLY INJURY (Per acodem) \$ FROPER PERSON \$ BOOLY INJURY (Per person) \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON \$ S FROPER PERSON \$ BOOLY INJURY (Per acodem) \$ S FROPER PERSON										TIMIL		
A ALLOWNED AUTOS AUTOS AUTOS NON-GOWNED									(Ea accident)		.,	00,000
A AUTOS AUTO									,	· /		
HIRED AUTOS HIRED AUTOS	Α	AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	· ·	'		
WORKERS LAB CLAIMS-MADE CLAIMS									(Per accident)			
A VEXTS LIAB COCCURRENCE OCCURRENCE OCCURREN												
DED RETENTIONS WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/REXCUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Westfield Baseball League PER DITH STATUTE OF HE EL. EACH ACCIDENT SELL DISEASE - EA EMPLOYEE SELL DISEASE - EA EMPLOYEE SELL DISEASE - POLICY LIMIT SELL DISEASE		L OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
WORKERS COMPENSATION AND EMPLOYERS' LIBRILTY ANY PROPRIETOR/PARTINER/REXECUTIVE OFFICE/RIMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Westfield Baseball League Westfield Baseball League Westfield NJ 07091	Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
ANY PROPRIETOR PARTNER/EXECUTIVE OFFICERMENISER EXCLUDED? (Mandatory in NI) If you describe under 1 per commendate in the property of the prop									D PER D		\$	
ANY PROPRIED RECULUDED? (Mandatory in NH) If yes, describe under the grant of the provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CERTIFICATE HOLDER CERTIFICATE HOLDER CERTIFICATE HOLDER CANCELLATION L.L. DISEASE - POLICY LIMIT \$ E.L.		AND EMPLOYERS' LIABILITY Y / N							STATUTE	ĔŔ		
If yes, describe under DESCRIPTION OF OPERATIONS below		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. P.O. Box 156 Westfield NJ 07091		If ves, describe under										
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. P.O. Box 156 Westfield NJ 07091		DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER Westfield Baseball League Westfield Baseball League P.O. Box 156 Westfield NJ 07091 Ded \$250 SHOULD any be attached if more space is required) 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		Accident Insurance			4400411040704		00/45/0005	06/45/2026	Med pay \$10	00,000		
Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. P.O. Box 156 Westfield NJ 07091	А	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. P.O. Box 156 Westfield NJ 07091	DEC	COURTION OF OREDATIONS / LOCATIONS / VEHICL	FC //	A CODE	And Additional Demants Cabada				٠, ٩١			
The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER Westfield Baseball League Westfield Baseball League P.O. Box 156 Westfield NJ 07091 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			•						•	heen nai	Ч	
CERTIFICATE HOLDER Westfield Baseball League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. P.O. Box 156 Westfield NJ 07091		verage is provided under these policies	Offic	101 34	7011301Ca/3apcivi3ca activi	1103 01 11	ne named ms	area for write	ir a premium nas	been par	u.	
CERTIFICATE HOLDER Westfield Baseball League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. P.O. Box 156 Westfield NJ 07091												
Westfield Baseball League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. P.O. Box 156 Westfield NJ 07091	Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
Westfield Baseball League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. P.O. Box 156 Westfield NJ 07091												
Westfield Baseball League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. P.O. Box 156 Westfield NJ 07091												
Westfield Baseball League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. P.O. Box 156 Westfield NJ 07091												
Westfield Baseball League THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. P.O. Box 156 Westfield NJ 07091	CE	RTIFICATE HOLDER				CANO	CELLATION					
Westfield Baseball League THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. P.O. Box 156 Westfield NJ 07091						SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED BEFORE
P.O. Box 156 Westfield NJ 07091		Westfield Baseball League				THE	EXPIRATION	N DATE THE	REOF, NOTICE			
Westfield NJ 07091						ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
Westfield NJ 07091		P.O. Box 156				AUTUA	DIZEN DEDDESE	NITATIVE				
		Westfield	N.	J 07	7091	~01110	NIELD NEFRESE	MININE	_			
								DR.	usself)u	gay.		



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)	·							.9
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	0-46	_Fonseca@r	osins.com			
							SURFR(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733		INSURE		el Insurance (38970
INSU	RED				INSURE						
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger										
	O. Box 6222				INSURE						
		IJ C	8807		INSURE						
	- 3			NUMBER:	INSURE	:K F :		REVISION NUM	MDED:		
	HIS IS TO CERTIFY THAT THE POLICIES				VF RFF	N ISSUED TO				IF POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	 S	
LIIX	COMMERCIAL GENERAL LIABILITY	INSD	WVD	T GEIGT NOMBER		(WINI, DD) 11111)	(MINI/DD/1111)	EACH OCCURREN			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 100	-
	Incl participant							MED EXP (Any one		\$ 5,00	-
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV	· /		00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000
	POLICY PECT LOC							PRODUCTS - COM			00,000
	OTHER:							Abuse/Mol		\$ 1M/	
	AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT		00,000
	ANY AUTO							(Ea accident) BODILY INJURY (Pe		\$	50,000
Α	ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EAGU GOOURREAM		-	00,000
Α	H			4602AH024719		06/15/2025	06/15/2026	EACH OCCURREN			50,000
^	CLAIWS-WADE			4002A11024719		00/13/2023	00/13/2020	AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY Y / N							1		_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activity	ties of t	he named ins	ured for whic	h a premium has	s been pai	d.	
CE	RTIFICATE HOLDER				CANO	CELLATION					
	WC Warriors					-		ESCRIBED POLIC			
								EREOF, NOTICE Y PROVISIONS.	. WILL B	E DE	LIVERED IN
	Attn: Wintersteen										
	70 Bowerstown Road				AUTHO	RIZED REPRESE	NTATIVE				
	Washington	NJ	07	7882				. 7			
	1				Skusselet) effey						



DATE (MM/DD/YYYY) 6/5/2025

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.

c	ertificate holder in lieu of such endo	seme	ent(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P	O. Box 4162				E-MAIL ADDRE	0 - 11	_Fonseca@rp	osins.com	(,,-		
							URER(S) AFFOR	DING COVERAGE			NAIC #
c	inton	IA 5	52733	}	INSURE		el Insurance (38970
INS	IRED				INSURE			' '			
В	idgewater Baseball, etal				INSURE						
lс	O Diane Bellinger				INSURE						
Ιp	O. Box 6222				INSURE						
lв	idgewater	NJ (08807	,	INSURE						
	- 3			NUMBER:	INSUKE	жг.		REVISION NUM	/IRFR:		
	HIS IS TO CERTIFY THAT THE POLICIE				VF BFF	N ISSUED TO				F POI	ICY PERIOD
l II	IDICATED. NOTWITHSTANDING ANY R	EQUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH	H RESPEC	T TO	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								BJECT TO	ALL 7	THE TERMS,
INSF		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP		LIMITO		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	*	•
								PREMISES (Ea occi		\$ 100	
١,	Incl participant			8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	•	\$ 5,00	
Α	 			00027111027220		00/10/2020	00/10/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000
	POLICY PRO- LOC							PRODUCTS - COMI		· /	00,000
	OTHER: AUTOMOBILE LIABILITY							Abuse/Mol COMBINED SINGLE	TIMIT	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)	,		00,000
١.	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (PE	· - /	\$	
	HIRED AUTOS AUTOS							(Per accident)	,	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE :	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MAD			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	:	\$	
	DED RETENTION \$								OTH- :	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/1							PER STATUTE	ER ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT :	\$	
	(Mandatory in NH) If yes, describe under	1						E.L. DISEASE - EA	EMPLOYEE :	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
А	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
ı	CRIPTION OF OPERATIONS / LOCATIONS / VEHI										
C	overage is provided under these policies	s only	tor sp	consored/supervised activi	ties of t	he named ins	ured for which	h a premium has	been paid	1.	
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Wayne PAL							ESCRIBED POLICE REOF, NOTICE			
1								Y PROVISIONS.			
	PAL Drive										
		K I		7470	AUTHO	RIZED REPRESE	NTATIVE				
1	Wayne	N.	. U	7470			QQ.	usself Dez	14.		
l					l			-	00		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	, inci i	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton l	۹ 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			. ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807		INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	OOCUMENT WITH RESPEC HEREIN IS SUBJECT TO	T TO	WHICH THIS
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MIM/DD/TTTT)	(MIM/DD/TTTT)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	-
Α	 	Υ		8502AH027228		06/15/2025	06/15/2026	() /	· /	00.000
	GEN'L AGGREGATE LIMIT APPLIES PER:								+ ,	00,000
	PRO- JECT LOC								• •	00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							001101101000000000000000000000000000000		00,000
	ANY AUTO							,	\$,
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of th	ne named ins	ured for which	h a premium has been pai	d.	
Th	e certificate holder is named as an addi	ional	insur	ed under the liability policy	<i>'</i> .					
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Warren Township				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
	46 Mountain Boulevard				AUTHO	RIZED REPRESE	NTATIVE			
	Warren	N.	J 07	7059						
				Rusself July						



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		naorse	ment. A stat	ement on thi	is certificate does not co	nter r	ignts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton IA	5 ۸	2733		INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Ві	idgewater N	J C	8807		INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER D S DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	IIIOD	1110			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
	Incl participant							MED EXP (Any one person)	\$ 5,00	00
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:								\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	` /	\$	
	HIRED AUTOS NON-OWNED AUTOS					00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Warren County A.S.A. Attn: Bill Lunger				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	119 Port Colden Road				AUTHO	RIZED REPRESE	NTATIVE			
	Washington	NJ	07	7882	Russelet ufpy					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	, inci i	ignis to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
C	nton L	۹ 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807		INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MIM/DD/TTTT)	(MIM/DD/TTTT)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5.00	
Α	=	Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	· /	00.000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	+ ,	00,000
	POLICY PRO-								• •	00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY									00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								(i or addiadiny	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of th	ne named ins	ured for which	n a premium has been pai	d.	
Th	e certificate holder is named as an addi	ional	insur	ed under the liability policy	<i>'</i> .					
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Village of Cooperstown				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B LY PROVISIONS.		
	22 Main St, Box 346				AUTHO	RIZED REPRESE	NTATIVE			
	Cooperstown	N١	/ 13	3326						
					Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	0-46	_Fonseca@rp	osins.com	(,,-		
							SURER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733	}	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	IJ C	8807	,	INSURE						
	<u> </u>	TIFIC	ATE	NUMBER:	INOUNE			REVISION NUM	MBFR:		<u> </u>
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	BJECT TC	ALL 7	THE TERMS,
INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	540U 000UBB55U	LIMITS		00,000
	CLAIMS-MADE OCCUR							EACH OCCURRENG DAMAGE TO RENT	ED	\$ 1,00	
	Incl participant							PREMISES (Ea occi		•	
_	inci participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00	
Α	-	•		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000
	POLICY PRO- LOC							PRODUCTS - COMI			00,000
	OTHER:							Abuse/Mol COMBINED SINGLE	E I IMIT	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (PE		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	A saidant Inguranga							Med pay \$10	20.000		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
	- GII =/10000							, , , , , , , , , , , , , , , , , , , ,			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	•		,				•			
Co	verage is provided under these policies	only	for sp	onsored/supervised activity	ties of t	he named ins	ured for which	h a premium has	s been pai	d.	
Th	e certificate holder is named as an addit	ional	insur	red under the liability policy	<i>/</i> .						
				, , ,							
CE	ERTIFICATE HOLDER CANCELLATION										
	USA Softball					-		ESCRIBED POLICE			
	2 2 2							EREOF, NOTICE CY PROVISIONS.	. WILL B	יב טבו	LIVENED IN
	0004 NE 501 01				L						
	2801 NE 50th St		_		AUTHO	RIZED REPRESE	NTATIVE				
	Oklahome City	Oł	73	3111			\bigcirc 0	Comme			
	1				Russelet Juffang						



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not cor	nter ri	gnts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o, Ext): (973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp	osins.com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I/	\ 5	2733	i	INSURE	RA: *Marke	el Insurance C	Company		38970
	RED				INSURE	R B :				
l	dgewater Baseball, etal				INSURE	R C :				
C/	O Diane Bellinger				INSURE	R D :				
P.	O. Box 6222				INSURE	RE:				
Ві	idgewater N	IJ C	8807	,	INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPECT	TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD				POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY	11430	****	, one nomber		,,	(1,00	0,000
	CLAIMS-MADE OCCUR							DAMAGE TO DENITED	100	•
	Incl participant								5,00	00
Α		Υ		8502AH027228		06/15/2025	06/15/2026		1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$	1,00	00,000
	OTHER:								1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	1,00	00,000
	ANY AUTO							BODILY INJURY (Per person) \$;	
Α	ALL OWNED SCHEDULED AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident) \$;	
	HIRED AUTOS NON-OWNED AUTOS					00,10,20		PROPERTY DAMAGE (Per accident) \$;	
								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE \$;	
	DED RETENTION \$ WORKERS COMPENSATION							\$ PEROTH-	i	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	<u> </u>	
А	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
ı	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of tl	he named ins	ured for which	h a premium has been paid		
Th	e certificate holder is named as an addi	ional	insur	red under the liability policy	' .					
CE	RTIFICATE HOLDER				CANO	ELLATION				
	USA Softball NJ, District #2 C/O Keith Hoffman				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE EY PROVISIONS.		
	360 Retford Ave				AUTHO	RIZED REPRESE	NTATIVE			
	Cranford	NJ	J 07	7016						
I					Russell Tuffey					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	ZITICI II	ignis to the	
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							SURER(S) AFFOR	DING COVERAGE		NAIC #	
C	inton I	A 5	2733		INSURE		el Insurance C			38970	
INSU	RED				INSURE			, ,			
Bı	idgewater Baseball, etal				INSURE						
C	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
В	idgewater 1	JJ (8807		INSURE						
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS	
INSR LTR		ADDL	SUBR		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	•		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(INIM/DD/TTTT)			00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
	Incl participant							,	\$ 5.00		
Α	 			8502AH027228		06/15/2025	06/15/2026	(, , - ,	• •	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	00,000	
	POLICY PRO- LOC									00,000	
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT		00,000	
	ANY AUTO							` '	\$		
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	" ^ ^						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.		
CE	RTIFICATE HOLDER				CANO	ELLATION					
					<u> </u>						
	USABL							ESCRIBED POLICIES BE CA			
	C/O Bob Delahant							EREOF, NOTICE WILL B BY PROVISIONS.	e DEI	LIVERED IN	
	P.O. Box 3080				AUTHO	RIZED REPRESE	NTATIVE				
	Point Pleasant	N.	J 08	3742	Russelet July						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I.	A 5	2733	j	INSURE		el Insurance C			38970
INSU	RED				INSURE			, , ,		
Ві	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ (8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	-
Α				8502AH027228		06/15/2025	06/15/2026	(, , - ,	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	
	POLICY PRO- DECT LOC								\$ 1,00	
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT	\$ 1,00	
	ANY AUTO							` '	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0502A11021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•						•		
C	verage is provided under these policies	only	tor sp	onsored/supervised activit	ies of ti	ne named ins	urea for which	n a premium nas been pai	a.	
	DIFFORTE LIGHTED					SELL ATION				
CE	RTIFICATE HOLDER			1	CANC	CELLATION				
	Union Little League Hickory Mar	or			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	3 Stanhuber Avenue				AUTHO	RIZED REPRESE	NTATIVE			
	Union	N.	J 07	7083						
					Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	ignis to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I.	۹ 5	2733	<u> </u>	INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807		INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	
Α				8502AH027228		06/15/2025	06/15/2026	(, , - ,	· /	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								· /	00,000
	POLICY PRO- DECT LOC								• •	00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT		00,000
	ANY AUTO							` '	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0502711021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Union Little League Hall Stadiur	า			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	874 Lehigh Avenue				AUTHO	RIZED REPRESE	NTATIVE			
	Union	N.	J 07	7083						
					Rusself Julay					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	inton IA	. 5	2733	j	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	idgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Bı	idgewater N	J C	8807	•	INSURE						
	•	TIFIC	ATE	NUMBER:	INOUNE			REVISION NUM	MBFR:		<u> </u>
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	BJECT TO	ALL 7	THE TERMS,
INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP		LIMIT		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20.000
								EACH OCCURRENG DAMAGE TO RENT	ED		00,000
	CLAIMS-MADE CCCUR							PREMISES (Ea occi		\$ 100	
^	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00	
Α		•		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000
	POLICY PRO- LOC							PRODUCTS - COMI			00,000
	OTHER:							Abuse/Mol COMBINED SINGLE	TIMIT	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (PE	'	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000		
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
DEC	COURTION OF ORER ATIONS / LOCATIONS / VEHICL	FC //	CODD	A 4 A delisional Domanico Cobode				٠, ٩١			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI EVERAGE IS PROVIDED UNDER THESE POLICIES	•						•	s heen nai	Н	
	verage is provided under these policies	Offic	101 35	7011301Ca/3apci vi3ca activit	1103 01 11	ne named ms	area for write	n a piciniam nas	been par	u.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
CE	RTIFICATE HOLDER				CANO	ELLATION					
					SHO	III D ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED REFORE
	Township of Mt Olive					-		REOF, NOTICE			
	Route 46				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	PO Box 450				A	DIZED DECSES	NIT A TIVE				
	Budd Lake	N.	l 07	7828	AUTHO	RIZED REPRESE	NIAIIVE				
			٠,				SR.	useef)u	lay		
1	1				Skusselet Juffey						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the	
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #	
CI	nton I	A 5	2733	<u> </u>	INSURE		el Insurance C			38970	
INSL	RED				INSURE			, , ,			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Bı	idgewater 1	1J (8807	,	INSURE						
	-	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:			
	IIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD	
	DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY										
	CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	ALL	HE TERIVIS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY	INOD	****			(MINI/DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
	Incl participant							,	\$ 5.00	-	
Α				8502AH027228		06/15/2025	06/15/2026	(, , - ,	\$ 1,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	•	
	POLICY PRO- JECT LOC								\$ 1,00	,	
	OTHER:								\$ 1,00		
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT	\$ 1,00		
	ANY AUTO							(Ed debident)	\$	50,000	
Α	ALL OWNED SCHEDULED		0500411007000					BODILY INJURY (Per accident)	\$		
, ,	AUTOS AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Fei accident)	\$		
	UMBRELLA LIAB OCCUR								\$ 2,00	20,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$ 2,00	50,000	
, ,	CLAIWS-WADE	1		4002A11024713		00/13/2023	00/13/2020		\$		
	WORKERS COMPENSATION							PER OTH-ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N								\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	φ		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
								<u> </u>			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC							•			
Co	verage is provided under these policies	only	tor sp	onsored/supervised activit	ies of ti	ne named ins	ured for which	n a premium has been pai	d.		
CE	RTIFICATE HOLDER				CANO	ELLATION					
	TR Lightning Softball				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.			
	1643 North Bay Avenue				AUTHO	RIZED REPRESE	NTATIVE				
	Toms River	N.	J 08	3753	~~~	ED INEI INEGE					
				1	Rusself Julay						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton l	A 5	2733	j	INSURE		el Insurance C			38970
INSU	RED				INSURE			, , ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ (8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5.00	-
Α	ino participant	Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	· /	00.000
, ,	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	+ ,	00,000
	POLICY PRO- LOC								• •	00,000
	OTHER:								\$ 1,00 \$ 1M/	
	AUTOMOBILE LIABILITY									00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	30,000
Α	ALL OWNED SCHEDULED AUTOS AUTOS			0500411007000		00/45/0005	00/45/0000		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
	AUTOS AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2.00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$,
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.	
Th	e certificate holder is named as an addi	ional	insur	ed under the liability policy	<i>'</i> .					
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Town of Westfield				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	425 East Broad Street				AUTHO	RIZED REPRESE	NTATIVE			
	Westfield	N.	J 07	7090						
					Rusself Julay					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)	·							.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-		
							SURER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733		INSURE		el Insurance (38970
INSU	RED				INSURE						
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger										
	O. Box 6222				INSURE						
		IJ C	8807		INSURE						
	- 3				INSURE	R F :		DEVISION NUI	MDED.		
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	VE REE	N ISSUED TO		REVISION NUN		IE P∩I	ICV PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s	
	COMMERCIAL GENERAL LIABILITY					,	, ,	EACH OCCURRENCE	CE	\$ 1,0	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 100	-
	Incl participant							MED EXP (Any one		\$ 5,0	-
Α	=			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000
	POLICY PRO-							PRODUCTS - COM			00,000
	OTHER:							Abuse/Mol		\$ 1M/	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)			00,000
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	30,000
Α	ALL OWNED SCHEDULED			l		 	 	BODILY INJURY (Pe	er accident)	\$	
, ,	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCUPREN	CE.	-	00,000
Α	H			4602AH024719		06/15/2025	06/15/2026	EACH OCCURRENCE	CE		50,000
^	CLAIWS-WADE			4002A11024719		00/13/2023	00/13/2020	AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY Y / N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of t	he named ins	ured for whic	h a premium has	s been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION					
						-					
	Township of Monroe				THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.			
	1 Municipal Plaza				АИТНО	RIZED REPRESE	NTATIVE				
	Monroe Twp	NJ	08	3831				-			
	1				- Russele Duffy						



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.9
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-		
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733	;	INSURE		el Insurance (38970
INSL	RED				INSURE			, , ,			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Р.	O. Box 6222				INSURE						
Br	idgewater N	IJ C	8807	,	INSURE						
	3			NUMBER:	INSURE	жг.		REVISION NUM	MRFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO				IF POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENC			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	\$ 100	
	Incl participant							PREMISES (Ea occu		\$ 5,00	-
Α	mor participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /		00,000
^	OFAIL ACORECATE LIMIT APPLIES PER							PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREC			00,000
								PRODUCTS - COMP Abuse/Mol		\$ 1,00	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT		00,000
								(Ea accident) BODILY INJURY (Pe		\$	50,000
٨	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB V OCCUR							EAGU GOOURREN			20,000
Α	H			46024H024740		06/15/2025	06/45/2026	EACH OCCURRENCE			00,000
٨	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									Φ.	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA I		\$	
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POL	LICT LIMIT	φ	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activity	ties of tl	he named ins	ured for whic	h a premium has	s been pai	d.	
Th	e certificate holder is named as an addit	ional	insur	red under the liability policy	<i>/</i> .						
				,,,,							
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Township of Ewing							ESCRIBED POLIC EREOF, NOTICE			
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	2 Jake Garzio Drive				A	DIZED D=====	A T A T N F				
	Ewing	N.	I 08	3628	AUTHO	RIZED REPRESE	NIAIIVE				
		. ••		-			DR.	usecet)u	lay		
	1				Skusselet effen						



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								ge 10e				
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca								
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):						
P.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-						
							URER(S) AFFOR	DING COVERAGE			NAIC #				
CI	nton IA	. 5	2733	;	INSURE		el Insurance (38970				
INSU	RED				INSURE			' '							
Br	dgewater Baseball, etal				INSURE										
C/	O Diane Bellinger				INSURE										
Р.	O. Box 6222				INSURE										
Br	idgewater N	J C	8807	,	INSURE										
	3			NUMBER:	INSURE	жг.		REVISION NUM	MRFR:						
	HIS IS TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO				IF POI	ICY PERIOD				
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS				
INSR LTR		ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS						
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENC			00,000				
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	\$ 100					
	Incl participant							PREMISES (Ea occu		\$ 5,00					
Α	mor participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /		00,000				
^	OFAIL ACCRECATE LIMIT APPLIES PER							PERSONAL & ADV			00,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREC			00,000				
								PRODUCTS - COMP Abuse/Mol		\$ 1,00					
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT		00,000				
								(Ea accident) BODILY INJURY (Pe		\$	70,000				
٨	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$					
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$					
	HIRED AUTOS AUTOS							(Per accident)		\$					
	UMBRELLA LIAB										20,000				
٨	H			4000411004740		00/45/0005	00/45/0000	EACH OCCURRENCE			00,000				
Α	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$					
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$					
	AND EMPLOYERS' LIABILITY Y / N									•					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$					
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I							
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$					
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACORE	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)							
Co	verage is provided under these policies	only	for sp	onsored/supervised activity	ties of tl	he named ins	ured for whic	h a premium has	s been pai	d.					
Th	e certificate holder is named as an addit	ional	insur	red under the liability policy	<i>1</i> .										
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
CE	RTIFICATE HOLDER				CANO	ELLATION									
						-									
	Torpey Athletic Complex				THE	EXPIRATION	N DATE THE								
					^~~	CADAMOL WI									
	Nimitz Street				AUTHO	RIZED REPRESE	NTATIVE								
	Bridgewater	N.	30 U	3807					_						
	1						SH.	useeet)u	POLICIES BE CANCELLED BEFORE OTICE WILL BE DELIVERED IN ONS.						



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)	·							.g				
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca								
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		SINGLE LIMIT SING						
P.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-						
							SURER(S) AFFOR	DING COVERAGE			NAIC #				
CI	nton IA	۸ 5	2733		INSURE		el Insurance C								
INSU	RED				INSURE			, , , , , , , , , , , , , , , , , , ,							
Br	dgewater Baseball, etal				INSURE										
C/	O Diane Bellinger														
	O. Box 6222				INSURE										
		IJ C	8807		INSURE										
	- 3				INSURE	R F :		DEVISION NUI	MDED.						
				NUMBER:	/E BEE	N ISSUED TO				IE DOI	ICV DEDIOD				
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER DESCRIBED	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS				
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S					
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	CE	\$ 1,00	00,000				
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	• •	-				
	Incl participant							MED EXP (Any one		•	-				
Α	=			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV	· /						
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC							
	POLICY PRO-														
	OTHER:							Abuse/Mol							
	AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT						
	ANY AUTO							(Ea accident) BODILY INJURY (Pe		.,	30,000				
Α	ALL OWNED SCHEDULED							,							
^	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG							
	HIRED AUTOS AUTOS							(Per accident)							
	UMBRELLA LIAB OCCUR							EAGU GOOLIDDEN		-	20,000				
Α	H			4602411024740		06/45/2025	06/45/2026	EACH OCCURRENCE			30,000				
^	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$					
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$					
	AND EMPLOYERS' LIABILITY Y / N														
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$					
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I							
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$					
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)							
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of t	he named ins	ured for whicl	h a premium has	s been pai	d.					
CF	TIFICATE HOLDER CANCELLATION														
	Thyra Zengel				THE	EXPIRATION	N DATE THE								
	5 Wagner Road				AUTHO	RIZED REPRESE	NTATIVE								
	Stockton	NJ	08	3559											
	1						SR.	useeet)u	POLICIES BE CANCELLED BEFORE DTICE WILL BE DELIVERED IN DNS.						



DATE (MM/DD/YYYY) 6/5/2025

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

	erms and conditions of the policy, icate holder in lieu of such endors				ndorse	ment. A stat	tement on thi	is certificate does not con	ıfer ri	ghts to the							
PRODUC			. (-,		CONTA NAME:	ст Cathy	Fonseca										
RPS E	Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	DING COVERAGE STORM COVERAGE DING COVERAGE D									
P.O. E	3ox 4162				E-MAIL ADDRE	0-4	_Fonseca@rp										
							SURER(S) AFFOR	DING COVERAGE		NAIC #							
Clinto	n IA	A 5	2733		INSURE		el Insurance C										
INSURED					INSURE	R B :		· •									
Bridge	ewater Baseball, etal				INSURE												
C/O E	iane Bellinger				INSURE												
P.O. E	Box 6222				INSURE	RE:											
Bridge	ewater N	IJ C	8807		INSURE	RF:											
COVE	RAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:									
INDIC CERT EXCL	ATED. NOTWITHSTANDING ANY RE	QUIR PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT	TO V	WHICH THIS							
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS									
~	COMMERCIAL GENERAL LIABILITY							DAMAGE TO DENTED									
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$	100	,000							
<u>~</u>	Incl participant	.,						MED EXP (Any one person) \$	5,00	00							
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY \$	1,00	00,000							
GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	3,00	00,000							
<u> </u>	POLICY PRO- LOC																
	OTHER:								1M/:	2M							
AU	TOMOBILE LIABILITY							(Ea accident)	.,00	00,000							
L	ANY AUTO						,	` ' '									
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	DDODEDT// DAMAGE									
~	HIRED AUTOS NON-OWNED AUTOS							(Per accident)									
								\$									
┕	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	2,00	00,000							
A <u>~</u>	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE \$									
	DED RETENTION\$							\$ PER OTH-									
	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER									
	PROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT \$									
	Indatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE \$									
DÉ	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$									
	cident Insurance III Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250									
	TION OF OPERATIONS / LOCATIONS / VEHICE age is provided under these policies							•									
The ce	ertificate holder is named as an addit	iional	insur	ed under the liability policy	<i>'</i> .												
CERTI	FICATE HOLDER				CANO	ELLATION											
	TD Equipment Finance LP Attn: Lisa Brach				THE	EXPIRATION	N DATE THE										
	1006 Astoria Blvd				AUTHO	RIZED REPRESE	NTATIVE										
	Cherry Hill	NJ	08	3034				- T									
	I						SIK.	esself reffey	RIBED POLICIES BE CANCELLED BEFORE IF, NOTICE WILL BE DELIVERED IN ROVISIONS.								



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor				140136	mont. A stat	ement on th	is certificate does flot co	ZITICI II	ignis to the		
	DUCER				CONTA NAME:	ст Cathy	Fonseca					
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp					
							SURER(S) AFFOR	DING COVERAGE	FAX (A/C, No):			
C	inton I.	A 5	2733		INSURE		el Insurance C					
INSU	RED				INSURE			, ,				
Bı	idgewater Baseball, etal				INSURE							
C	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
В	idgewater N	IJ C	8807		INSURE							
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS		
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMIT	2			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			 ეე ეეე		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)				
	Incl participant							,	•			
Α	H			8502AH027228		06/15/2025	06/15/2026	(, , - ,	• •			
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·			
	POLICY PRO- DECT LOC									•		
	OTHER:											
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT				
	ANY AUTO							(Ed debident)		,		
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		06/45/2025	06/45/2026		\$			
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	IN/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICO VERIGE IS provided under these policies	•						•	d.			
CE	RTIFICATE HOLDER				CANO	ELLATION						
	TD Bank, N.A. ISAOA ATIMA				THE	EXPIRATION	N DATE THE					
	2059 Springdale Road				AUTHO	RIZED REPRESE	NTATIVE					
	Cherry Hill	N.	J 08	3003								
					I		SIR	esseet Julan	MBER: NAIC # 38970			



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		1401361	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the		
	DUCER				CONTA NAME:	ст Cathy	Fonseca					
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp					
					7,22,1,2		URER(S) AFFOR	DING COVERAGE		NAIC #		
C	inton l	A 5	2733	j	INSURE		el Insurance C			38970		
INSU	RED				INSURE			, , ,	38970 ER: OR THE POLICY PERIOD ESPECT TO WHICH THIS CT TO ALL THE TERMS, LIMITS \$ 1,000,000 \$ 100,000 PAGE \$ 1,000,000 TAGG \$ 1,000,000 TAGG \$ 1,000,000 TAGG \$ 1,000,000 TAGG \$ 1,000,000 S 1M/2M S 1,000,000 S 1 M/2M S 2,000,000 S 2,000,000			
Ві	idgewater Baseball, etal				INSURE							
C	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
В	idgewater N	IJ (8807	,	INSURE							
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS		
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMIT				
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			20,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED				
	Incl participant							,	•	-		
Α	ino participant	Υ		8502AH027228		06/15/2025	06/15/2026	(, , - ,	· ·			
	GEN'L AGGREGATE LIMIT APPLIES PER:								¥ ,	-,		
	POLICY PRO- LOC											
	OTHER:											
	AUTOMOBILE LIABILITY											
	ANY AUTO							,		30,000		
Α	ALL OWNED SCHEDULED AUTOS AUTOS			0500411007000		00/45/0005	00/45/0000		\$			
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$			
	AUTOS								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$	•		
	DED RETENTION \$											
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A							\$			
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC											
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of tl	he named ins	ured for which	n a premium has been pai	d.			
Th	e certificate holder is named as an addi	ional	insur	ed under the liability policy								
CE	RTIFICATE HOLDER				CANO	ELLATION						
	Tag'em Tournaments				THE	EXPIRATION	N DATE THE					
	P.O. Box 4916				AUTHO	RIZED REPRESE	NTATIVE					
	Toms River	N.	J 08	3754								
					I		S)R.	esseet Julan	INTERIOR STATE STA			



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		naorse	ment. A stat	ement on th	is certificate does not co	onter r	ignts to the	
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							SURER(S) AFFOR	DING COVERAGE		NAIC #	
CI	inton IA	5 ۸	2733		INSURE	48.4 1	el Insurance C			38970	
INSU	RED				INSURE			. ,			
Br	idgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE	R D :					
Ρ.	O. Box 6222				INSURE	RE:					
Bı	idgewater N	J C	8807		INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO \	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	IIIOD	****			(MINI/DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100			
	Incl participant						MED EXP (Any one person)	\$ 5,00			
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	• •	00,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG		00,000	
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		00,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		06/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$		
								(i or addiadrit)	\$		
	UMBRELLA LIAB COCCUR					\$ 2,00	00,000				
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	117.7						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI EVERAGE is provided under these policies							•	d.		
CE	RTIFICATE HOLDER				CANO	CELLATION					
CERTIFICATE HOLDER Summer B League HWS C/O DeanDeStefano CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEING THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.											
	104 South Honeyman Road				AUTHO	RIZED REPRESE	NTATIVE				
	Whiteshoure Station	NJ	J 08	3889			DR.	assess Duffy			



DATE (MM/DD/YYYY) 6/5/2025

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.

	Rollinger Sports & Leisure PHONE (CT) 201 2424											
	DUCER				CONTA NAME:	ст Cathy	Fonseca					
RI	S Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp					
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #		
CI	nton I	4 5	2733	<u> </u>	INSURE		el Insurance C			38970		
INSL	RED				INSURE			, , ,	XC, No): NAIC # 38970			
Br	dgewater Baseball, etal				INSURE							
C/	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
Bı	idgewater 1	IJ (8807	,	INSURE							
	-	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD		
١N	DICATED. NOTWITHSTANDING ANY RI	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPEC	TO T	WHICH THIS		
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL I	HE TERMS,		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		522.11	POLICY EFF	POLICY EXP	LIMIT	2			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MIM/DD/YYYY)			20,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED				
	Incl participant							PREMISES (Ea occurrence)	•	-		
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one person)	• •			
^								PERSONAL & ADV INJURY	· ·	•		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC LOC							GENERAL AGGREGATE		,		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT				
								(Ea accident) BODILY INJURY (Per person)		00,000		
^	ANY AUTO ALL OWNED SCHEDULED							` ' '				
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE				
	HIRED AUTOS AUTOS							(Per accident)				
	UMBRELLA LIAB								-	22.222		
	H							EACH OCCURRENCE	· /	00,000		
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE				
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y / N											
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)				
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.			
CF	RTIFICATE HOLDER				CANO	ELLATION						
<u> </u>	CHI IOATE HOLDER					<u> </u>						
	Stateliners Youth Baseball Asso	ciatio	n		THE	EXPIRATION	N DATE THE					
	1301 Belvidere Road				AUTHO	RIZED REPRESE	NTATIVE					
	Phillsburg	N.	J 08	3865								
	-				l		S)R.	esselet Julay				



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	nter ri	ignts to the	
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							SURER(S) AFFOR	DING COVERAGE	FAX (A/C, No):		
CI	nton IA	5 ۱	2733		INSURE	48.4 1	el Insurance C			38970	
INSU	RED				INSURE	RB:					
Br	dgewater Baseball, etal				INSURE	R C :					
C/	O Diane Bellinger				INSURE	:R D :					
Ρ.	O. Box 6222				INSURE	RE:					
Br	idgewater N	J C	8807	•	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	 3		
	COMMERCIAL GENERAL LIABILITY	INOD	1111			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)			
	Incl participant							MED EXP (Any one person)			
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000	
	POLICY PRO- LOC								\$ 1,00	00,000	
	OTHER:							Abuse/Mol	\$ 1M/	′2M	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	` /	\$		
	HIRED AUTOS NON-OWNED AUTOS			0002/11/02/220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION\$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI							•			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of t	he named ins	ured for which	n a premium has been pai	d.		
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Montgomery Baseball/Softball Le	eague	Э		THE	EXPIRATION	N DATE THE				
	P.O. Box 431				AUTHO	RIZED REPRESE	NTATIVE				
	Belle Mead	NJ	08	3502							
					l		SIR	essele Duffy			



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	ZITICI II	gins to the	
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp				
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #	
C	inton I	A 5	2733	<u> </u>	INSURE		el Insurance C			38970	
INSU	RED				INSURE			, , ,			
Bı	idgewater Baseball, etal				INSURE						
C	O Diane Bellinger				INSURE						
P.	O. Box 6222				INSURE						
В	idgewater I	1J (8807	,	INSURE						
	•	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD	
	DICATED. NOTWITHSTANDING ANY R										
	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	ALL	HE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS			
LIK	COMMERCIAL GENERAL LIABILITY	INSU	WVD	TOLIOT NOMBER		(WINDO/1111)	(WIWI/DD/1111)		\$ 1,000,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
	Incl participant							,	\$ 5,00		
Α				8502AH027228		06/15/2025	06/15/2026	(, , - ,	• •	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	00,000	
	POLICY PRO- LOC									00,000	
									\$ 1,00		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		00,000	
	ANY AUTO							(Ed debident)	\$	70,000	
Α	ALL OWNED SCHEDULED							` ' '	\$		
^	AUTÓS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB COCCUR								-	00,000	
Α	H			4602AH024719		06/15/2025	06/15/2026		· /	50,000	
^	CLAIMS-IMADE			4002A11024713		00/13/2023	00/13/2020		\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLICY LIMIT	Ф		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC							•			
C	verage is provided under these policies	only	tor sp	onsored/supervised activit	ies of ti	ne named ins	urea for which	n a premium nas been pai	a.		
CE	RTIFICATE HOLDER				CANO	ELLATION					
					, suc	D ANV OF	THE ABOVE D	ESCRIPED DOLLCIES DE CA	NOFLI	ED BEFORE	
	SPPPA							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B			
	Attn: Dave Delair							Y PROVISIONS.			
	517 E Crescent Parkway										
	South Plainfield	N.	I 07	7080	AUTHO	RIZED REPRESE	NTATIVE				
	South Flaimleiu	INC	07	000			DR.	esself Julay			



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	,,,,, <u>e,</u> ,,	gins to the		
	DUCER				CONTA NAME:	ст Cathy	Fonseca					
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp					
							SURER(S) AFFOR	DING COVERAGE		NAIC #		
C	inton I.	۹ 5	2733		INSURE		el Insurance C			38970		
INSU	RED				INSURE			, ,	R: OR THE POLICY PERIOD SPECT TO WHICH THIS TO ALL THE TERMS, LIMITS \$ 1,000,000 \$ 1,000,000 \$ 3,000,000 \$ 3,000,000 \$ 1,000,000			
Bı	idgewater Baseball, etal				INSURE							
C	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
В	idgewater N	IJ C	8807		INSURE							
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KOLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	T TO	WHICH THIS		
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	I IMITS				
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(INIM/DD/TTTT)			00.000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED				
	Incl participant							TTEMMOLO (La occamenco)	•			
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	() = = [= = = ,	,			
	GEN'L AGGREGATE LIMIT APPLIES PER:								· /			
	POLICY PRO- PRO- LOC											
	OTHER:											
	AUTOMOBILE LIABILITY							COMPINIED CINICI E LIMIT				
	ANY AUTO							BODILY INJURY (Per person)	\$			
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$			
	HIRED AUTOS NON-OWNED AUTOS					00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC EVERAGE IS PROVIDED UNDER THESE POLICIES								4			
	verage is provided under these policies	Office	101 36	onsored/supervised delivit	103 01 11	ic named ins	arca for writer	ra premium nas been pai	u.			
CE	RTIFICATE HOLDER				CANO	ELLATION						
	Sports at the Beach				SHO THE	ULD ANY OF TEXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.				
	22518 Lews Georgtown Highwa	y			AUTHO	RIZED REPRESE	NTATIVE					
	Georgetown	DE	= 19	947			\bigcirc	usself July				
					I		> IKO	wallet the				



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.g				
PRO	CONTACT NAME: Cathy Fonseca PS Bollinger Sports & Leisure O. Box 4162 CONTACT NAME: Cathy Fonseca PANE: (973) 921-8124 FAX (A/C, No): CATHY FONSECA PANE: (973) 921-8124 FAX (A/C, No): CATHY FONSECA PANE: Cathy Fonseca FAX (A/C, No): CATHY FONSECA FAX (A/C, No): INSURER(S) AFFORDING COVERAGE NAIC #														
RF	S Bollinger Sports & Leisure				PHONE	o. Ext): (973)	921-8124		FAX (A/C, No):						
Ρ.	O. Box 4162				É-MAIL	Cathor	_Fonseca@rp	osins.com	(,,-						
							SURER(S) AFFOR	DING COVERAGE			NAIC#				
CI	nton IA	. 5	2733	}	INSURE		el Insurance (38970				
INSU	RED				INSURE			' '							
Br	dgewater Baseball, etal				INSURE										
C/	O Diane Bellinger				INSURE										
Ρ.	O. Box 6222				INSURE										
Br	idgewater N	J C	8807	,	INSURE										
	3			NUMBER:	INSURE	жг.		REVISION NUM	MRFR:						
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD				
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS				
INSR	(CLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP								
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)								
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT		• •					
	CLAIMS-MADE CCCUR									\$ 100	,000				
	Incl participant						MED EXP (Any one	person)	\$ 5,00	00					
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV	INJURY	\$ 1,00	00,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$ 3,00	00,000				
	POLICY PRO- LOC							PRODUCTS - COM							
	OTHER:							Abuse/Mol		\$ 1M/	′2M				
	AUTOMOBILE LIABILITY							(Ea accident)	E LIMIT	\$ 1,00	00,000				
	ANY AUTO							BODILY INJURY (Pe	er person)	\$					
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	· ·		\$					
	HIRED AUTOS NON-OWNED AUTOS			0002/11/02/220		00/10/2020	00/10/2020	PROPERTY DAMA((Per accident)	GE	\$					
										\$					
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000				
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$					
	DED RETENTION\$														
	WORKERS COMPENSATION							PER STATUTE	OTH- FR						
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$					
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A													
	If yes, describe under DESCRIPTION OF OPERATIONS below														
	DEGOTAL HOLLOW OF ELECTRONIC BOICH							2.2. 2.02, 102		Ψ					
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026								
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACORE	101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	ed)							
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of t	he named ins	ured for which	h a premium has	s been pai	d.					
Th	e certificate holder is named as an addit	ional	insur	red under the liability policy	1.										
				ou under the habitily penel											
CF	RTIFICATE HOLDER				CANO	CELLATION									
	THE POLICE OF TH				1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	Sports at the Beach														
	00540 0				ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.							
	22518 Lewes Georgetown H				AUTHO	RIZED REPRESE	NTATIVE								
	Georgetown	DE	19)947			\bigcirc 0	Tan							
	ı						NY.	reserved by	AMGE TO RENTED MISES (Ea occurrence) \$ 100,000 D EXP (Any one person) \$ 5,000 REAL AGGREGATE \$ 3,000,000 D EXP (MOI						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	s certificate does flot co	,,,,, <u>e,</u> ,,	gins to the	
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							SURER(S) AFFOR	DING COVERAGE	FAX (A/C, No): NAIC # 38970		
С	inton I.	۹ 5	2733		INSURE		el Insurance C				
INS	RED				INSURE			, ,			
В	idgewater Baseball, etal				INSURE						
C	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
В	idgewater N	IJ C	8807		INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KOLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	T TO	WHICH THIS	
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	I IMITS			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(INIM/DD/TTTT)			00.000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)			
	Incl participant						`	•			
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	() = = = = = /	,		
	GEN'L AGGREGATE LIMIT APPLIES PER:								· /		
	POLICY PRO- PRO- LOC										
	OTHER:										
	AUTOMOBILE LIABILITY							COMPINIED CINICI E LIMIT			
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			00027111021220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC EVERAGE IS PROVIDED UNDER THESE POLICIES								d.		
				,							
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Sports at the Beach				THE	EXPIRATION	N DATE THE				
	22518 Lewes Georgetown High	way			AUTHO	RIZED REPRESE	NTATIVE				
	Georgetown	DE	= 19	947			\bigcirc	uselet July			
					ı		> IKO	wallet July			



DATE (MM/DD/YYYY) 6/5/2025

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

	e terms and conditions of the policy, ertificate holder in lieu of such endors						ement on th	is certificate does not confer	rights to the	
_	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124	FAX (A/C, No):		
P.0	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
01			.0700				• • • • • • • • • • • • • • • • • • • •	DING COVERAGE	NAIC #	
	nton IA	٠ 5	2733		INSURE	RA: *Marke	el Insurance C	Company	38970	
INSU	RED dgewater Baseball, etal				INSURE	R B :				
	·				INSURE	RC:				
	O Diane Bellinger				INSURE	R D :				
	O. Box 6222			,	INSURE	RE:				
	<u> </u>		8807		INSURE	RF:				
				NUMBER:	/F DEE	N ICCUED TO		REVISION NUMBER:	LICY DEDICE	
IN CE E)	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY								000,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED \$ 10	0,000	
	Incl participant							MED EXP (Any one person) \$ 5,0	000	
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY \$ 1,0	000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 3,0	000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$ 1,0	000,000	
	OTHER:							Abuse/Mol \$ 1M	1/2M	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$ 1,0	000,000	
	ANY AUTO							BODILY INJURY (Per person) \$		
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS						00,10,20	PROPERTY DAMAGE (Per accident) \$		
								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$ 2,0	000,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE \$		
	DED RETENTION\$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for whicl	h a premium has been paid.		
CE	RTIFICATE HOLDER				CANO	ELLATION				
	South Plainfield Baseball Club Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.									
	P.O. Box 166				AUTHO	RIZED REPRESE	NTATIVE			
	So Plainfield	NJ	07	7080				$\overline{}$		
					Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								ge 10e
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-		
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	inton IA	. 5	2733	j	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	idgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
P.	O. Box 6222				INSURE						
Bı	idgewater N	J C	8807	,	INSURE						
	3			NUMBER:	INSURE	жг.		REVISION NUM	MRFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO				IF POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR		ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENC			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	\$ 100	
	Incl participant							PREMISES (Ea occu		\$ 5,00	
Α	mor participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /		00,000
^	OFAIL ACCRECATE LIMIT APPLIES PER							PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREC			00,000
								PRODUCTS - COMP		\$ 1,00	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT		00,000
								(Ea accident) BODILY INJURY (Pe		\$	70,000
٨	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG	´	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB										20,000
٨	H			4000411004740		00/45/0005	00/45/0000	EACH OCCURRENCE			00,000
Α	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY Y / N									_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for whic	h a premium has	s been pai	d.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
CE	RTIFICATE HOLDER				CANO	ELLATION					
	South Shore LL							ESCRIBED POLICE REOF, NOTICE			
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	243 Bedell Avenue				AUTHO	RIZED REPRESE	NTATIVE				
	Staten Island	N١	/ 10)307	~0100	NIELD NEFRESE	MININE	_			
	1				S Russell Tuffey						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
С	inton I	A 5	2733	<u> </u>	INSURE		el Insurance C			38970
INS	RED				INSURE			, , ,		
В	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
P.	O. Box 6222				INSURE					
В	idgewater 1	1J (8807	,	INSURE					
	•	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD
11	DICATED. NOTWITHSTANDING ANY R	EQUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPEC	T TO	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	ALL I	HE TERMS,
INSR LTR		ADDL	SUBR		522.11	POLICY EFF	POLICY EXP	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence)	\$ 5.00	-
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	() = = = = = ,	· /	00,000
^									· /	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC							• •	,	
										00,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1M/	00,000
								(Ed debident)	\$ 1,00	00,000
_	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY PARAMOE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB COCCUR								•	22.222
	H -vorsa									00,000
Α	CLAIMS-MADE	-		4602AH024719		06/15/2025	06/15/2026		\$	
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
	verage is provided under these policies							•	d.	
			·	•						
CF	TIFICATE HOLDER CANCELLATION									
CL	KIII IOATE HOEDEK				CAN	CLLATION				
	Amwell Valley Little Baseball Le	ague	(AVL	BL)	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B BY PROVISIONS.		
	P.O. Box 25		_		AUTHO	RIZED REPRESE	NTATIVE			
	Ringoes	N.	30	3551			$\bigcirc o$	usself July		
1							>	- Marine		



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		naorse	ment. A stat	ement on th	s certificate does not co	nter r	gnts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton IA	5 ۸	2733	<u> </u>	INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Br	dgewater N	J C	8807		INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	EME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	IIIOD	****			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5,00	
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:								\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$							DED DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	South Amboy Youth Athletic Ass	n			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CARREST, NOTICE WILL E Y PROVISIONS.		
	P.O. Box 3065				AUTHO	RIZED REPRESE	NTATIVE			
	South Amboy	NJ	08	3879						
					Russele Duffey					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor				140136	mont. A stat	ement on th	3 certificate does flot ce	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	A 5	2733	<u> </u>	INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater 1	JJ (8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMITS	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							, ,	\$ 5.00	-
Α	-			8502AH027228		06/15/2025	06/15/2026	(, , ,	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$ 3,00			
	POLICY PRO- DECT LOC						\$ 1,00	,		
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							(Ed docident)	\$.,
Α	ALL OWNED SCHEDULED AUTOS			0500 111007000		06/45/2025	06/45/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	17/2						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC verage is provided under these policies								d.	
CE	TIFICATE HOLDER CANCELLATION									
	South Brunswick Annual Baseball Classic South Brunswick Township SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	540 Ridge Road				AUTHO	RIZED REPRESE	NTATIVE			
	Monmouth Junction	N.	J 08	3852	Russelet Julan					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	ment. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	CT Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I	A 5	2733	; ;	INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Ві	idgewater 1	JJ C	8807	,	INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5.00	-
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	•
	POLICY PRO- DECT LOC								\$ 1,00	,
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$.,
Α	ALL OWNED SCHEDULED AUTOS			0500 111007000		06/45/2025	06/45/0006		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
	H 10103							(i di doldoni)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$,
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.	
CF	RTIFICATE HOLDER				CANO	ELLATION				
<u> </u>	CHI TOATE HOLDER					<u> </u>				
	South Plainfield Tournament U1	0			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	517 East Crescent Road				AUTHO	RIZED REPRESE	NTATIVE			
	South Plailnfield	N.	J 07	7080				-		
					Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		ndorse	ment. A stat	ement on thi	is certificate does not co	nfer ri	ights to the	
_	DUCER		-(-)		CONTA NAME:	ст Cathy	Fonseca				
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE		Fonseca@rp				
							URER(S) AFFOR	DING COVERAGE		NAIC #	
CI	nton IA	4 5	2733	1	INSURE	48.4 1	el Insurance C			38970	
INSU	RED				INSURE			1 7			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	dgewater	IJ C	8807	,	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	T TO \	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY	III				(,22,)	(,22,)	EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO DENITED	\$ 100		
	Incl participant								\$ 5,00	00	
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000	
	OTHER:							Abuse/Mol	\$ 1M/	2M	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			0002/11/02/220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Verage is provided under these policies	•						•	d.		
Th	The certificate holder is named as an additional insured under the liability policy.										
CEI	TIEICATE HOLDER				CANC	SELL ATION					
CEI	RTIFICATE HOLDER			1	CANC	ELLATION					
	Somerset Hunterdon Babe Ruth				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.			
	9 Charlotte Drive				AUTHO	RIZED REPRESE	NTATIVE				
	Bridgewater	N.	08	3807							
	ı				SRusselet Juffey						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	A 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater 1	JJ C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMIT	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5.00	-
Α	-			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	•
	POLICY PRO- DECT LOC								\$ 1,00	,
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$.,
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		06/45/2025	06/45/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
								(i di doldoni)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	17.5						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies							•	d.	
					0.111					
CE	TIFICATE HOLDER CANCELLATION									
	Somerset Hunterdon Babe Ruth SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	9 Charlotte Drive				AUTHO	RIZED REPRESE	NTATIVE			
	Bridgewater	N.	J 08	3807						
					Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@r	osins.com			
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	inton IA	. 5	2733	j	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	idgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	J C	8807	•	INSURE						
	•	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUM	MBFR:		<u> </u>
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				E POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	BJECT TO	ALL 7	THE TERMS,
INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP		LIMITO		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20,000
								EACH OCCURRENG DAMAGE TO RENT	ED		00,000
	CLAIMS-MADE CCCUR							PREMISES (Ea occi	41.01.00)	\$ 100	
^	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one		\$ 5,00	
Α		•		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000
	POLICY PRO- LOC							PRODUCTS - COMI			00,000
	OTHER:							Abuse/Mol COMBINED SINGLE	TIMIT	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	Accident Insurance						00/45/0000	Med pay \$10	00.000		
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI EVERAGE is provided under these policies							•	s boon noi	4	
	verage is provided under these policies	Offig	101 34	onsored/supervised activit	1163 01 11	ne named ms	area for write	ii a pieiiliuiii ilas	been pan	J.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
CE	RTIFICATE HOLDER				CANO	ELLATION					
					840	III D ANV OF .	THE ABOVE D	ESCRIBED POLIC	TIES BE CA	NCELI	ED REEORE
	Somerset County Vocational & T	echr	ical S	School				EREOF, NOTICE			
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	North Bridge Street & Vogt Dr				AUTUS	DIZED DESSESS	NIT A TIVE				
	Bridgewater	N.	J 08	3807	AUTHO	RIZED REPRESE	NIAIIVE				
	3				Russele Duffay						
	1				ı				0		



DATE (MM/DD/YYYY) 6/5/2025

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

	e terms and conditions of the policy, ertificate holder in lieu of such endors				ndorse	ment. A stat	tement on th	is certificate does not co	nfer r	ights to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	D. Box 4162				E-MAIL ADDRE	0 - 11	Fonseca@rg			
					ADDICE		<u> </u>	DING COVERAGE		NAIC #
Cli	nton IA	A 5	2733	 	INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			, , ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	D. Box 6222				INSURE					
Br	dgewater N	IJ (8807	,	INSURE					
		TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:		<u> </u>
IN CI E)	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
	Incl participant							` ′	\$ 5,00	00
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:								\$ 1M/	′2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO								\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS			0502AFI021220		06/13/2023	06/13/2026	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (CORD) 101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of t	he named ins	ured for whicl	h a premium has been paid	d.	
TH	E SOMERSET COUNTY PARK COMM	ISSI	ON AI	ND THE COUNTY OF SOI	MERSE	T, ITS ELEC	TED AND AP	POINTED OFFICERS, AG	ENTS	3 ,
	LUNTEERS, AND EMPLOYEES NAME				H REG	SARD TO THI	S EVENT TO	BE HELD AT THE SOME	RSET	COUNTY
PA	RK COMMISSION FACILITY PER THE	PER	RMIT	AGREEMENT.						
CEI	RTIFICATE HOLDER				CANO	CELLATION				
	Should any of the above described policies be cancelled before Somerset County Park Commission & County of THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN									
	Somerset County Park Commission & County of THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
									_	
	355 Milltown Road			2007	AUTHO	RIZED REPRESE	NTATIVE			
	Bridgewater	N.	30	3807			$\bigcirc 0$	Lagran		
	1				S Russele Duffey					



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	nter r	ignts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	inton IA	5 ۸	2733	i	INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	idgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Bı	idgewater N	J C	8807	,	INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	IIIOD	1111			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5,00	
Α	0500 41 1007000					06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	
	POLICY PRO- LOC						\$ 1,00			
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY								\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS			0502AFI021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								(i or addiadiny	\$	
	UMBRELLA LIAB COCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	11/ A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	ription of operations / Locations / Vehicles								d.	
CE	RTIFICATE HOLDER				CANC	CELLATION				
	Somerset County C/O Christine Schneider Bridgewater Township Rec SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	700 Garretson Road				AUTHO	RIZED REPRESE	NTATIVE			
	Bridgewater	NJ	30	3807	AUTHORIZED REPRESENTATIVE Russele Duffy					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	3 certificate does flot ce	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I	4 5	2733	,	INSURE		el Insurance C			38970
INSL	RED				INSURE			. , . ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Bı	idgewater 1	IJ (8807	,	INSURE					
	-	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD
١N	DICATED. NOTWITHSTANDING ANY R	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	OCUMENT WITH RESPEC	TO T	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL I	HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		522.11	POLICY EFF	POLICY EXP	LIMITS	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence)	\$ 5.00	-
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	() = = = = = /	\$ 1,00	
٨									\$ 3,00	•
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC LOC									,
									\$ 1,00	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1M/ \$ 1,00	
								(Ed docident)	\$ 1,00	00,000
^	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	DDODEDT// DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB								-	22.222
	H								\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$	
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of tl	ne named ins	ured for which	n a premium has been pai	d.	
CF	TIFICATE HOLDER CANCELLATION									
<u> </u>	CHI IOATE HOLDER					<u> </u>				
	Somerset County, its officers &	emplo	yees		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	20 Grove Street				AUTHO	RIZED REPRESE	NTATIVE			
	Somerville	N.	J 08	3876				$\overline{}$		
					Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

	8 Bollinger Sports & Leisure PHONE (270) 2014 Sept.									
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
С	inton L	A 5	2733	 	INSURE		el Insurance C			38970
INSU	RED				INSURE			, , ,		
В	idgewater Baseball, etal				INSURE					
C,	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ (8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REETIFICATE MAY BE ISSUED OR MAY KOLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED		
	Incl participant							` '	•	-
Α	ino participant	Υ		8502AH027228		06/15/2025	06/15/2026	() = = = = = /	· /	
,	GEN'L AGGREGATE LIMIT APPLIES PER:								+ ,	,
	POLICY PRO- LOC								• •	,
	OTHER:									
	AUTOMOBILE LIABILITY									
	ANY AUTO							1		30,000
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		00/45/0005	00/45/0000		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
	AUTOS AUTOS								\$	
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2.00	00.000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026			,
	DED RETENTION\$									
	WORKERS COMPENSATION									
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.	
Th	e certificate holder is named as an addi	ional	insur	red under the liability policy	<i>'</i> .					
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Somerville Board of Education				THE	EXPIRATION	N DATE THE			
	51 West Cliff Street				AUTHO	RIZED REPRESE	NTATIVE			
	Somerville	N.	J 08	3876				. 7		
					I		> IKO	esself July	MAIC # SASE - POLICIES BE CANCELLED BEFORI NOTICE WILL BE DELIVERED III	



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ing i	ignits to the				
	DUCER				CONTA NAME:	ст Cathy	Fonseca							
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):						
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp							
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #				
C	inton I.	A 5	2733	j	INSURE		el Insurance C			38970				
INSU	RED				INSURE			, , ,						
Bı	idgewater Baseball, etal				INSURE									
C	O Diane Bellinger				INSURE									
Ρ.	O. Box 6222				INSURE									
В	idgewater N	IJ (8807	,	INSURE									
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIESTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS				
INSR LTR		ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMITS	2					
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)						
	Incl participant							,	•					
Α	H			8502AH027228		06/15/2025	06/15/2026	(, , - ,	• •					
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·					
	POLICY PRO- DECT LOC									•				
	OTHER:													
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT						
	ANY AUTO							(Ed debident)		,				
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		06/45/2025	06/45/2026		\$					
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$					
									\$					
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2,00	00,000				
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$					
	DED RETENTION \$								\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A							\$					
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$					
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$					
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICO								d					
	verage to provided direct triese policies	Orny	101 0	ronsorea/supervised dollvit		no namoa mo	arca for willor	ra premiam nao been par	u.					
CF	RTIFICATE HOLDER				CANO	ELLATION								
<u> </u>	THE HOLDEN					JEEE/KIION								
	South Jersey Baseball League				THE	EXPIRATION	N DATE THE							
	330 Privateer Road				AUTHO	RIZED REPRESE	NTATIVE							
	Manahawkin	N.	30 ا	3050										
					I		OR.	esself Julan	100,000 100,000 1,000,00					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignis to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I	A 5	2733	<u> </u>	INSURE		el Insurance C			38970
INSL	RED				INSURE			, , ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Bı	idgewater 1	1J (8807	,	INSURE					
	-	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD
١N	DICATED. NOTWITHSTANDING ANY R	EQUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPEC	TO T	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL I	HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		522.11	POLICY EFF	POLICY EXP	LIMIT	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MIM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence)	\$ 5.00	
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one person)	• •	00,000
٨								PERSONAL & ADV INJURY	· ·	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC LOC							GENERAL AGGREGATE		
										00,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1M/	00,000
								(Ea accident) BODILY INJURY (Per person)	\$ 1,00	JU,UUU
^	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB								-	
	H							EACH OCCURRENCE	· /	00,000
Α	CLAIMS-MADE	-		4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for whicl	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	THE PORT OF THE PO				1	<u> </u>				
	South Brunswick Township				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	540 Ridge Road				AUTHO	RIZED REPRESE	NTATIVE			
	Monmouth Junction	N.	J 08	3852	~~~	NEI NEGE				
	-				1		SR.	esselet Julay		



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	nter r	gnts to the			
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca						
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):					
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp						
					ADDICE		<u> </u>	DING COVERAGE	FAX (A/C, No):				
CI	inton IA	\ 5	2733	<u> </u>	INSURE	48.4 1	el Insurance C						
INSL	RED				INSURE			- Cpuy					
Br	idgewater Baseball, etal				INSURE								
C/	O Diane Bellinger				INSURE								
P.	O. Box 6222				INSURE								
Bı	idgewater N	J 0	8807	,	INSURE								
	•	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO			IE POL	ICY PERIOD			
	DICATED. NOTWITHSTANDING ANY RE												
	ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL I	HE TERMS,			
INSR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)		LIMIT					
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIW/DD/TTTT)	(IMIM/DD/TTTT)			20,000			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED					
	Incl participant							PREMISES (Ea occurrence)					
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one person)					
, ,	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	· /				
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG					
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT					
								(Ea accident) BODILY INJURY (Per person)		<i>5</i> 0,000			
Α	ANY AUTO ALL OWNED SCHEDULED							` ' '					
А	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE					
	HIRED AUTOS AUTOS							(Per accident)					
	UMBRELLA LIAB V OCCUR							EAGU GOOURDENOS	-	20,000			
Α	H EVOSOULD H OCCOR			4000411004740		06/15/2025	06/15/2026	EACH OCCURRENCE		<i>5</i> 0,000			
٨	CLAIWS-WADE			4602AH024719		00/13/2023	00/13/2020	AGGREGATE					
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	<u>\$</u>				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								•				
	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT					
	If ves, describe under							E.L. DISEASE - EA EMPLOYEE					
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
Α	Accident Insurance			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000					
^	Full Excess			1102/11/210/01		00/10/2020	00/10/2020	Ded \$250					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101. Additional Remarks Schedu	le. mav b	e attached if mor	e space is requir	ed)					
	verage is provided under these policies							•	d.				
		•		•									
CF	RTIFICATE HOLDER				CANO	ELLATION							
<u> </u>	THI IOATE HOLDER				OAIT	<u> </u>							
	Scotch Plains Fanwood Basebal	l Lea	gue					ESCRIBED POLICIES BE CA					
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.					
	P.O. Box 264				A11=	DIZED D=====	NIT A TIV/E						
	Scotch Plains	NJ	l 07	7076	AUTHO	RIZED REPRESE	NIAIIVE						
		. 40	. 01				DR.	essele Duffey					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		1401361	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTAC NAME:	ст Cathy	Fonseca			
R	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRES	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
C	nton I	A 5	2733	,	INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	dgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater 1	JJ C	8807	,	INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5.00	-
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	•
	POLICY PRO- DECT LOC								\$ 1,00	,
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$.,
Α	ALL OWNED SCHEDULED AUTOS			0500 111007000		06/45/2025	06/45/0006		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
	H 10103							(i di doldoni)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies							•	d.	
CE	RTIFICATE HOLDER			1	CANO	ELLATION				
	Roselle Park Softball League				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	P.O. Box 94				AUTHO	RIZED REPRESE	NTATIVE			
	Roselle Park	N.	J 07	7204						
					l		SR.	esself Julan		



DATE (MM/DD/YYYY) 6/5/2025

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.

C	rtificate holder in lieu of such endors	seme	nt(s)								.g	
PRO	CONTACT NAME: Cathy Fonseca RPS Bollinger Sports & Leisure PHONE (A/C, No, Ext): (973) 921-8124 CONTACT NAME: Cathy Fonseca FAX (A/C, No, Ext): (973) 921-8124 FAX (A/C, No, Ext): (973) 921-8124											
RF	S Bollinger Sports & Leisure				PHONE	o. Ext): (973)	921-8124		FAX (A/C, No):			
Ρ.	D. Box 4162					0-46	_Fonseca@r	osins.com				
							SURFR(S) AFFOR	DING COVERAGE			NAIC #	
CI	nton IA	۸ 5	2733	3	INSURE		el Insurance (38970	
INSU	RED				INSURE			, , , , , , , , , , , , , , , , , , ,				
Br	dgewater Baseball, etal				INSURE							
C/	D Diane Bellinger											
	D. Box 6222				INSURE							
		IJ C	8807	,	INSURE							
	- 9			NUMBER:	INSURE	:K F :		REVISION NUM	MDED:			
	IIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POI	ICY PERIOD	
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	S		
	COMMERCIAL GENERAL LIABILITY	IIIOD	****			(IIIIII)	(IIIII)	EACH OCCURREN	CF	s 1.00	00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 100		
	Incl participant							MED EXP (Any one		\$ 5,00		
Α				8502AH027228		06/15/2025	06/15/2026			\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE			00,000	
	POLICY PECT LOC							PRODUCTS - COM			00,000	
	OTHER:							Abuse/Mol		\$ 1,0\		
	AUTOMOBILE LIABILITY							COMBINED SINGLE			00,000	
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	er person)	\$	50,000	
Α	ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$		
^	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$		
	HIRED AUTOS AUTOS							(Per accident)		\$		
	UMBRELLA LIAB V OCCUR							540U 000UBB55U	05		20,000	
Α	H -varaa			4600411004740		06/45/2025	06/45/2026	EACH OCCURREN	CE		00,000	
^	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY Y / N							1				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250				
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE) 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requir	ed)				
Co	verage is provided under these policies	only	for sp	oonsored/supervised activit	ties of t	he named ins	ured for which	h a premium has	s been pai	d.		
Ca	Ripken Sr. Foundation Inc., City of Abo	derde	n. CF	R.J. Inc. Professional Sports	s Cateri	ing LLC. Ripk	en Baseball A	Academy LLC, R	ioken Bas	eball (Camps &	
	nics LLC, Ripken Professional Baseball					g ==0,p	<u></u>				apo a	
CE	RTIFICATE HOLDER				CANO	CELLATION						
<u> </u>					1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Ripken Baseball Camps & Clinic	s LL(THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.				
	873 Long Drive											
	•		.	1004	AUTHO	RIZED REPRESE	NTATIVE					
	Abderdeen	MI) 21	1001			$\bigcirc \rho$	Lageron	14			
	1				Russele Duffay							



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.g		
PRO	CONTACT NAME: Cathy Fonseca PHONE (A/C, No, Ext): (973) 921-8124 P.O. Box 4162 CONTACT NAME: (973) 921-8124 FAX (A/C, No): Cathy_Fonseca@rpsins.com												
RF	S Bollinger Sports & Leisure				PHONE	o. Ext): (973)	921-8124		FAX (A/C, No):				
Ρ.	O. Box 4162				É-MAIL	Cathoo	_Fonseca@rp	osins.com	(,,-				
							URER(S) AFFOR	DING COVERAGE			NAIC #		
CI	nton IA	۸ 5	2733	j	INSURE		el Insurance (38970		
INSU	RED				INSURE			' '					
Br	dgewater Baseball, etal				INSURE								
C/	O Diane Bellinger				INSURE								
Ρ.	O. Box 6222				INSURE								
Br	idgewater N	IJ C	8807	•	INSURE								
	<u> </u>	TIFIC	CATE	NUMBER:	INCORE			REVISION NUM	MBER:				
IN C	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH D HEREIN IS SU	H RESPEC	OT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3			
	COMMERCIAL GENERAL LIABILITY					,, <u>-</u>	,,	EACH OCCURREN	CE	\$ 1,00	00,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi		\$ 100	,000		
	Incl participant							MED EXP (Any one		\$ 5,00	00		
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV		\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO	GATE	\$ 3,00	00,000		
	POLICY PRO- LOC							PRODUCTS - COMI	P/OP AGG	\$ 1,00	00,000		
	OTHER:							Abuse/Mol		\$ 1M/	′2M		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT	\$ 1,00	00,000		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$			
Α	ALL OWNED SCHEDULED AUTOS		8502AH027228		06/15/2025		06/15/2026	BODILY INJURY (Per accident) \$					
	HIRED AUTOS NON-OWNED AUTOS			0002711027220		00/13/2023	00/13/2020	PROPERTY DAMAG (Per accident)	GE	\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$			
	DED RETENTION\$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$			
	(Mandatory in NH)	, , ,						E.L. DISEASE - EA	EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	CORD	D 101. Additional Remarks Schedu	ıle. mav b	e attached if mor	e space is requir	' 'ed)					
	verage is provided under these policies							•	s been pai	d.			
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	/.								
CE	RTIFICATE HOLDER CANCELLATION												
	Ridge Youth Sports, Inc.				THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.					
	65 South Maple Avenue				AUTHO	RIZED REPRESE	NTATIVE						
	Basking Ridge	N.	07	7920									
	1				AUTHORIZED REPRESENTATIVE Russeled Liffeny								



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.g
PRO	CONTACT NAME: Cathy Fonseca PHONE (A/C, No. Ext): (973) 921-8124 P.O. Box 4162 CONTACT NAME: (973) 921-8124 FAX (A/C, No): Cathy_Fonseca@rpsins.com										
RF	S Bollinger Sports & Leisure				PHONE	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				É-MAIL	0-46	_Fonseca@rp	osins.com	(,,-		
							SURER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733	;	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	IJ C	8807	,	INSURE						
	<u> </u>	TIFIC	ATE	NUMBER:	INOUNE			REVISION NUM	MBFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	BJECT TC	ALL 7	THE TERMS,
INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20,000
								EACH OCCURRENG DAMAGE TO RENT	ED	• •	00,000
	CLAIMS-MADE CCCUR							PREMISES (Ea occi		\$ 100	
^	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00	
Α	-	•		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000
	POLICY PRO- LOC							PRODUCTS - COMI			00,000
	OTHER:							Abuse/Mol COMBINED SINGLE	E I IMIT	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe	´	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000		
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
DEC	COURTION OF OREDATIONS / LOCATIONS / VEHICL	FC //	CODD	And Additional Demants Cabada				٠, ٩١			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Verage is provided under these policies	•						•	s haan nai	Ч	
	verage is provided under these policies	Office	101 06	70113010a/3aporvioca aotivi		no named mo	area for write	ir a promium nac	been pai	u.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
CE	RTIFICATE HOLDER CANCELLATION										
					SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED BEFORE
	Ridge Baseball Club				THE	EXPIRATION	N DATE THE	EREOF, NOTICE			
					ACC	ORDANCE WI	IH IHE POLIC	Y PROVISIONS.			
	P.O. Box 98				AUTHO	RIZED REPRESE	NTATIVE				
	Basking Ridge	N.	07	7920	~~	ED KEI KEGE		_			
	1				SRussell Duffey						



DATE (MM/DD/YYYY) 6/5/2025

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.

	Rollinger Sports & Leisure PHONE (277) 201 2424									
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton l	A 5	2733	<u> </u>	INSURE		el Insurance C			38970
INSU	RED				INSURE			, , ,		
Ві	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ (8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5.00	-
Α	ino partopart	Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	· /	00.000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	+ ,	00,000
	POLICY PRO- LOC								• •	00,000
	OTHER:								\$ 1,00 \$ 1M/	
	AUTOMOBILE LIABILITY									00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	30,000
Α	ALL OWNED SCHEDULED AUTOS AUTOS			0500411007000		00/45/0005	00/45/0000		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
	AUTOS AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2.00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$,
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	·	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.	
Th	e certificate holder is named as an addi	ional	insur	ed under the liability policy	<i>'</i> .					
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Richmond County Baseball Club	Rich	imono	d County Youth Co	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	1400 Travis Avenue				AUTHO	RIZED REPRESE	NTATIVE			
	Staten Island	N١	/ 10)314						
					I		SIR	esself Julan		



DATE (MM/DD/YYYY) 6/5/2025

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.

	Bollinger Sports & Leisure PHONE (277) 201 201									
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I	4 5	2733	<u> </u>	INSURE		el Insurance C			38970
INSL	RED				INSURE			, , ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Bı	idgewater 1	IJ (8807	,	INSURE					
	-	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD
١N	DICATED. NOTWITHSTANDING ANY R	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPEC	TO T	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL I	HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		522.11	POLICY EFF	POLICY EXP	LIMITS	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence)	\$ 5.00	-
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	() = = = = = ,	\$ 1,00	
٨									\$ 3,00	•
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC LOC									,
									\$ 1,00	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1M/ \$ 1,00	
								(Ed debident)	\$ 1,00	00,000
^	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY PARAMOE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB								-	22.222
	H								\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$	
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of tl	ne named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANC	ELLATION				
CE	TIFICATE HOLDER				CANC	ELLATION				
	Readington Township Softball H	illcre	st Par	'k	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	Hillcrest Road				AUTHO	RIZED REPRESE	NTATIVE			
	Readngton	N.	J 08	3870						
	•				l		DR.	esself Julan		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	s certificate does flot ct	ZITICI II	ignis to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	A 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater 1	JJ C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(INIM/DD/TTTT)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							, ,	\$ 5.00	
Α	Fi			8502AH027228		06/15/2025	06/15/2026	(, , ,	• •	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	00,000
	POLICY PRO- LOC									00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT		00,000
	ANY AUTO							` '	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	17.5						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies							•	d.	
CE	RTIFICATE HOLDER			1	CANC	ELLATION				
	Readington Township				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	509 Route 523				AUTHO	RIZED REPRESE	NTATIVE			
	Whitehouse Station	N.	J 08	3889						
					I		SIR	esseet Julan		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	ZITICI II	ignis to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I	A 5	2733	<u> </u>	INSURE		el Insurance C			38970
INSL	RED				INSURE			, , ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Bı	idgewater 1	1J (8807	,	INSURE					
	-	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:		
Т	IS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HAV			THE INSURE	D NAMED ABOVE FOR TH		
	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY									
	CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	ALL	HE TERIVIO,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	COMMERCIAL GENERAL LIABILITY	INOD	****			(MINI/DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	
Α				8502AH027228		06/15/2025	06/15/2026	(, , - ,	• •	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	00,000
	POLICY PRO- JECT LOC									00,000
	OTHER:								\$ 1,00	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		00,000
	ANY AUTO							(Ed debident)	\$	30,000
Α	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
, ,	AUTOS AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Fei accident)	\$	
	UMBRELLA LIAB OCCUR								-	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$ 2,00	30,000
, ,	CLAIWS-WADE	1		4002A11024713		00/13/2023	00/13/2020		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	φ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N								\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$	
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	φ	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	· · · · · - · · · · · · · · · · · · ·							<u> </u>		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of th	ne named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Readington No Fear Tournamer	nt			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	509 Route 523				AUTHO	RIZED REPRESE	NTATIVE			
	Whitehouse Station	N.	J 08	3889						
					1		₽R.	esself Julan		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	ment. A stat	ement on th	is certificate does flot co	ZITICI II	ignis to the
	DUCER				CONTA NAME:	CT Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	A 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	JJ C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(MIM/DD/TTTT)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5.00	
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	• •	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	· ·	00,000
	POLICY PRO- LOC									00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT		00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								(i or addiadiny	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.	
	RTIFICATE HOLDER				CANC	ELLATION				
CE	RIIFICATE HOLDER				CANC	ELLATION				
	Readington Baseball				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	P.O. Box 568				AUTHO	RIZED REPRESE	NTATIVE			
	Whitehouse Station	N.	J 08	3889						
					Rusself Julan					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	ment. A stat	ement on th	is certificate does flot co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	CT Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I	4 5	2733	<u> </u>	INSURE		el Insurance C			38970
INSL	RED				INSURE			, , ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Bı	idgewater 1	IJ (8807	,	INSURE					
	-	TIFIC	CATE	NUMBER:	INOUNE	KT.		REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD
١N	DICATED. NOTWITHSTANDING ANY RI	QUIF	REME	NT, TERM OR CONDITION	OF AN'	CONTRACT	OR OTHER D	DOCUMENT WITH RESPEC	TO T	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL I	HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		522.11	POLICY EFF	POLICY EXP	LIMIT	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MIM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence)	\$ 5.00	-
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one person)	\$ 1,00	
^								PERSONAL & ADV INJURY	\$ 3,00	•
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC LOC							GENERAL AGGREGATE		,
									\$ 1,00	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1M/ \$ 1,00	
								(Ea accident) BODILY INJURY (Per person)	\$ 1,00	00,000
^	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB								-	22.222
	H							EACH OCCURRENCE	\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.	
CF	RTIFICATE HOLDER				CANO	ELLATION				
<u> </u>	CHI IOATE HOLDER					<u> </u>				
	Readington Fall Softball Leagu				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	509 Route 523				AUTHO	RIZED REPRESE	NTATIVE			
	Whitehouse Station	N.	J 08	3889						
				Rusself Julan						



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-		
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	A 5	2733	}	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	IJ C	8807	,	INSURE						
	3			NUMBER:	INSURE	жг.		REVISION NUM	MRFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO				IF POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR		ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NUMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENC			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	\$ 100	
	Incl participant							PREMISES (Ea occu		\$ 5,00	
Α	mer participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /		
^								PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREC			00,000
								PRODUCTS - COMP		\$ 1,00	00,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT		
								(Ea accident) BODILY INJURY (Pe		\$ 1,00 \$	00,000
	ANY AUTO ALL OWNED SCHEDULED							,			
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe	´	\$	
	HIRED AUTOS AUTOS	33327 11.1027 22.2						(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD) 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activity	ties of tl	he named ins	ured for which	h a premium has	s been pai	d.	
Th	a cartificate halder is named as an addit	ional	inaur	rad under the liability policy							
111	e certificate holder is named as an addit	ionai	IIISUI	ed under the hability policy	/ .						
CE	RTIFICATE HOLDER				CANC	ELLATION					
CL	TIFICATE HOLDER				CANC	LLLATION					
	Raritan Township				THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE BY PROVISIONS.			
	1 Muncipal Drive				AUTHO	RIZED REPRESE	NTATIVE				
	Flemington	NJ	08	3822				-			
	1				Skusselet) effey						



DATE (MM/DD/YYYY) 6/5/2025

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.

	8 Bollinger Sports & Leisure PHONE (270) 2014 Sept.									
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
С	inton l	A 5	2733	j	INSURE		el Insurance C			38970
INS	RED				INSURE			, , ,		
В	idgewater Baseball, etal				INSURE					
C,	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED		
	Incl participant							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5.00	-
Α	ino partopart	Υ		8502AH027228		06/15/2025	06/15/2026	(, , - ,	· /	00.000
, ,	GEN'L AGGREGATE LIMIT APPLIES PER:								+ ,	00,000
	POLICY PRO- LOC								• •	00,000
	OTHER:								\$ 1,00 \$ 1M/	
	AUTOMOBILE LIABILITY									00,000
	ANY AUTO							,	\$	30,000
Α	ALL OWNED SCHEDULED AUTOS AUTOS			0500411007000		00/45/0005	00/45/0000		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
	AUTOS AUTOS								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2.00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$,
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.	
Th	e certificate holder is named as an addi	ional	insur	ed under the liability policy	<i>'</i> .					
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Raritan Valley Community Colle	ge			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	Route 28 & Lamington Road				AUTHO	RIZED REPRESE	NTATIVE			
	North Branch	N.	J 08	3876				uselet July		
					I		> IKO	esself tulby		



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	onter ri	gnts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	inton IA	5 ۸	2733	<u> </u>	INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			. ,		
Br	idgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Br	idgewater N	J C	8807		INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	IIIOD	1110			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5,00	00
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:								\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS	8502AH027228			06/15/2025		06/15/2026	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	•						•		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of t	he named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Raritan Invitational Baseball Tou	rnam	ient		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	37 Meehan Avenue				AUTHO	RIZED REPRESE	NTATIVE			
	Raritan	NJ	30	3869			\bigcirc 0	Topus		
					Russelet July					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	3 certificate does flot ce	ZITICI II	gins to the	
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							SURER(S) AFFOR	DING COVERAGE		NAIC #	
C	inton I.	A 5	2733		INSURE		el Insurance C			38970	
INSU	RED				INSURE			, ,			
Bı	idgewater Baseball, etal				INSURE						
C	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
В	idgewater N	IJ C	8807		INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS	
INSR LTR		ADDL	SUBR		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(IVIIVI/DU/TTTT)	(INIM/DD/TTTT)		\$ 1,00	00.000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
	Incl participant							, ,	\$ 5.00	-	
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	(, , ,	\$ 1,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00		
	POLICY PRO- PRO- LOC								\$ 1,00	•	
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT	\$ 1,00		
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			00027111021220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC OVERAGE IS PROVIDED UNDER THESE POLICIES	•						•	d.		
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Piscataway Little League				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CARENCE WILL BY PROVISIONS.			
	P.O. Box 452				AUTHO	RIZED REPRESE	NTATIVE				
	Piscataway	N.	J 08	3854				. 7			
					Rusself July						



DATE (MM/DD/YYYY) 6/5/2025

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.

PROBLEM SPECIAL DISTRICT Cathy Foncesce PROBLEM SPECIAL CATHY	C	ertificate holder in lieu of such endors	seme	nt(s)								.g
P.O. Box 4162 Control IA 52733 Subject 1 1 1 1 1 1 1 1 1	PRO	DUCER					ст Cathy	Fonseca				
P.O. Box 4162 Circino IA 52733 MINURER 2: **Markel Insurannoe Company** MINURER 3: **Markel Insurannoe Company** MINURER 3: **Markel Insurannoe Company** MINURER 6: **Markel Insurannoe Company** MINURER 6: **Markel Insurannoe Company** MINURER 8: **Markel Insurannoe Company** MINURER 9: **Markel Insurannoe Company	RF	S Bollinger Sports & Leisure				PHONE	o. Ext): (973)	921-8124		FAX (A/C, No):		
NISURED 1 NOTIFICATE NUMBER	Ρ.	O. Box 4162				É-MAIL	Cathoo	_Fonseca@rp	osins.com	(
MINURER B. Markel Insurance Company 38970								URER(S) AFFOR	DING COVERAGE			NAIC#
INSURER B: INSURER C:	CI	nton IA	۸ 5	2733	;	INSURF						
Bridgewater Baseball, etal (CO Diane Bellinger P. O. Box 6222 Bridgewater NJ 08807 Maurer	INSU	RED							' '			
NOURIER DELINIOR DELINIOR DELINIOR DELOY NOUNER ENDIANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERODIT THIS IS THE OPERATION THAT THE POLICY PERODIT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERODIT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUICED BY THE POLICY PERODIT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUICED BY FOR THE POLICY PERODIT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUICED BY FOR THE POLICY PERODIT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUICED BY FOR THE POLICY PERODIT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUICED BY FOR THE POLICY PERODIT. LIMITS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN THE POLICY PERODITE SHOWN THE POLICY PERODITS. AND CONDITIONS OF SUCH POLICIES. AND CONDITIONS OF SUCH POLICIES. SHOWN THE POLICY PERODITS. SHOWN THE POLICY PROVIDED HERE PERODITS. SHOWN THE POLICY PERODITS. SHOWN THE POLICY PROVIDED HERE PERODITS. SHOWN THE POLICY PERODITS. SHOWN THE POLICY PROVIDED HERE PERODITS. SHOWN THE PERODITS	Br	dgewater Baseball, etal										
P.O. BOX 6222 Biddgewater N.J. 08807 CERTIFICATE NUMBER: CHIPS THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BERN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERSON. CONTROL OF ANY CONTROL OF CHIPS OF CHIPS OF THE POLICY PERSON. CONTROL OF ANY CONTROL OF CHIPS OF CHIPS OF THE POLICY PERSON. CONTROL OF ANY CONTROL OF CHIPS OF CHIPS OF THE POLICY PERSON. CONTROL OF ANY CONTROL OF CHIPS OF CHIPS OF CHIPS OF THE POLICY PERSON. CONTROL OF ANY CONTROL OF CHIPS OF CHIPS OF CHIPS OF THE POLICY PERSON. CONTROL OF CHIPS OF CHIP	C/	O Diane Bellinger										
Bridgewater NJ 08807 Mesurer F: COVERAGES CENTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD. NINCATED. NOWTHITSTANNING 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 CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PADIL CLAMPS. **ROOMERCAL GENERAL LABILITY** COMMERCAL GENERAL LABILITY** COMMERCAL SHORT AND COLOR VIVIAN SHOWN	Ρ.	O. Box 6222										
COVERAGES CENTIFICATE NUMBER: CENTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICES OF INDURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER BOVE FOR THE POLICY PERIOD NUMBER: THIS IS TO CERTIFY THAT THE POLICY PERIOD OF ANY DONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CENTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES BESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. IN IT IS THE POLICY NUMBER. IN IT IS THE POLICY PERFORMED. IN IT IS THE POLICY PROVISION. IN IT IS TH	Br	idgewater N	IJ C	8807	,							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURD NAMED ADMORPT FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TEMP OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR NAMY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. RESPECTIVE OF INSURANCE OF ANY CONTRACT OR OTHER POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. RESPECTIVE OF THE POLICY PERIOD OF THE POLICY PROVIDED BY THE POLICY SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. RESPECTIVE OF THE POLICY PROVIDED BY THE POLICY SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS OF SUBJECT TO ALL THE T		<u> </u>	TIFIC	ATE	NUMBER:	INOUNE			REVISION NUM	MBFR:		<u> </u>
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFOORDED 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. THE OTHER MURANCE AND WIND MAY HAVE BEEN REDUCED BY PAID CLAIMS. THE OTHER MURANCE AND WIND MAY HAVE BEEN REDUCED BY PAID CLAIMS. COMMERCIAL GENERAL LUBBILITY LIMITS LOCAL COMMERCIAL GENERAL LUBBILITY BOOLOY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSION AND FROM MAY AND CHARLES AND ADDRESS THE ADDRESS THE CONTROL STORY OF THE CONTROL STORY OF THE ADDRESS THE CONTROL STORY OF THE CONTROL STORY OF THE CONTROL STORY OF THE CONTROL STORY OF THE CONTROL ST						VE BEE	N ISSUED TO				IE POL	ICY PERIOD
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. THE FIVE OF INSURANCE MISS WITH A POLICY NUMBER WITH A POLICY STATE WITH A POLICY ST												
TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY SECURITION SOURCE CONTINUE									HEREIN IS SU	BJECT TO	ALL 7	THE TERMS,
COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COUR CO	INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP		LIMIT		
CLAIMS-MADE COCUR CLAIMS-MADE COCUR V	LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				20.000
A									DAMAGE TO RENT	ED	• •	
A SOZAHO27228 O6/15/2025 O6/15/2026 PERSONAL 8.ADV INJURY \$ 1,000,000 OCENERAL AGREGATE \$ 3,000,000 OCENERAL AGREGATE \$ 1,000,000 OCENERAL AGREGATE \$ 1,000,									,		•	
GENI. AGGREGATE LIMIT APPLIES PER: POLICY	^	inci participant	V		8502AH027228		06/15/2025	06/15/2026		· /		
PRODUCTS - COMPIOP AGG \$ 1,000,000 ADUSCHMOI \$ 1 M/ZM AUTOMOBILE LIABILITY ANY AUTO ALTOS ANY AUTO ALTOS AUTOS BEOLIX PILIARY (Per person) \$ SOOLY PILIARY (Per person) \$	А		'		0302/11027220		00/13/2023	00/13/2020				
ADUSE/MOI S 1M/2M AUTOMOBIL LIABILITY A AUTO A ALL OWNED BECAPTOR ACCOURENCE S 2,000,000 AGGREGATE S COMMON SERVICE AGGREGATE S COMMON SERVI												
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO AUTONOMICE AUTONOMIC AUTONOMIC AUTONOMICE AUTONOMICE AUTONOMICE AUTONOMICE AUTONOMICA AUTONOMICE AUTONOMICA AUTONO		POLICY L JÉCT L LOC										
A AVY AUTO ALL OWNED ALTOS ALL OWNED AUTOS ALL OWNED AUTOS ALL OWNED AUTOS AUT										TIMIL		
A ALIOWNED AUTOS AUTOS AUTOS AUTOS AUTOS NON-OWNED AUTOS NON-O									(Ea accident)		.,	00,000
A AUTOS AUTO									,	· /		
HIRED AUTOS	Α	AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	· ·	'		
UMBRELLA LIAB COCUR VOCUR VOCU									(Per accident)			
A Coldent Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CERTIFICATE HOLDER AGGREGATE \$ SCHOOLOGINE OF STATUTE \$ ST												
DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/REXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Perfect Game Inc. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AND RETENTIONS SOCIAL STATUTE OF THE		U OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
WORKERS COMPENSATION AND EMPLOYERS 'LIBRILTY ANY PROPRIETOR PARTINER/EXECUTIVE OFFICE/MEMBER EXCLUSED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Perfect Game Inc. 850 Twixt Town Road NE Cedar Rapids ANY PROPRIETOR PARTINER/EXECUTIVE VIMIT \$ LL DISEASE - FALMPLOYEE \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - FALMPLOYEE \$ E.L. DISEASE - FOLICY LIMIT \$ Med pay \$100,000 Ded \$250 Med pay \$100,000 Ded \$250 COVERAGE \$ E.L. DISEASE - FOLICY LIMIT \$ Med pay \$100,000 Ded \$250 CERTIFICATE HOLDER \$ 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	Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) Proprietory in NH) Proprietory in NH) Proprietory in NH Proprie											\$	
A Accident Insurance Full Excess		AND EMBLOVEDS! LIABILITY							STATUTE	ER ER		
Ves. describe under DESCRIPTION OF OPERATIONS below		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. 850 Twixt Town Road NE Cedar Rapids IA 52404									E.L. DISEASE - EA	EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. 850 Twixt Town Road NE Cedar Rapids IA 52404		DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. 850 Twixt Town Road NE Cedar Rapids IA 52404		Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000		
Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. 850 Twixt Town Road NE Cedar Rapids IA 52404	А	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. 850 Twixt Town Road NE Cedar Rapids IA 52404	DEC	PRINTION OF ORERATIONS / LOCATIONS / VEHICL	FC //	CODD	And Additional Demants Cabada				٠, ٩١			
The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER Perfect Game Inc. 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 AUTHORIZED REPRESENTATIVE			•						•	heen nai	Ч	
CERTIFICATE HOLDER Perfect Game Inc. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 850 Twixt Town Road NE Cedar Rapids IA 52404		verage is provided under these policies	Office	101 35	7011301Ca/3apcivi3ca activi	1103 01 11	ne named ms	area for write	ir a premium nas	been par	u.	
CERTIFICATE HOLDER Perfect Game Inc. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 850 Twixt Town Road NE Cedar Rapids IA 52404												
Perfect Game Inc. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 850 Twixt Town Road NE Cedar Rapids IA 52404	Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
Perfect Game Inc. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 850 Twixt Town Road NE Cedar Rapids IA 52404												
Perfect Game Inc. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 850 Twixt Town Road NE Cedar Rapids IA 52404												
Perfect Game Inc. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 850 Twixt Town Road NE Cedar Rapids IA 52404												
Perfect Game Inc. THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 850 Twixt Town Road NE Cedar Rapids IA 52404	CEI	RTIFICATE HOLDER CANCELLATION										
Perfect Game Inc. THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 850 Twixt Town Road NE Cedar Rapids IA 52404						SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED BEFORE
850 Twixt Town Road NE Cedar Rapids IA 52404 AUTHORIZED REPRESENTATIVE		Perfect Game Inc.				THE	EXPIRATION	N DATE THE	REOF, NOTICE			
NE Cedar Rapids IA 52404						ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
NE Cedar Rapids IA 52404		850 Twixt Town Road				AUTUA	DIZEN DEDDESE	NITATIVE				
		NE Cedar Rapids	ΙA	52	2404	~01110	NIELD NEFRESE	MININE	_			
		•						DR.	useest)u	gay.		



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	0-46	_Fonseca@rp	osins.com	(,,-		
							SURER(S) AFFOR	DING COVERAGE			NAIC#
CI	nton IA	۸ 5	2733	;	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	IJ C	8807	,	INSURE						
	<u> </u>	TIFIC	ATE	NUMBER:	INOUNE			REVISION NUM	MBFR:		<u> </u>
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	BJECT TC	ALL 7	THE TERMS,
INSR		ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20,000
								EACH OCCURRENG DAMAGE TO RENT	ED	• •	00,000
	CLAIMS-MADE CCCUR							PREMISES (Ea occi		\$ 100	
^	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00	
Α	-	•		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000
	POLICY PRO- LOC							PRODUCTS - COMI			00,000
	OTHER:							Abuse/Mol COMBINED SINGLE	E I IMIT	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe	´	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000		
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FC //	CODD	And Additional Demants Cabada				٠, ٩١			
	verage is provided under these policies	•		,				•	s haan nai	Ч	
	verage is provided under these policies	Office	101 06	70113010a/3aporvioca aotivi		no named mo	area for write	ir a promium nac	been pai	u.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
CE	RTIFICATE HOLDER CANCELLATION										
					l sho	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED BEFORE
	PDC Athletics				THE	EXPIRATION	N DATE THE	REOF, NOTICE			
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	576 Penns Park Rd				ALITHO	RIZED REPRESE	NTATIVE				
	Wrightstown	P/	18	3940	~~~	ED INEI INEGE		_			
	1				Russelet Juffang						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	, inci i	ignis to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I	A 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Ві	idgewater 1	JJ C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(INIM/DD/TTTT)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	
Α				8502AH027228		06/15/2025	06/15/2026	(, , - ,	· /	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								· /	00,000
	POLICY PRO- DECT LOC								• •	00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT		00,000
	ANY AUTO							` '	\$	
Α	ALL OWNED SCHEDULED AUTOS	8502AH027228				06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.	
						NELL ATION				
CE	RTIFICATE HOLDER			1	CANC	ELLATION				
	Old Bridge Township				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	Mannino Park, Mannino Park D	i			AUTHO	RIZED REPRESE	NTATIVE			
	Old Bridge	N.	J 08	3857				-		
					I		SIR	esselet Julay		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		1401361	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I	A 5	2733	,	INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Ві	idgewater 1	JJ C	8807	,	INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RESTRICTED OR MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(IVIIVI/DU/TTTT)	(INIM/DD/TTTT)		\$ 1,00	00.000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5.00	-
Α	=			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	•
	POLICY PRO- LOC								\$ 1,00	,
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$,
Α	ALL OWNED SCHEDULED AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0502AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								(er seerserry	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11,7						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.	
CE	RTIFICATE HOLDER				CANC	ELLATION				
	North Hunterdon Youth Baseba	I			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	P.O. Box 113				AUTHO	RIZED REPRESE	NTATIVE			
	High Bridge	N.	J 08	3829						
					Rusself Dulay					



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	onter r	gnts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton IA	5	2733	i	INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			. ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Br	idgewater N	J 0	8807	•	INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	 S	
	COMMERCIAL GENERAL LIABILITY	INOD	1111			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5,00	
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:								\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS			0002/11/02/220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of t	he named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	North Jersey All Star League				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	C/O Al Rabinowitz				~~~	CINDANGE WI	IIIL FOLIO	NOTIOIONO.		
	911 Kimball Road				AUTHO	RIZED REPRESE	NTATIVE			
	Westfield	NJ	07	7090			\bigcirc			
					SRussell Duffey					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton l	A 5	2733	,	INSURE		el Insurance C			38970
INSU	RED				INSURE			, , ,		
Ві	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ (8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMIT		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5.00	-
Α	ino participant	Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1.00	
, ,	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	,
	POLICY PRO- LOC								\$ 1,00	,
	OTHER:								\$ 1,00	
	AUTOMOBILE LIABILITY								\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$	30,000
Α	ALL OWNED SCHEDULED AUTOS AUTOS			0500411007000		00/45/0005	00/45/0000		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
	AUTOS AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00.000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$,
	DED RETENTION\$								\$	
	WORKERS COMPENSATION							PER OTH-ER	*	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.	
Th	e certificate holder is named as an addi	ional	insur	red under the liability policy	<i>'</i> .					
CE	RTIFICATE HOLDER				CANO	ELLATION				
	North Edison Baseball & Softbal	I			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
	10 Maryland Avenue				AUTHO	RIZED REPRESE	NTATIVE			
	North Edison	N.	J 08	3820						
					I		SIR	esselet July		



DATE (MM/DD/YYYY) 6/5/2025

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.

		Rollinger Sports & Leisure PHONE (CR) 201 210 1									
PRO	DUCER					ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure					(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							SURER(S) AFFOR	DING COVERAGE		NAIC #	
CI	nton IA	5 ۸	2733		INSURE	48.4 1	el Insurance C			38970	
INSU	RED				INSURE	R B :					
Br	dgewater Baseball, etal				INSURE	R C :					
C/	O Diane Bellinger				INSURE	RD:					
Ρ.	O. Box 6222				INSURE	RE:					
Bı	idgewater N	J C	8807		INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					(11111/22)	(,22,)	EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000	
	Incl participant							MED EXP (Any one person)	\$ 5,00	00	
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000	
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY								\$ 1,00	00,000	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
Α	AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
									\$		
٨	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE			4000411004740		00/45/0005	00/45/0000	EACH OCCURRENCE	\$ 2,00	00,000	
Α	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	0 101. Additional Remarks Schedu	ile. mav b	e attached if mor	e space is requir	ed)			
	verage is provided under these policies								d.		
		•									
CE	RTIFICATE HOLDER				CANO	ELLATION					
	North Brunswick Baseball Assoc P.O. Box 7805				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.			
	PO BOX 6019				AUTHO	RIZED REPRESE	NTATIVE				
	North Brunswick	NJ	O8	3902			DR.	assess Duffy			



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	ZITICI II	ignio to the			
	DUCER				CONTA NAME:	ст Cathy	Fonseca						
R	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):					
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp						
							SURER(S) AFFOR	DING COVERAGE	(A/C, No): E				
C	nton I	4 5	2733	<u> </u>	INSURE		el Insurance C						
INSU	RED				INSURE			, ,					
Bı	dgewater Baseball, etal				INSURE								
C	O Diane Bellinger				INSURE								
Ρ.	O. Box 6222				INSURE								
В	dgewater	IJ (8807		INSURE								
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	•				
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(INIM/DD/TTTT)			00.000			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)					
	Incl participant							,	•	-			
Α	=			8502AH027228		06/15/2025	06/15/2026	(, , - ,	• •				
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	•			
	POLICY PRO- LOC									,			
	OTHER:												
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT					
	ANY AUTO							` '	\$,			
Α	ALL OWNED SCHEDULED AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026		\$				
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$				
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000			
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$				
	DED RETENTION\$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/ A						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.				
CE	RTIFICATE HOLDER				CANC	ELLATION							
CL	THIORIE HOLDER												
	NPPAL/NPGL				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.					
	P.O. Box 681				AUTHO	RIZED REPRESE	NTATIVE						
	New Providence	N.	J 07	'974									
					I		SIR	esseet Julan					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)	·							.g		
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca						
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@r	osins.com					
							SURFR(S) AFFOR	## PROPERTY DAMAGE STATUTE STATU					
CI	nton IA	۸ 5	2733		INSURE								
INSU	RED				INSURE								
Br	dgewater Baseball, etal				INSURE								
C/	O Diane Bellinger												
	O. Box 6222				INSURE								
		IJ C	8807		INSURE								
	3			NUMBER:	INSURE	:K F :		DEVISION NUM	MDED:				
					VF RFF	N ISSUED TO				IF POI	ICY PERIOD		
IN C	DICATED. NOTWITHSTANDING ANY RE	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	8			
	COMMERCIAL GENERAL LIABILITY	IIIOD	11112			(,	(,	EACH OCCURREN	CE	\$ 1,00	00,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	• •	-		
	Incl participant							,		•	-		
Α	 			8502AH027228		06/15/2025	06/15/2026		· /				
	GEN'L AGGREGATE LIMIT APPLIES PER:										-		
	POLICY PRO-										-		
	OTHER:												
	AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT				
	ANY AUTO								er person)		20,000		
Α	ALL OWNED SCHEDULED							BODILY INJURY (Pe	er accident)	\$			
, ,	AUTOS AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$			
	HIRED AUTOS AUTOS							(Per accident)					
	UMBRELLA LIAB V OCCUR							EACH OCCUPPEN	CE	\$ 2.00	00 000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026				30,000		
,	DED RETENTION\$					00/10/2020	00/10/2020	AGGINEGATE					
	WORKERS COMPENSATION							PER		Ψ			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							1		•			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A											
	If yes, describe under DESCRIPTION OF OPERATIONS below												
	DESCRIPTION OF OFERATIONS BEIOW							E.E. DIOLAGE - I OL	LIOT LIMIT	Ψ			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)					
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of t	he named ins	ured for whic	h a premium has	s been pai	d.			
CE	RTIFICATE HOLDER				CANO	ELLATION							
						-							
	MYBSA SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
	CO Tangent Band				L	OKDANCE WI		KUVISIUNS.					
	66 Tennent Road				AUTHO	RIZED REPRESE	NTATIVE						
	Morganville	ŊJ	07	751			\bigcirc 0	Comme					
	1				AUTHORIZED REPRESENTATIVE Russeled Luffry								



DATE (MM/DD/YYYY) 6/5/2025

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.

		Rollinger Sports & Leisure PHONE (CT) 201 240 4									
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							SURER(S) AFFOR	DING COVERAGE		NAIC #	
CI	nton I	A 5	2733	<u> </u>	INSURE		el Insurance C			38970	
INSU	RED				INSURE			, ,			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Ві	idgewater 1	NJ (8807		INSURE						
СО	VERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT	2		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
	Incl participant							MED EXP (Any one person)	\$ 5.00	-	
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	•	
	POLICY PRO- DECT LOC								\$ 1,00	,	
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT	\$ 1,00		
	ANY AUTO							BODILY INJURY (Per person)	\$.,	
Α	ALL OWNED SCHEDULED AUTOS			0500 111007000		06/45/2025	06/45/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$		
	H 10103							(i di doldoni)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	" ^						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.		
						NELL ATION					
CE	TIFICATE HOLDER CANCELLATION										
	Mt. Olive Baseball & Softball As	socia	tion		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
	P.O. Box 682				AUTHO	RIZED REPRESE	NTATIVE				
	Budd Lake	N.	J 07	7828				-			
					I		SIR	esselet July			



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								ge 10e		
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca						
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com					
						INS	URER(S) AFFOR	DING COVERAGE			NAIC #		
CI	nton IA	. 5	2733	ı	INSURE	RA: *Marke	el Insurance (Company			38970		
INSU	RED				INSURE	R B :							
Br	dgewater Baseball, etal				INSURE	R C :							
C/	O Diane Bellinger				INSURE	:R D :							
Ρ.	O. Box 6222				INSURE	RE:							
Br	dgewater N	J	8807		INSURE								
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:				
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH D HEREIN IS SU	H RESPEC	OT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	5			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE	\$ 1,00	00,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi		\$ 100	,000		
	Incl participant							MED EXP (Any one		\$ 5,00	00		
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV	INJURY	\$ 1,00	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO	GATE	\$ 3,00	00,000		
	POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$ 1,00	00,000		
	OTHER:							Abuse/Mol		\$ 1M/	2M		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT	\$ 1,00	00,000		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$			
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe	er accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS			0002711027220		00/13/2023	00/13/2020	PROPERTY DAMAG (Per accident)	GE	\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$			
	DED RETENTION\$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$			
	(Mandatory in NH)	117.7						E.L. DISEASE - EA	EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (CORD	D 101. Additional Remarks Schedu	ıle. mav b	e attached if mor	e space is requir	' 'ed)					
	verage is provided under these policies	•		•				,	s been pai	d.			
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	/ .								
CE	RTIFICATE HOLDER				CANO	ELLATION							
	Monroe Township Baseball Assoc SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
	PO BOX 7370				AUTHO	RIZED REPRESE	NTATIVE						
	Monroe Township	N.	08	3831									
	1				AUTHORIZED REPRESENTATIVE Russelet Juffang								



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.9		
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca						
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@r	osins.com					
							SURFR(S) AFFOR	DING COVERAGE			NAIC #		
CI	nton IA	۸ 5	2733	j	INSURE		el Insurance (38970		
INSU	RED				INSURE								
Br	dgewater Baseball, etal				INSURE								
C/	O Diane Bellinger												
	O. Box 6222				INSURE								
		IJ C	8807	•	INSURE								
	3			NUMBER:	INSURE	:K F :		REVISION NUM	MDED:				
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IF POI	ICY PERIOD		
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	8			
	COMMERCIAL GENERAL LIABILITY	IIIOD	1112			(,	(,	EACH OCCURRENCE	CE	\$ 1,00	00,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 100	-		
	Incl participant							MED EXP (Any one		\$ 5,00	-		
Α	=			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV			00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000		
	POLICY PRO-							PRODUCTS - COM			00,000		
	OTHER:							Abuse/Mol		\$ 1M/			
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)			00,000		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	30,000		
Α	ALL OWNED SCHEDULED							BODILY INJURY (Pe	er accident)	\$			
, ,	AUTOS AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$			
	HIRED AUTOS AUTOS							(Per accident)		\$			
	UMBRELLA LIAB V OCCUR							EACH OCCURRENC	CE	\$ 2.00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	OL	\$ 2,0	50,000		
,	DED RETENTION\$			4002/11024710		00/10/2020	00/10/2020	AGGILGATE		\$			
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I					
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$			
	DESCRIPTION OF OFERATIONS BEIOW							E.E. DIOLAGE - I GE	LIOT LIMIT	Ψ			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)					
Co	verage is provided under these policies	only	for sp	onsored/supervised activity	ties of tl	he named ins	ured for whic	h a premium has	s been pai	d.			
CE	RTIFICATE HOLDER				CANO	ELLATION							
	Monroe Township SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN												
					^	CADANCE WI	III INE POLIC	CY PROVISIONS.					
	1 Municipal Plaza				AUTHO	RIZED REPRESE	NTATIVE						
	Monroe Township	NJ	08	3831				. 7					
	1				AUTHORIZED REPRESENTATIVE Russele Duffy								



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I.	A 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ (8807		INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(IVIIVI/DU/TTTT)	(INIM/DD/TTTT)		\$ 1,00	00.000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	-
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	(, , - ,	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	
	POLICY PRO- PRO- LOC								\$ 1,00	
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0002/11/02/220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•						•		
	verage is provided under these policies	Offic	101 St	onsored/supervised activit	iles oi ti	ne nameu ins	urea for which	i a premium nas been pai	u.	
CE	RTIFICATE HOLDER				CANC	TELL ATION				
CE	TIFICATE HOLDER CANCELLATION									
	Montgomery Baseball League				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	PO BOx 431				AUTHO	RIZED REPRESE	NTATIVE			
	Belle Mead	N.	J 08	3502						
					I		SIR	esseet Julan		



DATE (MM/DD/YYYY) 6/5/2025

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.

		Rollinger Sports & Leisure PHONE (CT) 201 2424									
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							SURER(S) AFFOR	DING COVERAGE		NAIC #	
CI	nton I	A 5	2733		INSURE		el Insurance C			38970	
INSU	RED				INSURE			, ,			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Ві	idgewater I	NJ (8807		INSURE						
СО	VERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT	2		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	00 000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
	Incl participant							MED EXP (Any one person)	\$ 5.00	-	
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00		
	POLICY PRO- DECT LOC								\$ 1,00	•	
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT	\$ 1,00		
	ANY AUTO							BODILY INJURY (Per person)	\$,	
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		06/45/2025	06/45/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$		
	H AUTOS							(i di addident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$,	
	DED RETENTION \$	1							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	11						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies							•	d.		
					0.111						
CE	RTIFICATE HOLDER CANCELLATION										
	Mid State Girls Softball League				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
	639 Fox Farm Road				AUTHO	RIZED REPRESE	NTATIVE				
	Asbury	N.	J 08	3802							
				I		OR.	esself Julan				



DATE (MM/DD/YYYY) 6/5/2025

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.

		Rollinger Sports & Leisure PHONE (CT) 201 2424									
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #	
CI	nton I	4 5	2733	j	INSURE		el Insurance C			38970	
INSL	RED				INSURE			. , . ,			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Bı	idgewater 1	JJ (8807	,	INSURE						
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP	LIMITS			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100		
	Incl participant							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5.00	-	
Α	iner par ner par n			8502AH027228		06/15/2025	06/15/2026	(, , ,	\$ 1,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00		
	POLICY PRO- LOC								\$ 1,00	,	
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT	\$ 1,00		
	ANY AUTO							(Ed docident)	\$	30,000	
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		00/45/0005	00/45/0000		\$		
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$		
	H AUTOS								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00.000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$,	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N. / A							\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies							•	d.		
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Mid State Girls Softball League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
	639 Fox Farm Road				AUTHO	RIZED REPRESE	NTATIVE				
	Abury	N.	30 ا	3802							
				1		S)Ri	esseet Julan				



DATE (MM/DD/YYYY) 6/5/2025

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.

		Rollinger Sports & Leisure PHONE (CT) 201 2424									
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #	
CI	nton I.	A 5	2733	j	INSURE		el Insurance C			38970	
INSL	RED				INSURE			, , ,			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Bı	idgewater N	IJ (8807	,	INSURE						
	•	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD	
١N	DICATED. NOTWITHSTANDING ANY RI	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPEC	TO T	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	ALL 1	THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP	LIMIT	•		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED			
								PREMISES (Ea occurrence)	\$ 100	-	
٨	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one person)	\$ 5,00		
Α	-	ľ		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV INJURY	\$ 1,00	,	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	,	
	POLICY PRO- LOC								\$ 1,00		
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 1,00	00,000	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
Α	AUTOS AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
									\$		
	UMBRELLA LIAB COCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION \$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.		
Th	e certificate holder is named as an addi	tional	incur	red under the liability policy	,						
	e certificate fiologi is fiamed as all addi	lioriai	iiisui	ca ander the hability policy	•						
CE	RTIFICATE HOLDER				CANC	ELLATION					
<u>CL</u>	TIFICATE HOLDER CANOLILATION										
	Middletown Grange #684				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
	576 Penns Park Rd				AUTHO	RIZED REPRESE	NTATIVE				
	Wrightstown	PA	18	3940							
					I		S)R.	esselet Julan			



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	gins to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I.	A 5	2733	j	INSURE		el Insurance C			38970
INSU	RED				INSURE			, , ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807		INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	00 000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	-
Α	H			8502AH027228		06/15/2025	06/15/2026	(, , - ,	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	
	POLICY PRO- DECT LOC								\$ 1,00	•
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT	\$ 1,00	
	ANY AUTO							` '	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0502A11021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER			1	CANO	ELLATION				
	Metuchen Little League				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	Oakland Ave				AUTHO	RIZED REPRESE	NTATIVE			
	Metuchen	N.	J 08	3840						
					I		SR.	esselet July		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		1401361	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
С	nton L	۹ 5	2733		INSURE		el Insurance C			38970
INS	RED				INSURE			, ,		
В	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807		INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REETIFICATE MAY BE ISSUED OR MAY KOLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MIM/DD/TTTT)	(MIM/DD/TTTT)		\$ 1,00	00.000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	-
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	(, , - ,	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	
	POLICY PRO- LOC								\$ 1,00	00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			00027111021220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC EVERAGE is provided under these policies								d	
	verage is provided under these policies	Offig	101 35	onsored/supervised activit	.163 01 11	ie nameu ms	uleu ioi wilici	r a premium nas been par	u.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Metuchen Board of Education SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	16 Simpson Place				AUTHO	RIZED REPRESE	NTATIVE			
	Metuchen	N.	J 08	3840			\bigcirc	uselet July		
					ı		>/Ke	wallet tellow		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	3 certificate does flot ce	ing i	ignits to the	
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #	
C	inton I.	A 5	2733	j	INSURE		el Insurance C			38970	
INSU	RED				INSURE			. , . ,			
Ві	idgewater Baseball, etal				INSURE						
C	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
В	idgewater N	IJ (8807	,	INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIESTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS	
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS	2		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
	Incl participant							, ,	\$ 5.00		
Α	H			8502AH027228		06/15/2025	06/15/2026	(, , ,	• •	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	00,000	
	POLICY PRO- DECT LOC									00,000	
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT		00,000	
	ANY AUTO							(Ed docident)	\$,	
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		06/45/2025	06/45/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$		
	H 10103								\$		
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A							\$		
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies							•	d.		
CE	RTIFICATE HOLDER			1	CANC	ELLATION					
	Matawan Aberdeen Babe Ruth	₋eagı	ıe		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.			
	51 Middlesex Road				AUTHO	RIZED REPRESE	NTATIVE				
	Matawan	N.	J 07	<i>'</i> 747							
					I		OR.	esseet Julan			



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	ment. A stat	ement on th	is certificate does flot co	/IIICI II	gins to the
	DUCER		• ,		CONTA NAME:	CT Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I.	۹ 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807		INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR		522.11	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(MIM/DD/TTTT)		\$ 1,00	00.000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5.00	-
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	
	POLICY PRO- PRO- LOC								\$ 1,00	•
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			00027111021220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$							DED DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC EVERAGE is provided under these policies							•	d.	
	TIFICATE HOLDER CANCELLATION									
CE	RTIFICATE HOLDER			1	CANC	ELLATION				
	Marlboro Baseball							ESCRIBED POLICIES BE CA		
	C/O Charles DeSanno							EREOF, NOTICE WILL E BY PROVISIONS.	E DEI	LIVEKED IN
					<u> </u>					
	37 Petra Drive				AUTHO	RIZED REPRESE	NTATIVE			
	Morganville	N.	07	7751			OR.	esself July		



DATE (MM/DD/YYYY) 6/5/2025

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.

	le terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A Stat	ement on th	is certificate does not co	onter r	gnts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp			
					ADDICE		<u> </u>	DING COVERAGE		NAIC #
CI	inton IA	. 5	2733	<u> </u>	INSURE	48.4 1	el Insurance C			38970
INSL	RED				INSURE			- Cpuy		
Br	idgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
P.	O. Box 6222				INSURE					
Bı	idgewater N	J 0	8807	,	INSURE					
	•	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE									
	ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL I	HE TERMS,
INSR		ADDL	SUBR		522.11	POLICY EFF (MM/DD/YYYY)		LIMIT	<u> </u>	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIW/DD/TTTT)	(IMIM/DD/TTTT)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence)	\$ 5,00	
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one person)	\$ 1,00	
, ,	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 3,00	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	
									\$ 1,00	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,00	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	<i>5</i> 0,000
Α	ALL OWNED SCHEDULED							` ' '	\$	
^	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							FACILOCCUPPENCE	\$ 2,00	20,000
Α	H EVOSOULD H OCCOR			4602AH024719		06/15/2025	06/15/2026	EACH OCCURRENCE	· /	<i>5</i> 0,000
^	CLAIWS-WADE			4002/11024719		00/13/2023	00/13/2020	AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	ъ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLICY LIMIT	J.	
Α	Accident Insurance			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000		
, ,	Full Excess					00/10/2020	00,10,20	Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
	verage is provided under these policies								d.	
CF	RTIFICATE HOLDER				CANO	ELLATION				
<u> </u>	THI IOATE HOLDER					<u> </u>				
	Manalapan Recreation Center SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN									
								Y PROVISIONS.		
	120 Rte. 522									
		NJ	I 07	7726	AUTHO	RIZED REPRESE	NTATIVE			
	Manalapan	INJ	07	120			DR.	esself buffy		



DATE (MM/DD/YYYY) 6/5/2025

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.

	le terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	nter r	gnts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp			
					ADDICE		<u> </u>	DING COVERAGE		NAIC #
CI	inton IA	. 5	2733	<u> </u>	INSURE	48.4 1	el Insurance C			38970
INSL	RED				INSURE			- Cpuy		
Br	idgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
P.	O. Box 6222				INSURE					
Bı	idgewater N	J 0	8807	,	INSURE					
	•	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO			IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE									
	ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL I	HE TERMS,
INSR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)		LIMIT		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIW/DD/TTTT)	(IMIM/DD/TTTT)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence)	\$ 5,00	
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one person)	\$ 1,00	
, ,	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 3,00	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	
									\$ 1,00 \$ 1M/	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,00	
								(Ea accident) BODILY INJURY (Per person)	\$	<i>5</i> 0,000
Α	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
А	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB V OCCUR							EAGU GOOURDENOS	\$ 2,00	20,000
Α	H EVOSOO US			4602AH024719		06/15/2025	06/15/2026	EACH OCCURRENCE		<i>5</i> 0,000
٨	CLAIWS-WADE			4002AFI0247 19		00/13/2023	00/13/2020	AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								•	
	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If ves, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000		
٨	Full Excess			102/11240704		00/13/2023	00/10/2020	Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD) 101. Additional Remarks Schedu	le. mav b	e attached if mor	e space is requir	ed)		
	verage is provided under these policies								d.	
	ů .	,		,						
CE	RTIFICATE HOLDER				CANO	ELLATION				
CE	TIFICATE HOLDER				CAN	ELLATION				
	Manalapan Baseball and Softball Association SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN									
								Y PROVISIONS.		
	120 Freehold Rd									
		NJ	I 07	7726	AUTHO	RIZED REPRESE	NTATIVE			
	Manalapan	INJ	07	120			DR.	esself reffer		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	ignis to the			
	DUCER				CONTA NAME:	ст Cathy	Fonseca						
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):					
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp						
					7.22.1.2		URER(S) AFFOR	DING COVERAGE	FAX (A/C, No):				
C	inton I.	A 5	2733	<u> </u>	INSURE		el Insurance C						
INSU	RED				INSURE			, , ,					
Ві	idgewater Baseball, etal				INSURE								
C	O Diane Bellinger				INSURE								
Ρ.	O. Box 6222				INSURE								
В	idgewater N	IJ (8807	,	INSURE								
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS			
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS					
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			 ეე ეეე			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED					
	Incl participant							, , ,	•				
Α	H — —			8502AH027228		06/15/2025	06/15/2026	() /	· /				
	GEN'L AGGREGATE LIMIT APPLIES PER:								· /				
	POLICY PRO- DECT LOC								• •	•			
	OTHER:												
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT					
	ANY AUTO							` '	\$				
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$				
	HIRED AUTOS NON-OWNED AUTOS			0502711021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$				
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000			
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$				
	DED RETENTION\$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$				
	(Mandatory in NH)	,,,						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.				
CE	RTIFICATE HOLDER CANCELLATION												
	Long Valley Baseball Club C/O Tony DeMartino				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.					
	P.O. Box 364				AUTHO	RIZED REPRESE	NTATIVE						
	Long Valley	N.	J 07	7853			DR.	usself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	s certificate does flot ct	ZITICI II	ignio to the					
	DUCER				CONTA NAME:	ст Cathy	Fonseca								
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):							
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp								
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #					
CI	nton I	A 5	2733	<u> </u>	INSURE		el Insurance C			38970					
INSL	RED				INSURE			. , . ,							
Br	dgewater Baseball, etal				INSURE										
C/	O Diane Bellinger				INSURE										
Ρ.	O. Box 6222				INSURE										
Bı	dgewater 1	1J (8807	,	INSURE										
	•	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:							
	IIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD					
١N	DICATED. NOTWITHSTANDING ANY RI	EQUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	OCUMENT WITH RESPEC	TO T	WHICH THIS					
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL I	HE TERMS,					
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		522.11	POLICY EFF	POLICY EXP	LIMITS	2						
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000					
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100						
	Incl participant							PREMISES (Ea occurrence)	\$ 5.00	-					
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	() = = = = = /	\$ 1,00						
٨									\$ 3,00	•					
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC									,					
									\$ 1,00						
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1M/ \$ 1,00						
								(Ed docident)	\$ 1,00	00,000					
^	ANY AUTO SCHEDULED							` ' '	\$						
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	DDODEDT// DAMAGE	\$						
	HIRED AUTOS AUTOS							(Per accident)	\$						
	UMBRELLA LIAB								-	22.222					
	H								\$ 2,00	00,000					
Α	EXCESS LIAB CLAIMS-MADE	-		4602AH024719		06/15/2025	06/15/2026		\$						
	DED RETENTION \$ WORKERS COMPENSATION								\$						
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$						
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE							
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$						
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)							
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.						
CF	TIFICATE HOLDER CANCELLATION														
<u> </u>	CHI IOATE HOLDER					<u> </u>									
	Long Island Prospects Danielle	Rosa	no Ch	narity Tourn	THE	EXPIRATION	N DATE THE								
	9 Somerset Lane				AUTHO	RIZED REPRESE	NTATIVE								
	Setauket	N١	/ 11	733											
					l		DR.	esseet Julan							



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	nter r	gnts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton IA	5 ۸	2733		INSURE	48.4 1	el Insurance C			38970
INSL	RED				INSURE	RB:				
Br	dgewater Baseball, etal				INSURE	R C :				
C/	O Diane Bellinger				INSURE	RD:				
Ρ.	O. Box 6222				INSURE	RE:				
Br	idgewater N	J C	8807	,	INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY					(11111/22)	(, 22,)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
	Incl participant							MED EXP (Any one person)	\$ 5,00	00
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:								\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	` /	\$	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N							STATUTE ER		
		N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL							•		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of t	he named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANC	CELLATION				
	Long Hill Township Baseball Softball League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	P.O. Box 331				AUTHO	RIZED REPRESE	NTATIVE			
	Stirling	NJ	07	7980						
						SIR	essele Duffy			



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.g	
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca					
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathor	_Fonseca@rp	osins.com	(,,-			
							SURER(S) AFFOR	DING COVERAGE			NAIC #	
CI	nton IA	٠ 5	2733	i	INSURE		el Insurance (38970	
INSU	RED				INSURE			' '				
Br	dgewater Baseball, etal				INSURE							
C/	O Diane Bellinger				INSURE							
Р.	O. Box 6222				INSURE							
Br	idgewater N	J C	8807	,	INSURE							
	3			NUMBER:	INSURE	жг.		REVISION NUM	MRFR:			
	HIS IS TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO				IF POI	ICY PERIOD	
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS	
INSR LTR		ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(WW/DD/TTTT)	(WWW/DD/TTTT)	EACH OCCURREN			00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	\$ 100		
	Incl participant							PREMISES (Ea occi		\$ 5,00		
Α	mor participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /		00,000	
, ,	OFAIL ACCRECATE LIMIT APPLIES DED.							PERSONAL & ADV			00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREC			00,000	
								PRODUCTS - COMI Abuse/Mol		\$ 1,00		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT		00,000	
								(Ea accident) BODILY INJURY (Pe		\$	30,000	
٨	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$		
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG	´	\$		
	HIRED AUTOS AUTOS							(Per accident)		\$		
	UMBRELLA LIAB										20,000	
Α	H			4602411024740		06/45/2025	06/45/2026	EACH OCCURREN			00,000	
٨	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							1		Φ.		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA		\$		
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POL	LICT LIMIT	φ		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACORE	101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	ed)				
Co	verage is provided under these policies	only	for sp	onsored/supervised activity	ties of tl	he named ins	ured for whic	h a premium has	s been pai	d.		
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>1</i> .							
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
CE	RTIFICATE HOLDER				CANO	CELLATION						
	Little League Baseball Inc.				THE	EXPIRATION	N DATE THE	ESCRIBED POLICE				
					ACC	OKDANCE WI	TH THE POLIC	Y PROVISIONS.				
	P.O. Box 3485				AUTHO	RIZED REPRESE	NTATIVE					
	Williamsports	P/	17	⁷ 701				_				
	1				DRusselet Duffey							



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.9	
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca					
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(
							URER(S) AFFOR	DING COVERAGE			NAIC #	
CI	nton IA	۸ 5	2733	}	INSURE		el Insurance (38970	
INSU	RED				INSURE			' '				
Br	dgewater Baseball, etal				INSURE							
C/	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
Br	idgewater N	IJ C	8807	,	INSURE							
	<u> </u>	TIFIC	ATE	NUMBER:	INOUNE			REVISION NUM	MBFR:			
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD	
	DICATED. NOTWITHSTANDING ANY RE											
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUI	BJECT TC	ALL 7	THE TERMS,	
INSR		ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP		1 18417			
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20,000	
								EACH OCCURRENT DAMAGE TO RENT	ED	• •	00,000	
	CLAIMS-MADE CCCUR							PREMISES (Ea occu		\$ 100	-	
_	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	. /	\$ 5,00		
Α		'		0302/11027220		00/13/2023	00/13/2020	PERSONAL & ADV			00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000	
	POLICY PRO- LOC							PRODUCTS - COMP			00,000	
	OTHER:							Abuse/Mol COMBINED SINGLE	TIMALL	\$ 1M/		
	AUTOMOBILE LIABILITY							(Ea accident)			00,000	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$		
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe		\$		
	HIRED AUTOS AUTOS							(Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$ 2,00	00,000	
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$		
	Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000			
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250				
DEC	COURTION OF OREDATIONS / LOCATIONS / VEHICL	FC //	CODD	And Additional Demants Cabada				٠, ٩١				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Verage is provided under these policies							•	heen nai	Ч		
	verage is provided under these policies	Office	101 0	70113010a/3aporvioca aotivi		no named mo	area for write	ir a promium nao	been pai	u.		
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	/ .							
CE	RTIFICATE HOLDER				CANC	ELLATION						
					l sho	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED BEFORE	
	Kid2pro Sports				THE	EXPIRATION	N DATE THE	EREOF, NOTICE				
					ACC	OKDANCE WI	IH IHE POLIC	Y PROVISIONS.				
	15 Arlington Avenue				AUTHO	RIZED REDDESE	NTATIVE					
	Kearny	N.	07	7032	~~~	ED NEFNESE		_				
	1				AUTHORIZED REPRESENTATIVE Russeled Luffey							



DATE (MM/DD/YYYY) 6/5/2025

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.

PRODUCTS RPS Bollinger Sports & Leisure P.O. Box 4162 Collision IA 52733		ertificate holder in lieu of such endor				140136	mont. A stat	ement on th	is certificate does flot co	, inci i	ignio to the
RPS Bollinger Sports & Leisure						CONTA NAME	ст Cathy	Fonseca			
P.O. Box 4162 Clinton IA 52733 MISURER A: 'Markel Insurance Company 38970 MISURER B: MISURER B: 'Markel Insurance Company 38970 MISURER B: MISURER B: MISURER B: 'Markel Insurance Company 38970 MISURER B: MISUR	R	PS Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FAX (A/C, No):		
NSURER A: MARKE Insurance Company S8970 S897	P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
Subject of Company Subject of Subject of Company Subject of Company Subject of Subject of Subject of Company Subject of Subje						7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
NSUMER 9: NSUM 9: NSUMER 9: NSUMER 9: NSUMER 9: NSUMER 9: NSUMER 9: NSUM 9: NSUMER 9: NSUMER 9: NSUM 9: NSUMER 9: NSUM 9: NSUM 9:	С	inton I.	A 5	2733	j	INSURE					
Bridgewater Baseball, red	INSU	RED							, , ,		
MSURER 0: MSU	В	idgewater Baseball, etal									
P.O. Dox 6222 Sindgewater NJ 08807 REVISION NUMBER: REVISION NUMBER: REVISION NUMBER	C,	O Diane Bellinger									
Bridgewater N. 0 0807 COVERAGES CERTIFICATE HUNBER: THIS IS TO GERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ADONE FOR THE POLICY PERIOD MINICATED. NOTWITHSTANDING ANY PECULIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ADONE FOR THE POLICY PERIOD MINICATED. NOTWITHSTANDING ANY PECULIES OF INSURANCE APPROPED BY THE POLICIES OF SCRIEBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITION OF OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN DEBUGGED BY ADDICAMS. COMMERCIAL GENERAL LIBRILYTY MARCH 1990 MINICATED	Ρ.	O. Box 6222									
THIS IS TO CERTIFY THAT THE POLICE'S OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER: THIS IS TO CERTIFY THAT THE POLICE'S OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. THE TYPE OF INSURANCE AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY NUMBER: THE TYPE OF INSURANCE AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY NUMBER: THE TYPE OF INSURANCE AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY NUMBER: THE TYPE OF INSURANCE AND CLAIMS. THE TYPE	В	idgewater N	IJ (8807	,						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. REVER TYPE OR INSURANCE AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. REVER TYPE OR INSURANCE AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. REVER TYPE OR INSURANCE AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. REVER TYPE OR INSURANCE AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. REVER TYPE OR INSURANCE AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. RECOMMERCIAL GREENAL LIBRARY BY BY AND CLAIMS HAVE BEEN REDUCED BY PAID CLAIMS. RECOMMERCIAL GREENAL LIBRARY BY BY AND CLAIMS. RECOMMERCIAL GREENAL LIBRARY BY BY AND CLAIMS. RECOMMENDED AND CONTROL OF STANDARD BY AND CLAIMS. REVER TYPE OR INSURANCE AND CLAIMS. RECOMMENDED AND CLAIMS. REVER TYPE OR INSURANCE AND CLAIMS. REVER TYPE OR SURVEY BY AND CLAIMS. RECOMMENCED AND CLAIMS. RECOMMENDED AND CLAIMS. RECOMMENDED AND CLAIMS	СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
NESS TYPE OF INSURANCE INSU WY POLICY NUMBER POLICY PRO MINDOPYTY	IN C	DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
CANDERCIAL GENERAL LIABILITY CANDERCIANS MADE			ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT		
A GENERAL ALGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMPTON AND EMPLOYED	LIK		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			20,000
Incl participant									DAMAGE TO RENTED		
A GENLA AGGREGATE LIMIT APPLIES PER: POLICY RECT LOC LOC LOC PRODUCTS : COMPION PAGE \$ 1,000,000									,	•	-
GENL AGGREGATE LIMIT APPLIES PER: POLICY POLICY POLICY DOC	Α	H			8502AH027228		06/15/2025	06/15/2026	() = = = = = ,	· /	
PRODUCTS - COMPION AGE \$ 1,000,000 OTHER: AUTOMOBILE LABRITY ANY AUTO ALLOWNED AUTOS HIRE AUTOS AUTOMOBILE AUTONS AUTOMOBILE AUTOS AUTOMOBILE AUTONS AUTOMOBILE		GEN'I AGGREGATE LIMIT APPLIES PER								· /	
A AUTHORIEL LABILITY A ALTOMOSILE LIABILITY A ALTOMOSIC LIABILITY A ACCORDANCE WITH THE POLICY PROVISIONS. A CCICATON A ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE A DECINE MICROSIC LIABILITY A ALTOMOSIC LIABILITY A ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE A ACHOCCURRENCE S LACHELLED BEFORE THE EXPIRATION DATE THERCOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE										• •	
AUTOMOBILE LIABILITY A ANY AUTO ANY AUTOS ANY AUTOS AU											
A COVERING BOOLY NUMBER AUTON		·							COMBINED SINGLE LIMIT		
A ALCOWNED ANTOS A		ANY AUTO							` '	\$	
HIRED AUTOS AUTOS AUTOS SOCIEDAD AUTOS SOCIEDAD AUTOS SOCIEDAD AUTOS SOCIEDAD SOCIED	Α	ALL OWNED SCHEDULED AUTOS			85024H027228		06/15/2025	06/15/2026		\$	
UMBRELLA LIAB		NON-OWNED			0502A11021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
A V EXCESS LIAB CLAIMS-MADE CAMPORATIONS AGGREGATE SUBSTRICT STATUTE S									,	\$	
WORKERS COMPENSATION AND EMPLOYERS' LUBILITY ANY PROPRIETOR/PARTISER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Kid2Pro Sports LLC Newark Bears 450 Broad Street Newark N. I. 07102		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
WORKERS COMPENSATION AND EMPLOYERS LIABILITY AND PROPRIETOR PARTINER/EXECUTIVE OFFICE MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Kid2Pro Sports LLC Newark Bears 450 Broad Street Newark N.J. 07102 PERTATUTE OTH EL. EACH ACCIDENT S EL. DISEASE - EA EMPLOYEE S EL. DISEASE - POLICY LIMIT S EL. DISEASE - POLICY LIMIT S EL. DISEASE - POLICY LIMIT	Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / DEATHCREEK (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Kid2Pro Sports LLC Newark Bears ASD Broad Street Newark N.J. 07102		DED RETENTION \$								\$	
A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CANCELLATION CANCELLATION CANCELLATION 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 Newark		AND EMPLOYEDS! LIABILITY							STATUTE OTH-		
Mandatory in NH) Hyes, describe under DESCRIPTION OF OPERATIONS below 4102AH240784 06/15/2025 06/15/2026 Med pay \$100,000 Ded \$250 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Kid2Pro Sports LLC Newark Bears Kid2Pro Sports LLC Newark Bears AUTHORIZED REPRESENTATIVE E.L. DISEASE - POLICY LIMIT \$ Med pay \$100,000 Ded \$250 Med pay \$100,000 Ded \$250 CERTIFICATE in more space is required) 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		(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
A Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER 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. 450 Broad Street Newark N.I. 07102		DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Certificate Holder Kid2Pro Sports LLC Newark Bears Kid2Pro Sports LLC Newark Bears A50 Broad Street Newark N.J. 07102 Certificate Holder 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	Α				4102AH240784		06/15/2025	06/15/2026			
CERTIFICATE HOLDER Kid2Pro Sports LLC Newark Bears Kid2Pro Sports LLC Newark Bears 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			•						•	d.	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 450 Broad Street Newark N.J. 07102		,	,		,						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 450 Broad Street Newark N.J. 07102											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 450 Broad Street Newark N.J. 07102											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 450 Broad Street Newark N.J. 07102											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 450 Broad Street Newark N.J. 07102											
Kid2Pro Sports LLC Newark Bears THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 450 Broad Street Newark N.I. 07102	CE	RTIFICATE HOLDER CANCELLATION									
Newark N.J. 07102		Kid2Pro Sports LLC Newark Bea	ars			SHO THE	ULD ANY OF TEXPIRATION	N DATE THE	REOF, NOTICE WILL B		
Newark NJ 07102		450 Broad Street				AUTHO	RIZED REPRESE	NTATIVE			
		Newark	N	J 07	′102			$\bigcirc \varrho$.	maneel		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I.	A 5	2733	j	INSURE		el Insurance C			38970
INSU	RED				INSURE			, , ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ (8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMITS	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	-
Α	H			8502AH027228		06/15/2025	06/15/2026	(, , - ,	• •	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	00,000
	POLICY PRO- DECT LOC									00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT		00,000
	ANY AUTO							` '	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0502A11021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for which	n a premium has been pai	d.	
CE	ERTIFICATE HOLDER CANCELLATION									
	Just Cerbo Sports				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	P.O. Box 302				AUTHO	RIZED REPRESE	NTATIVE			
	Montville	N.	J 07	7045						
					I		SR.	esseet Julan		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the			
	DUCER				CONTA NAME:	ст Cathy	Fonseca						
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):					
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp						
							SURER(S) AFFOR	DING COVERAGE	FAX (A/C, No):				
C	inton I	A 5	2733	,	INSURE		el Insurance C						
INSU	RED				INSURE			, ,					
Bı	idgewater Baseball, etal				INSURE								
C	O Diane Bellinger				INSURE								
Ρ.	O. Box 6222				INSURE								
В	idgewater 1	JJ C	8807	,	INSURE								
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS			
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	I IMIT	•				
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(INIM/DD/TTTT)			00.000			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)					
	Incl participant							MED EXP (Any one person)	•	-			
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	• •				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	· ·	•			
	POLICY PRO- LOC									,			
	OTHER:												
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT					
	ANY AUTO							BODILY INJURY (Per person)	\$,			
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$				
	HIRED AUTOS NON-OWNED AUTOS			0502AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$				
								(i or addiadiny	\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000			
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$				
	DED RETENTION\$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	17.5						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.				
CE	TIFICATE HOLDER CANCELLATION												
	Jewish Community Center				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.					
	775 Talamini Road				AUTHO	RIZED REPRESE	NTATIVE						
	Bridgewater	IL	90	3807									
					l		SIR	esself Julan					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
С	inton I.	A 5	2733	j	INSURE		el Insurance C			38970
INS	RED				INSURE			, , ,		
В	idgewater Baseball, etal				INSURE					
C,	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ (8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	-
Α	H			8502AH027228		06/15/2025	06/15/2026	(, , - ,	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	
	POLICY PRO- DECT LOC								\$ 1,00	
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT	\$ 1,00	
	ANY AUTO							` '	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0502A11021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	,,,						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICO								d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Jefferson Softball Inc.				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	P.O. Box 2621				AUTHO	RIZED REPRESE	NTATIVE			
	Oak Ridge	N.	J 07	7438	Rusself Julan					
		110 07438					- Ke	wallet tellow		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		ement on th	is certificate does flot com	er rigints to the			
PRC	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124	FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp	· · · · · ·		
							SURER(S) AFFOR	DING COVERAGE	NAIC #	
С	inton I	A 5	2733	!	INSURE		el Insurance C		38970	
INS	IRED				INSURE	R B :				
В	idgewater Baseball, etal				INSURE					
C,	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE	RE:				
В	ridgewater 1	1J (8807	,	INSURE	RF:				
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS	
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS		
LIR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		1,000,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	100,000	
	Incl participant							T TEIMIGE (Ed Cocditionico)	5,000	
A	<u> </u>			8502AH027228		06/15/2025	06/15/2026		1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								3,000,000	
	POLICY PRO- DECT LOC								1,000,000	
	OTHER:								1M/2M	
	AUTOMOBILE LIABILITY								1,000,000	
	ANY AUTO							BODILY INJURY (Per person) \$		
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS			0502AFI021220		00/13/2023	06/13/2026	PROPERTY DAMAGE (Per accident) \$		
								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	2,000,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE \$		
	DED RETENTION\$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	" ^						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
А	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
C	overage is provided under these policies	only	for sp	onsored/supervised activit	ties of t	he named ins	ured for whicl	n a premium has been paid.		
CE	RTIFICATE HOLDER				CANO	ELLATION				
	In the Net Softball Tournaments				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE Y PROVISIONS.		
	798 Airport Rd.				AUTHO	RIZED REPRESE	NTATIVE			
	Palmyra	P/	17	7078						
l					Rusself Julay					



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		naorse	ment. A stat	ement on th	s certificate does not co	nter r	gnts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton IA	5 ۸	2733		INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Br	dgewater N	J C	8807		INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	IIIOD	1110			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5,00	
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:							Abuse/Mol	\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of th	he named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Hopewell Valley Softball				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CARREDF, NOTICE WILL E Y PROVISIONS.		
201 Washington Crossing Rd AUTHORIZED REPRESENTATIVE										
	Titusville	NJ	08	3560						
					Russell Julpy					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		1401361	mont. A stat	ement on th	is certificate does flot co) I I C I I	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	A 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater 1	JJ C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMIT		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	00 000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5.00	-
Α	E			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	•
	POLICY PRO-								\$ 1,00	,
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		06/45/2025	06/45/0006		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
								(i di doldoni)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$,
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of tl	ne named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Hillsborough Little League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	HLL Tournament				AUTHO	RIZED REPRESE	NTATIVE			
	Hillsborough	N	J 08	3844	AUTHORIZED REPRESENTATIVE					
					Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co) I I C I I	ignis to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I	A 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Ві	idgewater 1	JJ C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5.00	
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	• •	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	· ·	00,000
	POLICY PRO- DECT LOC									00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT		00,000
	ANY AUTO							BODILY INJURY (Per person)	\$,
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		06/45/2025	06/45/0006		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
	H 10103							(i di doldoni)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	17.5						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies							•	d.	
						NELL ATION				
CE	RTIFICATE HOLDER			1	CANC	ELLATION				
	Hillsborough Baseball League I	nc.			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	PO Box 6599				AUTHO	RIZED REPRESE	NTATIVE			
	Hillsborough	N.	J 08	3844	AUTHORIZED REPRESENTATIVE					
					Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	gins to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7,22,1,2		URER(S) AFFOR	DING COVERAGE		NAIC #
С	inton l	A 5	2733		INSURE		el Insurance C			38970
INS	RED				INSURE			, ,		
В	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
P.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807		INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP	LIMITS	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	
Α	 	Υ		8502AH027228		06/15/2025	06/15/2026	(, , - ,	· /	00.000
	GEN'L AGGREGATE LIMIT APPLIES PER:								+ ,	00,000
	PRO- JECT LOC								• •	00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY									00,000
	ANY AUTO							,	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of th	ne named ins	ured for which	n a premium has been pai	d.	
Tł	e certificate holder is named as an addi	ional	insur	ed under the liability policy	<i>'</i> .					
CE	RTIFICATE HOLDER				CANO	ELLATION				
Harford County Travel Baseball C/O Glenn Peacher THE EXPIRATION DATE ACCORDANCE WITH THE								ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	2213 Old Emmorton Road				AUTHO	RIZED REPRESE	NTATIVE			
	Bel Air	MI	21	015			\bigcirc 0	Topaco		
					Rusself Duffey					



DATE (MM/DD/YYYY) 6/5/2025

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

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		ndorse	ment. A stat	ement on thi	is certificate does not co	nfer ri	ights to the
_	DUCER		(-/		CONTA NAME:	ст Cathy	Fonseca			
RF	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE		Fonseca@rp			
					7,22,1,2		URER(S) AFFOR	DING COVERAGE		NAIC #
CI	inton IA	A 5	2733		INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			1 7		
Br	idgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE	RD:				
Ρ.	O. Box 6222				INSURE	RE:				
Br	idgewater N	IJ C	8807		INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	3	
	COMMERCIAL GENERAL LIABILITY	IIIOD				(,22,)	(,22,)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO DENITED	\$ 100	
	Incl participant								\$ 5,00	00
Α		Υ		8502AH027228		06/15/2025	06/15/2026		\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:							Abuse/Mol	\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Verage is provided under these policies	•						•	d.	
Th	ne certificate holder is named as an additional insured under the liability policy.									
CE	RTIFICATE HOLDER				CANC	ELLATION				
CE	TIFICATE HOLDER				CANC	ELLATION				
	Hanford County Travel Baseball Foundation C/O J McIlhenney	Uppe	er Che	esapeake Baseball	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	1263 Macton Rd				AUTHORIZED REPRESENTATIVE					
	Street	MI	21	154						
	1				SRusselet Juffang					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	s certificate does flot ct) I I C I I	ignis to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	A 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater 1	1J (8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(INIM/DD/TTTT)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							, ,	\$ 5.00	
Α	Fi			8502AH027228		06/15/2025	06/15/2026	(, , ,	• •	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	00,000
	POLICY PRO- LOC									00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT		00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			00027111021220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.	
CE	RTIFICATE HOLDER			1	CANO	ELLATION				
	Green Brook Baseball Club				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	P.O. Bolx 844				AUTHO	RIZED REPRESE	NTATIVE			
	Green Brook	N١	/ 08	3812	AUTHORIZED REPRESENTATIVE					
							SIR	esselet July		



DATE (MM/DD/YYYY) 6/5/2025

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

	e terms and conditions of the policy, ertificate holder in lieu of such endors				ndorse	ment. A stat	tement on thi	is certificate does not co	nfer ri	ights to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	0-4	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
Cli	nton IA	٠ 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE	R B :				
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE	:R E :				
Br	dgewater	IJ C	8807		INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CI E)	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO DENTED		00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	100	,000
	Incl participant							MED EXP (Any one person)	5,00	00
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	3,00	00,000
	POLICY PRO- LOC									00,000
	OTHER:								§ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)		
Α	ALL OWNED SCHEDULED AUTOS AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	5	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE S	\$	
	DED RETENTION \$, SED (5)	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	§	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	5	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT S	5	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid.									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Green Brook Little League 2012 Baseball Tournament		ral Je	rsey Summer	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BE Y PROVISIONS.		
	Highland St, Marty Wash LL Cor			2040	AUTHORIZED REPRESENTATIVE					
	Green Brook	NJ	30	J812						
	1				Russelet Juffang					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	gins to the	
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #	
C	inton L	A 5	2733	j	INSURE		el Insurance C			38970	
INSU	RED				INSURE			, , ,			
Ві	idgewater Baseball, etal				INSURE						
C	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
В	idgewater N	IJ (8807	,	INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REETIFICATE MAY BE ISSUED OR MAY KOLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS	
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100		
	Incl participant							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5.00		
Α	ino participant	Υ		8502AH027228		06/15/2025	06/15/2026	(, , - ,	· /	00.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								+ ,	00,000	
	POLICY PRO- LOC								• •	00,000	
	OTHER:								\$ 1,00 \$ 1M/		
	AUTOMOBILE LIABILITY									00,000	
	ANY AUTO							,	\$	70,000	
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		00/45/0005	00/45/0000		\$		
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$		
	AUTOS AUTOS								\$		
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2.00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$,	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.		
Th	e certificate holder is named as an addi	ional	insur	ed under the liability policy	<i>'</i> .						
CE	RTIFICATE HOLDER				CANO	ELLATION					
SHOULD ANY OF T								ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.			
	146 Cassell Road				AUTHO	RIZED REPRESE	NTATIVE				
	Haleysville	PA	19)438	AUTHORIZED REPRESENTATIVE						
		177 10-100				Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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

	e terms and conditions of the policy ertificate holder in lieu of such endors				ndorse	ment. A stat	tement on th	is certificate does not confer	rights to the	
_	DUCER		. (-,		CONTA NAME:	ст Cathy	Fonseca			
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE	NAIC #	
Cli	nton I/	1 5	2733	i	INSURE	RA: *Marke	el Insurance C	Company	38970	
INSU					INSURE	RB:				
	dgewater Baseball, etal				INSURE	R C :				
	O Diane Bellinger				INSURE	R D :				
	O. Box 6222				INSURE	RE:				
			8807		INSURE	RF:		DEVICION NUMBER		
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	/E REE	N ISSUED TO		REVISION NUMBER:	JI ICY DEDIOD	
IN CI E)	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ 1. DAMAGE TO RENTED	,000,000	
	CLAIMS-MADE CCCUR							PREMISES (Ea occurrence) \$ 10	00,000	
	Incl participant	Υ		0500411007000		00/45/0005	00/45/0000	MED EXP (Any one person) \$ 5	,000	
Α	_	Y		8502AH027228		06/15/2025	06/15/2026		,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								,000,000	
	POLICY PRO- LOC								,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMPINED CINICI E LIMIT	M/2M	
								(Ea accident)	,000,000	
Α	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
^	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE &		
	HIRED AUTOS AUTOS							(Per accident) \$		
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE \$ 2	,000,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE \$		
	DED RETENTION\$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH)	,,						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of t	he named ins	ured for which	h a premium has been paid.		
	e certificate holder is named as an addi									
	lall II, LLC adn their respective direct and indirect parents and subsidiaries, any of their affiliated entities, successors and assigns and any current or future rector, officer, employee, partner, member or agent of any of them.									
CEI	RTIFICATE HOLDER				CANO	CELLATION				
	General Growth Management In	c. an	d Ger	neral Growth Prope	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D BY PROVISIONS.		
	110 North Wacker Drive AUTHORIZED REPRESENTATIVE									
	Chicago	IL	60	0606				. 7		
	1				SRussell Juffang					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.9	
PRO	RODUCER RPS Bollinger Sports & Leisure RPS Bollinger Sports & Leisure											
RI	S Bollinger Sports & Leisure				PHONE	o. Ext): (973)	921-8124		FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathor	_Fonseca@rp	osins.com	(,,-			
							SURER(S) AFFOR	DING COVERAGE			NAIC #	
CI	nton IA	. 5	2733	;	INSURE		el Insurance (38970	
INSU	RED				INSURE			' '				
Br	dgewater Baseball, etal				INSURE							
C/	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
Br	idgewater N	J C	8807	,	INSURE							
	<u> </u>	TIFIC	CATE	NUMBER:	INCORE			REVISION NUM	MBFR:		l .	
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD	
	DICATED. NOTWITHSTANDING ANY RE											
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	BJECT TC	ALL	THE TERMS,	
INSR		ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP					
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20.000	
								EACH OCCURRENG DAMAGE TO RENT	ED	•	00,000	
	CLAIMS-MADE CCCUR							PREMISES (Ea occi		\$ 100		
	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,0		
Α		•		0302/11027220		00/13/2023	00/13/2020	PERSONAL & ADV			00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000	
	POLICY PRO- LOC							PRODUCTS - COMI			00,000	
	OTHER:							Abuse/Mol COMBINED SINGLE	E I IMIT	\$ 1M/		
	AUTOMOBILE LIABILITY							(Ea accident)			00,000	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$		
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (PE	´	\$		
	HIRED AUTOS AUTOS							(Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,0	00,000	
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$		
	Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000			
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250				
DEC	COURTION OF OREDATIONS / LOCATIONS / VEHICL	FC //	A CODE	And Additional Demants Cabada				٠, ٩١				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Verage is provided under these policies							•	s haan nai	Ч		
	verage is provided under these policies	Oilly	101 01	70113010a/3aporvioca aotivi		no named mo	area for write	ir a promium nac	been pai	u.		
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	/.							
CE	RTIFICATE HOLDER				CANO	CELLATION						
					SHO	UII D ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCFLI	ED REFORE	
	Future Stars				THE	EXPIRATION	N DATE THE	REOF, NOTICE				
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.				
	922 E Chocolate Ave				AUTUS	DIZED DEDDESE	NIT A TIVE					
	Hershey	P/	17	7033	~0180	RIZED REPRESE	INTATIVE					
							DR.	useed by	lay			
	1											



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	onter r	ignts to the				
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca							
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):						
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp		FAX (A/C, No):					
							SURER(S) AFFOR	DING COVERAGE		NAIC #				
CI	nton IA	٠ 5	2733		INSURE	RA: *Marke	el Insurance C	Company	NAIC # 38970 THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS, MITS \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 3,000,000 \$ 1,000,000 \$					
INSL	RED				INSURE	RB:								
Br	dgewater Baseball, etal				INSURE	R C :								
C/	O Diane Bellinger				INSURE	RD:								
Ρ.	O. Box 6222				INSURE	RE:								
Br	idgewater N	J C	8807	,	INSURE	RF:								
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO \	WHICH THIS				
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s					
	COMMERCIAL GENERAL LIABILITY					(11111/22)	(,22,)	EACH OCCURRENCE	\$ 1,00	00,000				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000				
	Incl participant							MED EXP (Any one person)	\$ 5,00)O				
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000				
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000				
	OTHER:								\$ 1M/	′2M				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000				
	ANY AUTO							BODILY INJURY (Per person)	\$					
Α	ALL OWNED SCHEDULED AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)						
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)						
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000				
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE						
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$					
	AND EMPLOYERS' LIABILITY Y/N							STATUTE ER						
		N/A						E.L. EACH ACCIDENT						
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE						
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$					
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL							•						
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of t	he named ins	ured for which	n a premium has been pai	d.					
CE	RTIFICATE HOLDER				CANO	CELLATION								
	Flemington-Raritan Baseball SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.													
	P.O.2346				AUTHO	RIZED REPRESE	NTATIVE							
	Flemington	NJ	30	3822					RAGE NAIC # 38970 N NUMBER: ABOVE FOR THE POLICY PERIOD T WITH RESPECT TO WHICH THIS IS SUBJECT TO ALL THE TERMS, LIMITS URRENCE \$ 1,000,000 Any one person) \$ 5,000 & ADV INJURY \$ 1,000,000 AGGREGATE \$ 3,000,000 OI \$ 1M/2M SINGLE LIMIT \$ 1,000,000 OI \$ 1M/2M SINGLE LIMIT \$ 1,000,000 URY (Per person) \$ URY (Per accident) \$ DAMAGE \$ 1 SUBJECT TO ALL THE TERMS, OTHER STORMS ST					
				1	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN									



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	s certificate does flot ct	ZITICI II	ignis to the		
	DUCER				CONTA NAME:	ст Cathy	Fonseca					
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp		BER: FOR THE POLICY PERESPECT TO WHICH JECT TO ALL THE TELIMITS S			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #		
C	inton I	A 5	2733	j	INSURE		el Insurance C			38970		
INSU	RED				INSURE			. , . ,	NAIC # 38970			
Ві	idgewater Baseball, etal				INSURE							
C	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
В	idgewater 1	JJ (8807	,	INSURE							
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS		
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMIT				
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			 ეე ეეე		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)				
	Incl participant							, ,	•			
Α	-			8502AH027228		06/15/2025	06/15/2026	(, , ,	• •			
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·			
	POLICY PRO- DECT LOC											
	OTHER:											
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT				
	ANY AUTO							(Ed docident)		,		
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		06/45/2025	06/45/2026		\$			
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$			
	DED RETENTION \$	1										
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$			
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.			
CF	RTIFICATE HOLDER				CANO	ELLATION						
<u> </u>	CHI IOATE HOLDER					<u> </u>						
	Flemington Fling Lenape Park				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.				
	115 Sergeantsville Road				AUTHO	RIZED REPRESE	NTATIVE					
	Flemington	N.	J 08	3822					NAIC # 38970			
					I		SIR	esseet Julan				



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	ignis to the			
	DUCER				CONTA NAME:	ст Cathy	Fonseca						
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):	FAX (A/C, No):				
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp						
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #			
С	inton I	4 5	2733	 	INSURE		el Insurance C						
INSU	RED				INSURE			, , ,					
В	idgewater Baseball, etal				INSURE								
C,	O Diane Bellinger				INSURE								
Ρ.	O. Box 6222				INSURE								
В	idgewater 1	JJ (8807	,	INSURE								
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS			
INSR LTR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP	LIMITO	•				
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			20,000			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED					
	Incl participant							,	•				
Α	ino paraopara			8502AH027228		06/15/2025	06/15/2026	() = = = = = ,	· /				
, ,	GEN'L AGGREGATE LIMIT APPLIES PER:								· /				
	POLICY PRO-								• •	•			
	OTHER:												
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT					
	ANY AUTO							(Ed decident)		· · · · · · · · · · · · · · · · · · ·			
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$				
	HIRED AUTOS NON-OWNED AUTOS			0502AFI021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$				
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	0,000			
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$				
	DED RETENTION\$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11,7						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICO							•	d.				
CE	RTIFICATE HOLDER CANCELLATION												
	ESPN Wide World of Sports SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
	700 S Victory Way				AUTHO	RIZED REPRESE	NTATIVE						
	Kissimmee	FL	. 34	1741			\bigcirc 0	esself July	ILIMITS RENCE \$ 1,000,000 ENTED OCCURRENCE \$ 1,000,000 ONE PERSON) \$ 5,000 ADV INJURY \$ 1,000,000 SEEGATE \$ 3,000,000 SEEGATE \$ 3,000,000 SIM/2M SIGLE LIMIT \$ 1,000,000 SIM/2M				
l					ı		>	MALLEY JULIAN	MAIC # 38970 DN NUMBER: D ABOVE FOR THE POLICY PERIOD NT WITH RESPECT TO WHICH THIS N IS SUBJECT TO ALL THE TERMS, LIMITS CURRENCE \$ 1,000,000 TO RENTED \$ 100,000 P(Any one person) \$ 5,000 AL & ADV INJURY \$ 1,000,000 AL & ADV INJURY \$ 1,000,000 MOI \$ 1M/2M ED SINGLE LIMIT \$ 1,000,000 MOI \$ 1M/2M ED SINGLE LIMIT \$ 1,000,000 NJURY (Per person) \$ NJURY (Per accident) \$ TY DAMAGE \$ LIMIT \$ 1 LIMIT \$ 1,000,000 ATE \$ \$ L				



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	gins to the					
	DUCER				CONTA NAME:	ст Cathy	Fonseca								
R	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):							
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp								
					ADDILL		<u> </u>	DING COVERAGE		NAIC #					
C	nton I	A 5	2733	}	INSURE		el Insurance C			38970					
INSU	RED				INSURE			- Cpuy							
Bı	dgewater Baseball, etal				INSURE										
C	O Diane Bellinger														
	O. Box 6222				INSURE										
		I.I. C	8807	,	INSURE										
	<u> </u>			NUMBER:	INSURE	:K F :		REVISION NUMBER:							
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD					
١١	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPEC	TO T	WHICH THIS					
	ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	ALL 1	HE TERMS,					
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMIT							
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00.000					
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED							
	Incl participant							PREMISES (Ea occurrence)	•	-					
Α	mici participant			8502AH027228		06/15/2025	06/15/2026	() = = = = = ,	• •						
А				00027111027220		00/10/2020	00/10/2020		· ·						
	GEN'L AGGREGATE LIMIT APPLIES PER:									•					
	POLICY PRO- LOC														
	OTHER: AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT							
								(Ea accident)		00,000					
	ANY AUTO ALL OWNED SCHEDULED							, , ,							
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	DDODEDTY DAMAGE							
	HIRED AUTOS AUTOS							(Per accident)							
									-						
	UMBRELLA LIAB COCCUR								· /	00,000					
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026								
	DED RETENTION \$ WORKERS COMPENSATION								\$						
	AND EMPLOYERS' LIABILITY Y/N														
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A													
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE							
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$						
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)							
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for which	n a premium has been pai	d.						
CE	TIFICATE HOLDER CANCELLATION														
	Edison Township Edison Angels				THE	EXPIRATION	N DATE THE								
	44 Kilmer Road				AUTHO	RIZED REPRESE	NTATIVE								
	Edison	N.	J												
					1		OR.	esseet Julan	UMBER: DVE FOR THE POLICY PERIOD ITH RESPECT TO WHICH THIS SUBJECT TO ALL THE TERMS, LIMITS ENCE \$ 1,000,000 NTED \$ 100,000 ne person) \$ 5,000 DV INJURY \$ 1,000,000 REGATE \$ 3,000,000 STEMPLO \$ 1,000,000 STEMPL						



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.9			
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca							
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		Sample S					
P.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-					
							URER(S) AFFOR	DING COVERAGE			NAIC #			
CI	nton IA	۸ 5	2733	;	INSURE		el Insurance (
INSU	RED				INSURE			' '						
Br	dgewater Baseball, etal				INSURE									
C/	O Diane Bellinger				INSURE									
Ρ.	O. Box 6222				INSURE									
Br	idgewater N	IJ C	8807	,	INSURE									
	<u> </u>	TIFIC	CATE	NUMBER:	INCORE			REVISION NUM	MBFR:					
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD			
	DICATED. NOTWITHSTANDING ANY RE													
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH								BJECT TC	ALL 1	THE TERMS,			
INSR		ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP							
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	540U 000UDD51U			20,000			
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED					
	Incl participant							PREMISES (Ea occi		•	-			
Α	Inci participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /					
А				00027111021220		00/10/2020	00,10,2020				-			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC										-			
	OTHER: AUTOMOBILE LIABILITY								E I IMIT					
								(Ea accident)		.,	00,000			
	ANY AUTO ALL OWNED SCHEDULED							,						
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	,		-				
	HIRED AUTOS AUTOS							(Per accident)						
										•				
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000			
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$				
	DED RETENTION \$									\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE	ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$				
Α	Accident Insurance			4102AH240784		06/15/2025	06/15/2026							
	Full Excess							Dea \$250						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE) 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)						
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of t	he named ins	ured for whic	h a premium has	s been pai	d.				
Th	e certificate holder is named as an addit	ional	insur	red under the liability policy	/ 49.le	fferson Blvd	400 Sutton La	ane 500 Plainfie	eld Ave 12	6 Jeffe	erson Blvd			
	inicipal Blvd.	ionai	moun	ed drider the hability policy	7. 40 0 0	norson biva,	400 Outton Et	ario, oco i idirilio	, ia / (vo, 12	.0 00110	oroon biva,			
CF	RTIFICATE HOLDER				CANO	ELLATION								
	THE POLICE OF TH				1	<u> </u>								
	Edison Boys Baseball League													
	ACCORDANCE WITH THE POLICY PROVISIONS.													
	Municipal Boulevard				AUTHO	RIZED REPRESE	NTATIVE							
	Edison	N.	30 ا	3817				-	_					
	1						SH.	ussellt by	RSONAL & ADV INJURY \$ 1,000,000 NERAL AGGREGATE \$ 3,000,000 ODUCTS - COMP/OP AGG \$ 1,000,000 DUSS/MOI \$ 1M/2M MBINED SINGLE LIMIT \$ 1,000,000 DILY INJURY (Per person) \$ DILY INJURY (Per accident) \$ OPERTY DAMAGE \$ OF ACCIDENT \$ CH OCCURRENCE \$ 2,000,000 GREGATE \$ PER STATUTE					



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		naorse	ment. A stat	ement on th	is certificate does not co	nter r	gnts to the			
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca		N NUMBER: ABOVE FOR THE POLICY PERIOD T WITH RESPECT TO WHICH THIS IS SUBJECT TO ALL THE TERMS, LIMITS JERRENCE \$ 1,000,000 DENTED (Ea occurrence) \$ 100,000 Any one person) \$ 5,000 & ADV INJURY \$ 1,000,000 AGGREGATE \$ 3,000,000				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):					
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp		FAX (A/C, No):				
							SURER(S) AFFOR	DING COVERAGE		NAIC #			
CI	nton IA	5 ۸	2733	i	INSURE	48.4 1	el Insurance C						
INSU	RED				INSURE			, ,					
Br	dgewater Baseball, etal				INSURE								
C/	O Diane Bellinger				INSURE	:R D :							
Ρ.	O. Box 6222				INSURE	RE:							
Bı	idgewater N	J C	8807	,	INSURE	RF:							
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:					
IN C	DICATED. NOTWITHSTANDING ANY RE	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s				
	COMMERCIAL GENERAL LIABILITY	IIIOD	1111			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED					
	Incl participant							,					
Α						06/15/2025	06/15/2026	` , , , ,					
	GEN'L AGGREGATE LIMIT APPLIES PER:									,			
	POLICY PRO- LOC												
	OTHER:												
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT					
	ANY AUTO							BODILY INJURY (Per person)					
Α	ALL OWNED SCHEDULED AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)	\$				
	HIRED AUTOS NON-OWNED AUTOS			0502AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$				
								(i or addiadiny	\$				
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2,00	00,000			
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$				
	DED RETENTION \$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	117.7						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)	-				
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for which	n a premium has been pai	d.				
CE	RTIFICATE HOLDER				CANO	ELLATION							
	Edison Boys Baseball C/O Rick Pychewicz SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
	38 Monaghan Road				AUTHO	RIZED REPRESE	NTATIVE						
	Edison	NJ	30	3817			\bigcirc 0	IAVC, No): Sins.com DING COVERAGE OMPANY REVISION NUMBER: ON NAMED ABOVE FOR THE POLICY PERIOD OCUMENT WITH RESPECT TO WHICH THIS HEREIN IS SUBJECT TO ALL THE TERMS, LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY S 1,000,000 PERSONAL & ADV INJURY S 1,000,000 PERSONAL & ADV INJURY S 1,000,000 Abuse/Mol COMBINED SINGLE LIMIT (Ea accident) SODILY INJURY (Per person) SODILY INJURY (Per person) SODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) S EACH OCCURRENCE S 2,000,000 AGGREGATE S S EACH OCCURRENCE S 2,000,000 AGGREGATE S S EACH OCCURRENCE S 2,000,000 AGGREGATE S S EACH OCCURRENCE S 2,000,000 AGGREGATE S S EACH OCCURRENCE S 2,000,000 AGGREGATE S S EACH OCCURRENCE S 2,000,000 AGGREGATE S S EACH OCCURRENCE S 2,000,000 AGGREGATE S S EACH OCCURRENCE S 2,000,000 AGGREGATE S S EACH OCCURRENCE S 2,000,000 AGGREGATE S S EACH OCCURRENCE S 2,000,000 AGGREGATE S S EACH OCCURRENCE S EL. DISEASE - POLICY LIMIT S Med pay \$100,000 Ded \$250 Rd) A a premium has been paid.					
				,	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.9		
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca						
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		E FOR THE POLICY PERIOD H RESPECT TO WHICH THIS BJECT TO ALL THE TERMS, LIMITS CE \$ 1,000,000 ED				
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(
							URER(S) AFFOR	DING COVERAGE			NAIC #		
CI	nton IA	A 5	2733	j	INSURE		el Insurance (
INSU	RED				INSURE			' '					
Br	dgewater Baseball, etal				INSURE								
C/	O Diane Bellinger				INSURE								
Ρ.	O. Box 6222				INSURE								
Br	idgewater N	IJ C	8807	,	INSURE								
	3			NUMBER:	INSURE	жг.		REVISION NUM	MRFR:				
	HIS IS TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO				IF POI	ICY PERIOD		
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS		
INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP		LIMITO	•			
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				20,000		
								EACH OCCURRENT DAMAGE TO RENT	ED	• •	-		
	CLAIMS-MADE CCCUR							PREMISES (Ea occu		•	-		
^	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /				
Α	-	'		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV			-		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			-		
	FOLICI LI JECI LOC							PRODUCTS - COMP					
	OTHER:							Abuse/Mol COMBINED SINGLE	TIMIL				
	AUTOMOBILE LIABILITY							(Ea accident)		.,	00,000		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe	· /				
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe	'				
	HIRED AUTOS AUTOS							(Per accident)					
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (4	CORD	101 Additional Remarks Schedu	ıle may h	e attached if mor	e snace is requir	red)					
	verage is provided under these policies	•		•				•	been pai	d.			
		,		'				·					
T L		:1											
111	e certificate holder is named as an addit	ionai	msur	ed under the hability policy	/.								
CE	RTIFICATE HOLDER				CANC	ELLATION							
CL	TIFICATE HOLDER				CANC	LLLATION							
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
	1008 South Howard Street				AUTHO	RIZED REPRESE	NTATIVE						
	Allentown	PA	18	3103				-					
	1				ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Russeled Luffeng								



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	onter r	ignts to the					
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca		FAX (A/C, No):						
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):							
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp		FAX (A/C, No):						
							SURER(S) AFFOR	DING COVERAGE		NAIC #					
CI	nton IA	. 5	2733	i	INSURE	48.4 1	el Insurance C								
INSU	RED				INSURE			, ,							
Br	dgewater Baseball, etal				INSURE										
C/	O Diane Bellinger				INSURE	R D :									
Ρ.	O. Box 6222				INSURE	RE:									
Br	idgewater N	J C	8807	•	INSURE	RF:									
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:							
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS					
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s						
	COMMERCIAL GENERAL LIABILITY	INOD	1111			(MINI/DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000					
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)							
	Incl participant							MED EXP (Any one person)							
Α		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000							
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000					
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000					
	OTHER:								\$ 1M/	2M					
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000					
	ANY AUTO							BODILY INJURY (Per person)	\$						
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	` /	\$						
	HIRED AUTOS NON-OWNED AUTOS			0002/11/02/220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$						
									\$						
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000					
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$						
	DED RETENTION \$							DED OTH	\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE ER							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$						
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$						
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$						
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250							
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL							•							
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of t	he named ins	ured for which	n a premium has been pai	d.						
CE	RTIFICATE HOLDER				CANO	CELLATION									
	East Brunswick Little League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.														
	P.O. Box 823				AUTHO	RIZED REPRESE	NTATIVE								
	East Brunswick	NJ	08	3816				-	AGE NAIC # 38970 INUMBER: ABOVE FOR THE POLICY PERIOD WITH RESPECT TO WHICH THIS S SUBJECT TO ALL THE TERMS, LIMITS RRENCE \$ 1,000,000 RENTED 100,000 ROUTH RESPECT TO WHICH THIS S SUBJECT TO ALL THE TERMS, LIMITS RRENCE \$ 1,000,000 ROUTH \$ 1,000,000 RENTED 2 2,000,000 ROUTH \$ 1,000,000 ROUTH \$ 1,000,000 ROUTH \$ 1,000,000 RENTED 2 2,000,000 ROUTH \$ 1,000,000 ROUTH \$ 1,000,000 ROUTH \$ 1,000,000 RENTED 2 2,000,000 ROUTH \$ 1,000,000 ROUT						
					l		AGGREGATE S PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Med pay \$100,000 Ded \$250 more space is required) insured for which a premium has been paid.								



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.g				
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca								
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		Sample S						
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-						
							URER(S) AFFOR	DING COVERAGE			NAIC#				
CI	nton IA	۸ 5	2733	j	INSURE		el Insurance (
INSU	RED				INSURE			' '							
Br	dgewater Baseball, etal				INSURE										
C/	O Diane Bellinger				INSURE										
Ρ.	O. Box 6222				INSURE										
Br	idgewater N	IJ C	8807	,	INSURE										
	3			NUMBER:	INSURE	жг.		REVISION NUM	MRFR:						
	HIS IS TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO				IF POI	ICY PERIOD				
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS				
INSR LTR		ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS						
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENC			20,000				
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	• •					
	Incl participant							PREMISES (Ea occu		•					
Α	mici participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /						
^								PERSONAL & ADV							
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREC							
								Abuse/Mol							
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT						
								(Ea accident)		.,	00,000				
	ANY AUTO ALL OWNED SCHEDULED							,							
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG							
	HIRED AUTOS AUTOS							(Per accident)							
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$ 2,00	00,000				
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$					
	DED RETENTION \$									\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$					
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$					
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$					
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)							
Co	verage is provided under these policies	only	for sp	onsored/supervised activity	ties of tl	he named ins	ured for which	h a premium has	s been pai	d.					
Th	e certificate holder is named as an addit	ional	inaur	rad under the liability policy											
111	e certificate floider is flamed as an addit	ionai	iiisui	ed under the hability policy	/ .										
CE	RTIFICATE HOLDER				CANC	ELLATION									
CL	TIFICATE HOLDER				CANC	LLLATION									
	Diamond X League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.														
	P.O. Box 641				AUTHO	RIZED REPRESE	NTATIVE								
	Sourth Plainfield	N.	07	7080											
	1						SR.	useeet)u	OLICY LIMIT \$ 100,000 0 as been paid. ICIES BE CANCELLED BEFORE E WILL BE DELIVERED IN .						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ie terms and conditions of the policy, ertificate holder in lieu of such endors		-		iaorse	ment. A stat	ement on th	is certificate does not confe	er rights to the			
_	DUCER		(-)		CONTA NAME:	с т Саthy	Fonseca					
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):	FAX (A/C, No): NAIC # 38970			
Ρ.	O. Box 4162				E-MAIL ADDRE	se. Cathy	Fonseca@rp					
					ADDRE				NAIC # 38970 POLICY PERIOD TO WHICH THIS ALL THE TERMS, 1,000,000 1,000,000 1,000,000 1,000,000			
C	inton IA	٠ 5	2733	}	INSURE	48.4 1	el Insurance C					
INSU	IRED				INSURE		,	, opuy	NAIC # 38970 39970 39700			
Bı	idgewater Baseball, etal				INSURE							
C	O Diane Bellinger				INSURE							
P.	O. Box 6222				INSURE							
В	idgewater N	IJ (8807	,	INSURE							
	•			NUMBER:	INSUKE	Kr.		REVISION NUMBER:				
					VE BEE	N ISSUED TO			OLICY PERIOD			
١١	IDICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	OCUMENT WITH RESPECT T	O WHICH THIS			
	ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO AL	L THE TERMS,			
INSR	TYPE OF INSURANCE	ADDL	SUBR		DELIVI	POLICY EFF (MM/DD/YYYY)		LIMITO				
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		1 000 000			
								DAMAGE TO RENTED				
	CLAIMS-MADE OCCUR Incl participant											
_	inci participant	v		8502AH027228		06/15/2025	06/15/2026	` ' ' ' ' '				
Α		•		0002/11/02/220		00/10/2020	00/10/2020					
	GEN'L AGGREGATE LIMIT APPLIES PER:											
	POLICY PRO- LOC											
	OTHER:											
	AUTOMOBILE LIABILITY							(Ea accident)	1,000,000			
	ANY AUTO ALL OWNED SCHEDULED							` ' '				
Α	AUTOS AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY PARAMET				
	HIRED AUTOS AUTOS							(Per accident)				
								\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$ 2	2,000,000			
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE \$				
	DED RETENTION \$											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$				
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	FS (/	ACORD	101 Additional Remarks Schedu	ıle may h	e attached if mor	e space is requir	ed)				
	overage is provided under these policies											
	3	. ,						.,				
	a and Contain bolden to a contain a contain			and an dead of Pak Theory Per								
ır	e certificate holder is named as an addit	ionai	insur	red under the liability policy	/ .							
	RTIFICATE HOLDER CANCELLATION											
CE	RTIFICATE HOLDER			1	CANC	ELLATION						
					SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANC	ELLED BEFORE			
	Diamond Nation LLC, Sandlot Ba	aseba	all Ho	Idings, LLC & Thei	THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL BE				
	Affiliates				ACC	OKDANCE WI	IH IHE POLIC	T PROVISIONS.				
	129 River Road				AUTUC	RIZED REPRESE	NTATIVE					
	Flemington	N.	J 08	3822	~01110	MELLO NEFRESE		_				
	<u> </u>						DR.	REVISION NUMBER: ED NAMED ABOVE FOR THE POLICY PERIOD DOCUMENT WITH RESPECT TO WHICH THIS DIFFERENCE SUBJECT TO ALL THE TERMS, LIMITS EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse/Mol \$ 1M/2M COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 5,000 BODILY INJURY (Per accident) \$ 1,000,000 BODILY INJURY (PER ACCIDENT) \$ 1,				



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	gins to the			
	DUCER				CONTA NAME:	ст Cathy	Fonseca						
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):					
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp						
							SURER(S) AFFOR	DING COVERAGE	NAIC # 38970				
C	nton I	A 5	2733	i	INSURE		el Insurance C		NAIC # 38970				
INSU	RED				INSURE			, ,					
Bı	idgewater Baseball, etal				INSURE								
C	O Diane Bellinger				INSURE								
Ρ.	O. Box 6222				INSURE								
В	idgewater N	JJ C	8807	,	INSURE								
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:					
IN C	DICATED. NOTWITHSTANDING ANY RI	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS			
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	•				
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(IVIIVI/DU/TTTT)	(INIM/DD/TTTT)			00.000			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED					
	Incl participant							,	•	-			
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	() = = = = = ,	• •				
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·				
	POLICY PROJECT LOC									•			
	OTHER:												
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT					
	ANY AUTO							` '	\$				
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$				
	HIRED AUTOS NON-OWNED AUTOS			0002/11/02/220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$				
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000			
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$				
	DED RETENTION \$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE OTH-					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC												
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of th	he named ins	ured for which	n a premium has been pai	d.				
CE	RTIFICATE HOLDER CANCELLATION												
	Denville Softball				THE	EXPIRATION	N DATE THE						
	1 St Mary's Place				AUTHO	RIZED REPRESE	NTATIVE						
	Denville	N.	J 07	7834					NAIC # 38970 SANOTHER SANOT				
					l		SIR	EVISION NUMBER: NAMED ABOVE FOR THE POLICY PERIOD CUMENT WITH RESPECT TO WHICH THIS HEREIN IS SUBJECT TO ALL THE TERMS, LIMITS ACH OCCURRENCE \$ 1,000,000 AMAGE TO RENTED \$ 100,000 ED EXP (Any one person) \$ 5,000 ERSONAL & ADV INJURY \$ 1,000,000 ENERAL AGGREGATE \$ 3,000,000 ENERAL AGGREGATE \$ 3,000,000 ENERAL AGGREGATE \$ 1,000,000 BUSE/MOI \$ 1M/2M DMBINED SINGLE LIMIT \$ 1,000,000 DULY INJURY (Per person) \$ DDILY INJURY (Per person) \$ DDILY INJURY (Per accident) \$ ROPERTY DAMAGE er accident) \$ ACH OCCURRENCE \$ 2,000,000 GREGATE \$ ACH OCCURRENCE \$ 2,000,000 DOBLES STATUTE OTHER L. EACH ACCIDENT \$ L. DISEASE - EA EMPLOYEE \$ L. DISEASE - POLICY LIMIT \$ Med pay \$100,000 Ded \$250 CRIBED POLICIES BE CANCELLED BEFORE EOF, NOTICE WILL BE DELIVERED IN					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	gins to the				
	DUCER				CONTA NAME:	ст Cathy	Fonseca							
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):						
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp		AX A/C, No): No 3897					
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #				
C	inton I.	A 5	2733	,	INSURE		el Insurance C		FOR THE POLICY PERIOD RESPECT TO WHICH THIS ECT TO ALL THE TERMS, LIMITS \$ 1,000,000 \$ 100,000 \$ 5,000 BURY \$ 1,000,000 TE \$ 3,000,000 \$ 1M/2M MIT \$ 1,000,000 \$ 1M/2M MIT \$ 1,000,000 \$ 200,000 \$ 200,000 \$ 3 2,000,000 \$ 3 3,000,000 \$ 3 3,000,000 \$ 3 4,000,000 \$ 4 4,000,000 \$ 5 6,000,000 \$ 5 7,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 2,000,000 \$ 3 3,000,000 \$ 3 4,000,000 \$ 3 4,000,000 \$ 5 5,000,000 \$ 5 6,000,000 \$ 5 7,000,000 \$ 7,00					
INSU	RED				INSURE			, , ,	THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS, MITS \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 3,000,000 \$ 1,					
Bı	idgewater Baseball, etal				INSURE									
C	O Diane Bellinger				INSURE									
Ρ.	O. Box 6222				INSURE									
В	idgewater N	IJ (8807	,	INSURE									
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS				
INSR LTR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP	LIMITO						
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00.000				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED						
	Incl participant							,	•	-				
Α	ino participant			8502AH027228		06/15/2025	06/15/2026	(, , - ,	• •					
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·					
	POLICY PRO-									•				
	OTHER:													
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT						
	ANY AUTO							(Ed debident)		. ,				
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$					
	HIRED AUTOS NON-OWNED AUTOS			0502AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$					
									\$					
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000				
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$					
	DED RETENTION \$								\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$					
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	117.7						E.L. DISEASE - EA EMPLOYEE	\$					
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$					
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC								al					
	verage is provided under these policies	Offig	101 St	onsored/supervised activit	iles oi ti	ne nameu ins	urea for which	i a premium nas been pai	u.					
	RTIFICATE HOLDER				CANC	ELLATION								
CE	RIIFICATE HOLDER				CANC	ELLATION								
	Del Val Babe Ruth Leauge				THE	EXPIRATION	N DATE THE							
	P.O. Box 491				AUTHO	RIZED REPRESE	NTATIVE							
	Milford	N.	J 08	3848					NAIC # 38970					
					I		SR.	esselet July	D ABOVE FOR THE POLICY PERIOD NT WITH RESPECT TO WHICH THIS I IS SUBJECT TO ALL THE TERMS, LIMITS CURRENCE \$ 1,000,000 TO RENTED \$ 100,000 (Any one person) \$ 5,000 AL & ADV INJURY \$ 1,000,000 AGGREGATE \$ 3,000,000 TS - COMP/OP AGG \$ 1,000,000 MOI \$ 1M/2M D SINGLE LIMIT \$ 1,000,000 JURY (Per person) \$ JURY (Per accident) \$ TY DAMAGE \$ STUTE \$ CURRENCE \$ 2,000,000 ATE \$ ASE - EA EMPLOYEE \$ ASE - POLICY LIMIT \$ ay \$100,000 \$250 JUMP Has been paid.					



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	onter ri	gnts to the		
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca					
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):				
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp		(A/C, No): (A/C, No): (A/C, No): (A/C, No): (A/C, No): (A/C, No): (A/C,			
							SURER(S) AFFOR	DING COVERAGE		NAIC #		
CI	nton IA	5 ۸	2733	i	INSURE	48.4 1	• • •		FAX (A/C, No):			
INSU	RED				INSURE			. ,				
Br	dgewater Baseball, etal				INSURE							
C/	O Diane Bellinger				INSURE	:R D :						
Ρ.	O. Box 6222				INSURE	RE:						
Br	dgewater N	J C	8807	,	INSURE	RF:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	DICATED. NOTWITHSTANDING ANY RE	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO \	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY	IIIOD	1111			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED				
	Incl participant							`				
Α				8502AH027228		06/15/2025	06/15/2026	` ' ' '				
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·			
	POLICY PRO- LOC											
	OTHER:											
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT				
	ANY AUTO							BODILY INJURY (Per person)				
Α	ALL OWNED SCHEDULED AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS			0502AFI021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$			
	H ASTES							(i or addiadrit)	\$			
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$			
	DED RETENTION\$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11/ A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)	-			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of t	he named ins	ured for which	n a premium has been pai	d.			
CE	RTIFICATE HOLDER				CANO	ELLATION						
	DDD Baseball Inc. Dan Duquette Sports Academy SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
	P.O. Box 2021				AUTHO	RIZED REPRESE	NTATIVE					
	Hinsdale	MA	A 01	1235			REVISION NUMBER:					
					l		> K	esself luffy				



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	gins to the		
	DUCER				CONTA NAME:	ст Cathy	Fonseca					
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp					
							SURER(S) AFFOR	DING COVERAGE	AX AVC, No): NAIC # 38970			
C	inton I.	A 5	2733		INSURE		el Insurance C					
INSU	RED				INSURE			, ,				
Bı	idgewater Baseball, etal				INSURE							
C	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
В	idgewater N	IJ (8807		INSURE							
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS		
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMIT	2			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00 000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)				
	Incl participant							,	•	-		
Α	H — —			8502AH027228		06/15/2025	06/15/2026	(, , - ,	• •			
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·			
	POLICY PRO- LOC									•		
	OTHER:											
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT				
	ANY AUTO							` '	\$			
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$			
	HIRED AUTOS NON-OWNED AUTOS			0002/11027220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Everage is provided under these policies								d.			
	CANOCI LATION											
CE	RTIFICATE HOLDER				CANC	CELLATION						
	Cranford Board of Education				THE	EXPIRATION	N DATE THE					
	132 Thomas Street				AUTHO	RIZED REPRESE	NTATIVE					
	Cranford	N.	J 07	7016				. 7	INUMBER: ABOVE FOR THE POLICY PERIOD WITH RESPECT TO WHICH THIS S SUBJECT TO ALL THE TERMS, LIMITS IRRENCE \$ 1,000,000 IRRENCE \$ 3,000,000 IRRENCE \$ 3,000,000 IRRENCE \$ 1,000,000 IRRENCE \$ 1,000,000 IRRENCE \$ 2,000,000 IRRENCE \$ 2,			
					l		SIR	esseet Julan				



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		naorse	ment. A stat	ement on thi	is certificate does not co	nter r	gnts to the			
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca						
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):					
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp						
							URER(S) AFFOR	DING COVERAGE	R: OR THE POLICY PERION SPECT TO WHICH THE TERM LIMITS \$ 1,000,000 \$ 100,000 \$ 1,000,000 \$ 3,000,000 \$ 3,000,000 \$ 1,000,000 \$				
CI	nton IA	5	2733	ı	INSURE	RA: *Marke	el Insurance C	Company	FAX (A/C, No):				
INSU	RED				INSURE	R B :							
Br	dgewater Baseball, etal				INSURE	R C :							
C/	O Diane Bellinger				INSURE	RD:							
Ρ.	O. Box 6222				INSURE	RE:							
Br	idgewater N	J 0	8807		INSURE	RF:							
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER D S DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s				
	COMMERCIAL GENERAL LIABILITY	IIIOD				(11111/22)	(, 22, ,	EACH OCCURRENCE	\$ 1,00	00,000			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000			
	Incl participant							MED EXP (Any one person)	\$ 5,00	00			
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000			
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000			
	OTHER:								\$ 1M/	2M			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000			
	ANY AUTO							BODILY INJURY (Per person)					
Α	ALL OWNED SCHEDULED AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	` /					
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)					
									-				
	UMBRELLA LIAB							EACH OCCURRENCE		00,000			
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE					
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$				
	AND EMPLOYERS' LIABILITY Y / N							STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	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 BEIOW							E.L. DISEASE - POLICY LIMIT	Ф				
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL												
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for which	n a premium has been pai	d.				
CE	RTIFICATE HOLDER				CANC	CELLATION							
	Cooperstown All Star Village SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
	Rte. 23 & 205				AUTHO	RIZED REPRESE	NTATIVE						
	Oneonta	NY	/ 13	3820									
					ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Russeled Life								



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.g		
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca						
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		NUMBER: ABOVE FOR THE POLICY PERIOD WITH RESPECT TO WHICH THIS S SUBJECT TO ALL THE TERMS LIMITS RENCE				
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(SER: S S S S S S S S S			
							SURER(S) AFFOR	DING COVERAGE			NAIC#		
CI	inton IA	. 5	2733	;	INSURE		el Insurance (
INSU	RED				INSURE			' '					
Br	idgewater Baseball, etal				INSURE								
C/	O Diane Bellinger				INSURE								
Ρ.	O. Box 6222				INSURE								
Bı	idgewater N	J C	8807	,	INSURE								
	•	TIFIC	CATE	NUMBER:	INCORE			REVISION NUM	MBFR:		<u> </u>		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD		
	DICATED. NOTWITHSTANDING ANY RE												
	ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	BJECT TO	ALL 7	THE TERMS,		
INSR		ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP		LIMIT				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				20,000		
								EACH OCCURRENG DAMAGE TO RENT	ED	• •			
	CLAIMS-MADE CCCUR							,		•			
^	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026		· /				
Α		•		0002/11/02/220		00/10/2020	00/10/2020						
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO					
	POLICY PRO- LOC												
	OTHER:							Abuse/Mol	TIMIT				
	AUTOMOBILE LIABILITY							(Ea accident)		.,	00,000		
	ANY AUTO ALL OWNED SCHEDULED							,					
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	· ·	'				
	HIRED AUTOS AUTOS							(Per accident)					
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000		
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$			
	Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000				
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250					
DEC	COURTION OF ORER ATIONS / LOCATIONS / VEHICL	FC //	A CODE	And Additional Demants Cabada				٠, ٩١					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI EVERAGE IS PROVIDED UNDER THESE POLICIES	•						•	s heen nai	Ч			
	verage is provided under these policies	Offic	101 34	7011301Ca/3apcivi3ca activi	ucs or u	ne named ms	area for write	ir a premium nas	been par	u.			
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	/.								
CE	RTIFICATE HOLDER				CANC	CELLATION							
					SHO	UII D ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCFLI	ED REFORE		
	Commerce Commercial Leasing				THE	EXPIRATION	N DATE THE	REOF, NOTICE					
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.					
	2059 Springdale Avenue				AUTUS	DIZED DEDDESE	NIT A TIVE						
	Cherry Hill	N.	J 08	3003	~0180	RIZED REPRESE	INTATIVE						
							PR.	uselet)u	MERAGE NAIC # NAIC #				
1	1						_						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	, inci i	ignio to the	
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							SURER(S) AFFOR	DING COVERAGE	NAIC # 38970		
C	nton I	۹ 5	2733	<u> </u>	INSURE		el Insurance C				
INSU	RED				INSURE			, ,			
Bı	idgewater Baseball, etal				INSURE						
C	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
В	idgewater N	IJ C	8807		INSURE						
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS	
INSR LTR		ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			20,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)			
	Incl participant							,	•	-	
Α	H			8502AH027228		06/15/2025	06/15/2026	(, , - ,	· /		
	GEN'L AGGREGATE LIMIT APPLIES PER:								· /	•	
	POLICY PRO- DECT LOC								• •	,	
	OTHER:										
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT			
	ANY AUTO							(Ed debident)			
Α	ALL OWNED SCHEDULED AUTOS			0500 111007000		06/45/2025	06/45/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies							•	d.		
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Colonia Summer Cyclone Softba	all To	urnan	nent	THE	EXPIRATION	N DATE THE				
	75 Delaware Avenue				AUTHO	RIZED REPRESE	NTATIVE				
	Colonia	N.	J 07	7067					FAX (A/C, No): SE NAIC # 38970 SOVE FOR THE POLICY PERIOD WITH RESPECT TO WHICH THIS SUBJECT TO ALL THE TERMS, LIMITS RENCE \$ 1,000,000 ENTED occurrence) \$ 100,000 One person) \$ 5,000 ADV INJURY \$ 1,000,000 SREGATE \$ 3,000,000 SOMP/OP AGG \$ 1,000,000 Y (Per person) \$ Y (Per accident) \$ MAGE \$ RENCE \$ 2,000,000 STH- ER EA EMPLOYEE \$ POLICY LIMIT \$ \$100,000 250 Character Security Secu		
					I		SIR	esselet Julay			



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	s certificate does flot ct	ZITICI II	ignis to the		
	DUCER				CONTA NAME:	ст Cathy	Fonseca					
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp		FAX (A/C, No): 389			
							SURER(S) AFFOR	DING COVERAGE		NAIC #		
C	inton I	A 5	2733		INSURE		el Insurance C			38970		
INSU	RED				INSURE			, ,				
Bı	idgewater Baseball, etal				INSURE							
C	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
В	idgewater 1	1J (8807		INSURE							
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS		
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	I IMIT				
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(INIM/DD/TTTT)			00.000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)				
	Incl participant							, ,	•			
Α	Fi			8502AH027228		06/15/2025	06/15/2026	(, , ,	• •			
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·			
	POLICY PRO- LOC									•		
	OTHER:											
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT				
	ANY AUTO							BODILY INJURY (Per person)	\$			
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$			
	HIRED AUTOS NON-OWNED AUTOS					00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC								a			
	verage is provided under these policies	Office	101 5	orisored/supervised activit	iles oi ti	ie nameu ins	ureu ioi wilici	i a premium nas been pai	u.			
CF	RTIFICATE HOLDER CANCELLATION											
	Colonia Baseball				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.				
	Pennsylvania Avenue				AUTHO	RIZED REPRESE	NTATIVE					
	Colonia	N.	J 08	3889								
					I		SIR	esseet Julan				



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the		
	DUCER				CONTA NAME:	ст Cathy	Fonseca					
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp					
							SURER(S) AFFOR	DING COVERAGE		NAIC #		
C	inton I	A 5	2733		INSURE				NAIC # 38970 38970			
INSU	RED				INSURE			, ,				
Bı	idgewater Baseball, etal				INSURE							
C	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
В	idgewater N	IJ C	8807		INSURE							
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	DICATED. NOTWITHSTANDING ANY RI	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS		
INSR LTR		ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT	2			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			20,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED				
	Incl participant							,	•	-		
Α	H			8502AH027228		06/15/2025	06/15/2026	` , , , ,	• •			
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	•		
	POLICY PRO- DECT LOC									,		
	OTHER:											
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT				
	ANY AUTO							BODILY INJURY (Per person)		.,		
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		06/45/2025	06/45/2026		\$			
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$			
	H AUTOS							(i di addident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$,		
	DED RETENTION \$											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies	•						•	d.			
CE	RTIFICATE HOLDER CANCELLATION											
	Clifton Park Baseball League				THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL B				
	99 Clifton Common Blvd				AUTHO	RIZED REPRESE	NTATIVE					
	Clifton Park	N١	/ 12	2065			Cathy_Fonseca@rpsins.com					
					l		SIR	esself July				



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)	·							.9		
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca						
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):				
P.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	ISION NUMBER: MED ABOVE FOR THE POLICY JMENT WITH RESPECT TO WHI REIN IS SUBJECT TO ALL THE LIMITS HOCCURRENCE \$ 1,000,0 EXP (Any one person) \$ 5,000 EXP (Any one person) \$ 5,000,00 EXP (Any one person) \$ 1,000,00 EXP (Any one person) \$ 2,000,00 EXP (Any one person) \$ 1,000,00 EXP (Any one person) \$ 1,000,00 EXP (Any one person) \$ 2,000,00 EXP (Any one person) \$ 1,000,00 EXP (Any o				
							SURER(S) AFFOR	DING COVERAGE			NAIC #		
CI	nton IA	۸ 5	2733		INSURE		el Insurance (38970		
INSU	RED				INSURE								
Br	dgewater Baseball, etal				INSURE								
C/	O Diane Bellinger												
	O. Box 6222				INSURE								
		IJ C	8807		INSURE								
	- 3			NUMBER:	INSURE	:K F :		DEVISION NIIN	MDED:				
					VE BEE	N ISSUED TO				IF POI	ICY PERIOD		
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	3			
	COMMERCIAL GENERAL LIABILITY	IIIOD	****			(IIIIII)	(IIIIII)	FACH OCCURRENCE	CF	s 1.00	00.000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	• •			
	Incl participant									•	-		
Α				8502AH027228		06/15/2025	06/15/2026		· /				
	GEN'L AGGREGATE LIMIT APPLIES PER:										-		
	POLICY PECT LOC										-		
	OTHER:							Abuse/Mol					
	AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT				
	ANY AUTO							(Ea accident) BODILY INJURY (Pe		.,	50,000		
Α	ALL OWNED SCHEDULED							,					
^	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG					
	HIRED AUTOS AUTOS							(Per accident)					
	UMBRELLA LIAB									-	20.000		
_	H			4000411004740		00/45/0005	00/45/0000				00,000		
Α	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE					
	DED RETENTION \$ WORKERS COMPENSATION							PER I		\$			
	AND EMPLOYERS' LIABILITY Y / N												
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE					
	(Mandatory in NH) If yes, describe under												
	DÉSCRIPTION OF OPERATIONS below			<u> </u>				E.L. DISEASE - POL	LICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)					
Co	verage is provided under these policies	only	for sp	onsored/supervised activity	ties of t	he named ins	ured for whic	h a premium has	s been pai	d.			
CE	RTIFICATE HOLDER				CANO	ELLATION							
					<u> </u>								
	Clark Little League SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
	Raritan Road				AUTHO	RIZED REPRESE	NTATIVE						
	Clark	NJ	07	7066	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE								
	1				SRussell reffer								



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	ignio to the	
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							SURER(S) AFFOR	DING COVERAGE		NAIC #	
C	inton L	A 5	2733	i — — — — — — — — — — — — — — — — — — —	INSURE					38970	
INSU	RED				INSURE			, ,			
Bı	idgewater Baseball, etal				INSURE						
C	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
В	idgewater N	IJ C	8807	,	INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	DICATED. NOTWITHSTANDING ANY RE	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS	
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	•		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOWIBER		(IVIIVI/DU/TTTT)	(INIM/DD/TTTT)			00.000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED			
	Incl participant							,	•	-	
Α	=	Υ		8502AH027228		06/15/2025	06/15/2026	() = = = = = ,	· /		
	GEN'L AGGREGATE LIMIT APPLIES PER:								+ ,	,	
	POLICY PRO-								• •	,	
	OTHER:										
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT			
	ANY AUTO							,		,	
Α	ALL OWNED SCHEDULED AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			0502AFI021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of th	he named ins	ured for which	n a premium has been pai	d.		
Th	e certificate holder is named as an addi	ional	insur	red under the liability policy	<i>'</i> .						
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Central Jersey Fast Pitch Softba	ll Lea	ague ((CJFSL)	THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL B			
	117 Brandon Court				AUTHO	RIZED REPRESE	NTATIVE				
	Branchburg	N.	J 08	3853				REVISION NUMBER: SURED NAMED ABOVE FOR THE POLICY PERIOD ER DOCUMENT WITH RESPECT TO WHICH THIS RIBED HEREIN IS SUBJECT TO ALL THE TERMS, MIMS. EXP LIMITS EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse/Mol \$ 1M/2M COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$ 5,000 PROPERTY DAMAGE (Per accident) \$ 100,000 Abuse/Mol \$ 1,000,000 Abuse/Mol \$ 1,000,000 BODILY INJURY (Per person) \$ 5,000 BODILY INJURY (Per person) \$ 5,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (PERSON BODILY INJURY (PERSON BODILY INJURY IN			
					I		SIR	esself July			



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ZITICI II	gins to the		
	DUCER				CONTA NAME:	ст Cathy	Fonseca					
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp		N 3897			
							SURER(S) AFFOR	DING COVERAGE	No): NAIC # 38970			
C	inton I.	A 5	2733		INSURE		el Insurance C					
INSU	RED				INSURE			, ,				
Bı	idgewater Baseball, etal				INSURE							
C	O Diane Bellinger				INSURE							
Ρ.	O. Box 6222				INSURE							
В	idgewater N	IJ C	8807		INSURE							
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS		
INSR LTR		ADDL	SUBR		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	I IMIT				
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(IVIIVI/DU/TTTT)	(INIM/DD/TTTT)			00.000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED				
	Incl participant							,	•	-		
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	(, , - ,	• •			
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·			
	POLICY PRO- PRO- LOC									•		
	OTHER:											
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT				
	ANY AUTO							BODILY INJURY (Per person)	\$			
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$			
	HIRED AUTOS NON-OWNED AUTOS					00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000		
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC								- -			
	verage is provided under these policies	Offic	101 St	onsored/supervised activit	iles oi ti	ne nameu ins	urea for which	i a premium nas been pai	u.			
CF	RTIFICATE HOLDER				CANO	ELLATION						
<u> </u>	THIOATE HOLDEN					<u> </u>						
	CJ Cyclones				THE	EXPIRATION	N DATE THE					
	100 Delaware Ave				AUTHO	RIZED REPRESE	NTATIVE					
	Colonia	N.	J 07	7067					FAX (A/C, No): m VERAGE VALUE VERAGE VALUE VALUE			
					I		SR.	esseet Julan				



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-				ement on th	is certificate does flot cor	ner ng	into to the			
PRC	DUCER				CONTA NAME:	ст Cathy	Fonseca						
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124	FAX (A/C, No):					
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp						
							SURER(S) AFFOR	DING COVERAGE		NAIC #			
С	inton I	A 5	2733	i	INSURE		el Insurance C		:	38970			
INS	IRED				INSURE			, ,					
В	idgewater Baseball, etal				INSURE								
C,	O Diane Bellinger				INSURE								
Ρ.	O. Box 6222				INSURE								
В	idgewater I	NJ (8807	,	INSURE								
CO	VERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:					
II C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER DESCRIBED	OCUMENT WITH RESPECT	TO W	HICH THIS			
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS					
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		1,000	0.000			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	100,0				
	Incl participant							T TERMIOLO (La cocarronco)	5,000				
A	indipartispant			8502AH027228		06/15/2025	06/15/2026	` , , , , ,	-				
	GEN'L AGGREGATE LIMIT APPLIES PER:								-				
	POLICY PROJECT LOC							·					
	OTHER:												
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &					
	ANY AUTO								;				
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	, , ,	;				
	HIRED AUTOS NON-OWNED AUTOS			0002/11/02/220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident) \$;				
								\$	j				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	2,000	0,000			
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE \$;				
	DED RETENTION \$;				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$;				
	(Mandatory in NH) If yes, describe under	1											
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	<u>; </u>				
A	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250					
l	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC							•					
C	overage is provided under these policies	only	for sp	onsored/supervised activit	ties of t	he named ins	ured for whicl	n a premium has been paid.					
CE	RTIFICATE HOLDER				CANO	ELLATION							
	CJBL				THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL BE					
	P.O. Box 533				AUTHO	RIZED REPRESE	NTATIVE						
	Lincroft	N.	J 07	7738									
l					I		SIR	GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse/Mol \$ 1M/2M COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ SATATUTE OTH- ELL EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Med pay \$100,000 Ded \$250 PAGE IS required) PAGE IS REMINDED BEFORE DATE THEREOF, NOTICE WILL BE DELIVERED IN THE POLICY PROVISIONS.					



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		naorse	ment. A stat	ement on th	is certificate does not co	nter r	gnts to the				
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca		FAX (A/C, No):					
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):						
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp		FAX (A/C, No):					
							SURER(S) AFFOR	DING COVERAGE	XC, No): NA 38970					
CI	nton IA	٠ 5	2733	ļ	INSURE	RA: *Marke	el Insurance C	Company	FAX (A/C, No):					
INSU	RED				INSURE	R B :								
Br	dgewater Baseball, etal				INSURE	R C :								
C/	O Diane Bellinger				INSURE	RD:								
Ρ.	O. Box 6222				INSURE	RE:								
Bı	idgewater N	J C	8807		INSURE	RF:								
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS				
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s					
	COMMERCIAL GENERAL LIABILITY					(11111/22)	(,22,)	EACH OCCURRENCE	\$ 1,00	00,000				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000				
	Incl participant							MED EXP (Any one person)	\$ 5,00	00				
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000				
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000				
	OTHER:								\$ 1M/	2M				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000				
	ANY AUTO							BODILY INJURY (Per person)	\$					
Α	ALL OWNED SCHEDULED AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	` /						
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)						
									\$					
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000				
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$					
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$					
	AND EMPLOYERS' LIABILITY Y / N							STATUTE ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT						
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE						
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$					
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICO Verage is provided under these policies								d.					
		•	·	•										
CE	RTIFICATE HOLDER				CANO	ELLATION								
	Chatham Baseball Club C/O Leslie Pierce SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.													
	85 Southern Blvd				AUTHO	RIZED REPRESE	NTATIVE							
	Chatham	NJ	07	7928	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN									



DATE (MM/DD/YYYY) 6/5/2025

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.

PROBLEM SPECIAL DISTRICT Cathy Fonces (Company) P.O. Box 4162 Climon IA 52733	C	ertificate holder in lieu of such endors	eme	nt(s)								.g
P.O. Box 4162 Control National Service Natio	PRO	DUCER					ст Cathy	Fonseca				
P.O. Box 4162 Clinton IA 52733 SAMPLES	RF	S Bollinger Sports & Leisure				PHONE	o. Ext): (973)	921-8124		FAX (A/C, No):		
NISURED 1 NOTIFICATE NUMBER	Ρ.	O. Box 4162				É-MAIL	Cathoo	_Fonseca@rp	osins.com	(
MINURER B. : "Markel Insurance Company 38970 MINURER B. : MOURER B. : "MOURER B. : "MOURE B. : "MOURER B. : "MOURER B. : "MOURER B. : "MOURER B. : "MOURE B. : "MOURER B. : "MOURER B. : "MOURER B. : "MOURER B. : "MOURE B. : "MOURER B. : "MOURER B. : "MOURER B. : "MOURER B. : "MOURE B. : "MOURER B. : "MOURER B. : "MOURER B. : "MOURER B. : "MOURE B. : "MOURER B. : "MOURER B. : "MOURER B. : "MOURER B. : "MOURE								URER(S) AFFOR	DING COVERAGE			NAIC#
INSURER B: INSURER B: INSURER C:	CI	nton IA	. 5	2733	;	INSURE						
Bridgewater Baseball, etal (CO) Diane Bellinger P. O. Box 6222 Bridgewater NJ 08807 NUMBER E: NUMBER	INSU	RED							' '			
COVERAGES COVERAGE CO	Br	dgewater Baseball, etal										
P.O. BOX 6222 Biddgewater N.J. 08807 MOURER E. MOURER E.	C/	O Diane Bellinger										
Bridgewater NJ 08807 Mesurer F: COVERAGES CENTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD. NINCATED. NOWTHITSTANNING 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 CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PADIL CLAMPS. **ROOMERCAL GENERAL LABILITY** COMMERCAL GENERAL LABILITY** COMMERCAL ENTRY CONTROL COCUR May be although the policy of the policy o	Ρ.	O. Box 6222										
COVERAGES CENTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICES OF INDURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER POLICY PERIOD NUMBER POLICY PERIOD NUMBER AND THE POLICY PERIOD NUMBER AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. PROPERTY OF INSURANCE AND THE POLICY PERIOD BY PAID CLAMS. PROPERTY OF INSURANCE AND THE POLICY PERIOD BY PAID CLAMS. PROPERTY OF INSURANCE AND THE POLICY PERIOD BY PAID CLAMS. PROPERTY OF INSURANCE AND THE POLICY PERIOD BY PAID CLAMS. PROPERTY OF INSURANCE AND THE POLICY PERIOD BY PAID CLAMS. PROPERTY OF INSURED PROPERTY OF INSURE	Br	idgewater N	J	8807	,							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUR NAME AND		<u> </u>	TIFIC	ATE	NUMBER:	INCORE			REVISION NUM	MBFR:		<u> </u>
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFOORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BERN REDUCED BY PAID CLAIMS. THE OTHER MURANCE AND WIND MAY HAVE BEEN REDUCED BY PAID CLAIMS. THE OTHER MURANCE AND WIND ADDRESS AND CONTROL AND FROM A SUBJECT TO ALL THE TERMS, EXCLUSIONS OF SUBJECT TO ALL THE						VE BEE	N ISSUED TO				IE POL	ICY PERIOD
EXCLUSIONS AND CONDITIONS OF SUCH POLICES LUMTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. THE FIVE OF INSURANCE MISS WITH POLICY NUMBER MISS WITH POLICY PROMOCONTY PROMOCONT												
TYPE OF INSURANCE COMMERCIAL GENERAL LIBRITY CONTROL C									HEREIN IS SU	BJECT TO	ALL	THE TERMS,
COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COUR CO	INSR		ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP		LIMIT		
CLAIMS-MADE COCUR CLAIMS-MADE COCUR V DID participant V S502AH027228 O6/15/2025 O	LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				20,000
A									DAMAGE TO RENT	ED	•	
A SOCIAHO27228 O6/15/2025 O6/15/2026 PERSONAL & ADV INJURY \$ 1,000,000 OCCREMENT ACCIDENT \$ 1,000,000 OCCREMENT O									,		•	
GENI. AGGREGATE LIMIT APPLIES PER: POLICY	_	inci participant	V		85024H027228		06/15/2025	06/15/2026		· /		
PRODUCTS - COMPIOP AGG \$ 1,000,000 ADUSCHMOI \$ 1 M/ZM COMMINED SINGLE LIMB \$ 1,000,000 DOD!* NULFY (Per person) \$ BEOLY NULFY (Per person)	А		•		0302/11027220		00/13/2023	00/13/2020				
ADUSE/MOI ANTOMOSILE LIABILITY ALL OWNED BECAPTOR ACCOURENCE S 2,000,000 AGGREGATE S AGGREGATE S AGGREGATE S AGGREGATE S ACCIDENT S ELL DISEASE - ARE AMPLOYEE S ELL DISEASE - ARE AMPLOYEE S ELL DISEASE - POLICY LIMIT S BECKRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CERTIFICATE HOLDER CERTIFICATE HOLDER CENTER Plate & Patriots Stadium SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE BIGGREWATER N.J. 08807												
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO AUTONOMICE AUTONOMIC AUTONOMICE AUTONOMIC AUTONOMICE AUTONOMICE AUTONOMICE AUTONOMIC AUTONOM		POLICY L JÉČT L LOC										
A AVY AUTO A LL OWNED AUTOS ALL OWNED AUTOS ALL OWNED AUTOS ALL OWNED AUTOS AU										TIMIL		
A ALIOWNED AUTOS AUTOS AUTOS AUTOS AUTOS NON-OWNED AUTOS NON-O									(Ea accident)		.,,	00,000
A AUTOS AUTO									,	· /		
HIRED AUTOS	Α	AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	· ·	'		
UMBRELLA LIAB COCUR VOCUR VOCU									(Per accident)			
A Coldent Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER												
DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/REXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Center Plate & Patriots Stadium Center Plate & Patriots Stadium Center Plate & Patriots Stadium Somerset County Ball Park Bridgewater NJ 08807		U OCCUR							EACH OCCURREN	CE	\$ 2,0	00,000
WORKERS COMPENSATION AND EMPLOYERS 'LIBRILITY ANY PROPRIETOR PARTINER/EXECUTIVE OFFICE/MEMBER EXCLUSED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Center Plate & Patriots Stadium Center Plate & Patriots Stadium Center Plate & Patriots Stadium STATUTE OFFI E.L. EACH ACCIDENT S. E.L. DISEASE - FALMPLOYEE S. I.E. DISEASE - POLICY LIMIT S. I.E. DISEASE - POL	Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED? (Mandatory in NH) Proprietory in NH) Proprietory in NH) Proprietory in NH Proprie											\$	
A Accident Insurance Full Excess A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Center Plate & Patriots Stadium Center Plate & Patriots Stadium Center Plate & Patriots Stadium 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 Authorized Representative Authorized Representative Authorized Representative		AND EMBLOVEDS! LIABILITY							STATUTE	ER ER		
Ves. describe under DESCRIPTION OF OPERATIONS below		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER Center Plate & Patriots Stadium Center Plate & Patriots Stadium Somerset County Ball Park Bridgewater NJ 08807									E.L. DISEASE - EA	EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER Center Plate & Patriots Stadium Center Plate & Patriots Stadium Somerset County Ball Park Bridgewater NJ 08807		DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER Center Plate & Patriots Stadium Center Plate & Patriots Stadium Somerset County Ball Park Bridgewater NJ 08807		Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000		
Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. Somerset County Ball Park Bridgewater NJ 08807	А	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. Somerset County Ball Park Bridgewater NJ 08807	DEC	PRINTION OF ORERATIONS / LOCATIONS / VEHICL	FC /	CODE	And Additional Demants Cabada				٠, ٩١			
The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. Somerset County Ball Park Bridgewater NJ 08807			•						•	heen nai	Ч	
CERTIFICATE HOLDER Center Plate & Patriots Stadium Center Plate & Patriots Stadium Somerset County Ball Park Bridgewater NJ 08807 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		verage is provided under these policies	Office	101 35	7011301Ca/3apcivi3ca activi	ucs or u	ne named ms	area for write	n a piciniam nas	been par	u.	
CERTIFICATE HOLDER Center Plate & Patriots Stadium Center Plate & Patriots Stadium Somerset County Ball Park Bridgewater NJ 08807 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												
Center Plate & Patriots Stadium SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Somerset County Ball Park Bridgewater NJ 08807	Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	/.						
Center Plate & Patriots Stadium SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Somerset County Ball Park Bridgewater NJ 08807												
Center Plate & Patriots Stadium SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Somerset County Ball Park Bridgewater NJ 08807												
Center Plate & Patriots Stadium SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Somerset County Ball Park Bridgewater NJ 08807												
Center Plate & Patriots Stadium THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Somerset County Ball Park Bridgewater NJ 08807	CEI	RTIFICATE HOLDER				CANO	CELLATION					
Center Plate & Patriots Stadium THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Somerset County Ball Park Bridgewater NJ 08807						SHO	UI D ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED REFORE
Somerset County Ball Park Bridgewater NJ 08807		Center Plate & Patriots Stadium				THE	EXPIRATION	N DATE THE	REOF, NOTICE			
Bridgewater NJ 08807						ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
Bridgewater NJ 08807		Somerset County Ball Park				AUTUO	DIZEN DEDDESE	NITATIVE				
		Bridgewater	N.	1 08	3807	~01110	NIELD NEFRESE	MININE	_			
		-						DR.	usself)u	gay.		



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								g 10
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@r	osins.com			
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733	}	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	IJ C	8807	,	INSURE						
	<u> </u>	TIFIC	ATE	NUMBER:	INOUNE			REVISION NUM	MBFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUI	BJECT TC	ALL 7	HE TERMS,
INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP		1 18417		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20,000
								EACH OCCURRENT DAMAGE TO RENT	ED	• •	00,000
	CLAIMS-MADE CCCUR							PREMISES (Ea occu		\$ 100	
	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	. /	\$ 5,00	
Α	-	•		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000
	POLICY PRO- LOC							PRODUCTS - COMP			00,000
	OTHER:							Abuse/Mol COMBINED SINGLE	TIMALL	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000		
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
DEC	COURTION OF OREDATIONS / LOCATIONS / VEHICL	FC //	CODD	And Additional Demants Cabada				٠, ٩١			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Verage is provided under these policies	•						•	heen nai	Ч	
	volago lo providos unasi unoso ponolos	Omy	101 0	70110010a, bapor vidoa adiivii		no named me	area ioi wille	ir a promium nac	boon pai	٠.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
CE	RTIFICATE HOLDER				CANC	ELLATION					
					SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED BEFORE
	Central Jersey Amateur Basebal	Lea	gue		THE	EXPIRATION	N DATE THE	EREOF, NOTICE			
					ACC	OKDANCE WI	IH IHE POLIC	Y PROVISIONS.			
	P.O. Box 4462				AUTHO	RIZED REPRESE	NTATIVE				
	Warren	N.	07	7059	~~	LD ILL ILLUL		_			
	1				Russele Duffey						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	s certificate does flot ct	ZITICI II	ignis to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I	4 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Ві	idgewater 1	JJ C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMITS	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							, ,	\$ 5.00	
Α				8502AH027228		06/15/2025	06/15/2026	(, , ,	• •	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	00,000
	POLICY PRO-									00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT		00,000
	ANY AUTO							(Ed docident)	\$,
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		06/45/2025	06/45/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
	AUTOS								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies							•	d.	
CE	RTIFICATE HOLDER			1	CANC	ELLATION				
	Carteret Little League Baseball				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	280 Pershing Avenue				AUTHO	RIZED REPRESE	NTATIVE			
	Carteret	N.	J 07	7008						
					Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		ndorse	ment. A stat	ement on thi	is certificate does not co	nfer ri	ghts to the
_	DUCER		-(-)		CONTA NAME:	ст Cathy	Fonseca			
RF	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE		Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton IA	۹ 5	2733	í	INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE	RB:				
Br	dgewater Baseball, etal				INSURE	R C :				
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Br	idgewater N	IJ C	8807	,	INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDE	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPECT	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
	COMMERCIAL GENERAL LIABILITY					,,	,,		\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
	Incl participant								\$ 5,00)0
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:							Abuse/Mol	\$ 1M/	2M
	AUTOMOBILE LIABILITY							(La accident)		00,000
	ANY AUTO								\$	
Α	ALL OWNED SCHEDULED AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$	
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE VERAGE is provided under these policies	•						•	d.	
Rip	Cal Ripken, Sr. Foundation, Inc., City of Aberdeen, Harford Community College, Ripken Baseball Academy LLC., Ripken Baseball Camps and Clinics LLC., Ripken Professional Baseball LLC, Sandlot Baseball Holdings, LLC, The Green Turtle and Tufton Professional Baseball are included as additional insureds.									
CE	TIFICATE LIQUEDED				CANG	CELL ATION				
CEI	RTIFICATE HOLDER			1	CANC	ELLATION				
	Cal Ripken Sr Foundation Inc. e	al			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	880 Long Drive				AUTHO	RIZED REPRESE	NTATIVE			
	Aberdeen	MI	21	1001						
	ı				SRussell Tuffy					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		100130	ment. A stat	cincin on the	is certificate aces flot of	,,,,,	igino to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7122112		URER(S) AFFOR	DING COVERAGE		NAIC #
CI	inton I	A 5	2733		INSURE		el Insurance C			38970
INSL	RED				INSURE			, , ,		
Br	idgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Br	idgewater 1	JJ (8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT	2	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5.00	-
Α	-			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	
	POLICY PRO- DECT LOC								\$ 1,00	
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			 		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Overage is provided under these policies							•	d.	
CE	RTIFICATE HOLDER			1	CANC	ELLATION				
	Babe Ruth Baseball Inc C/O M Schonberger				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	42 Algonquin Ave				AUTHO	RIZED REPRESE	NTATIVE			
	Rockaway	N.	30	3551			OR.	usself July		



DATE (MM/DD/YYYY) 6/5/2025

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

	e terms and conditions of the policy ertificate holder in lieu of such endor		-		ndorse	ment. A stat	ement on thi	is certificate does not co	nfer ri	ights to the
_	DUCER	(-)		CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE		Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I.	A 5	2733	1	INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE	R B :				
Br	dgewater Baseball, etal				INSURE	R C :				
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Br	dgewater N	IJ C	8807	•	INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
	COMMERCIAL GENERAL LIABILITY					(,	(,22,)		\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
	Incl participant								\$ 5,00	00
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:							Abuse/Mol	\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							· · · · ·	\$	
Α	ALL OWNED SCHEDULED AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	CLAIMS-MADE	-		4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION								\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•						•		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of t	he named ins	ured for which	n a premium has been paid	J.	
	e certificate holder is named as an addi									
	direct and indirect parents and subsidia tner, member or agent of any of them.	ries a	any of	their affiliated entities, suc	cessor	s and assigns	and any curr	ent & future director, office	r, emp	oloyee,
Pα	ther, member of agent of any of them.									
CE	RTIFICATE HOLDER			1	CANO	CELLATION				
	Bridgewater Commons Mall II LI	_C-G	enera	I Growth Managem	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
	110 N. Wacher Drive				AUTHO	RIZED REPRESE	NTATIVE			
	Chicago	IL	60	0606	73110	EED NEI NEGE				
					SRussell Tuffey					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	ment. A stat	ement on th	is certificate does not et	ing i	ignits to the	
	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #	
CI	inton I.	A 5	2733	j	INSURE		el Insurance C			38970	
INSL	RED				INSURE			, , ,			
Br	idgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Bı	idgewater N	IJ (8807	,	INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS	
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMIT	2		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
	Incl participant							MED EXP (Any one person)	\$ 5.00		
Α	H			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	• •	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	· ·	00,000		
	POLICY PRO-								00,000		
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT		00,000	
	ANY AUTO							BODILY INJURY (Per person)	\$,	
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		06/45/2025	06/45/0006		\$		
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$		
	H AUTOS							(i di addident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N	N / A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.		
CE	RTIFICATE HOLDER			1	CANC	ELLATION					
	Bridgewater Baseball Bridgewat	er Na	itional	l &	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E LY PROVISIONS.			
	Bridgewater Panthers				AUTHO	RIZED REPRESE	NTATIVE				
					Rusself Julan						



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.9
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@r	osins.com			
							SURER(S) AFFOR	DING COVERAGE			NAIC #
CI	inton IA	. 5	2733	;	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	idgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	J C	8807	,	INSURE						
	•	TIFIC	CATE	NUMBER:	INCORE			REVISION NUM	MBFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	BJECT TC	ALL 7	THE TERMS,
INSR		ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20,000
								EACH OCCURRENG DAMAGE TO RENT	ED	• •	00,000
	CLAIMS-MADE CCCUR							PREMISES (Ea occi		\$ 100	-
	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00	
Α		•		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000
	POLICY PRO- LOC							PRODUCTS - COMI			00,000
	OTHER:							Abuse/Mol COMBINED SINGLE	E I IMIT	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (PE		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000		
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FC //	A CODE	And Additional Demants Cabada				٠, ٩١			
	verage is provided under these policies							•	s haan nai	Ч	
	verage is provided under these policies	Oilly	101 01	70113010a/3aporvioca aotivi		no named mo	area for write	ir a promium nac	been pai	u.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	/.						
CE	RTIFICATE HOLDER				CANO	CELLATION					
					SHO	UII D ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCFLI	ED BEFORE
	Bridgewater Township Traffice S	afety	' Unit		THE	EXPIRATION	N DATE THE	EREOF, NOTICE			
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	P.O. Box 6300				AUTUS	DIZED DEDDESE	NIT A TIVE				
	Bridgewater	N.	J 08	3807	^0180	RIZED REPRESE	INTATIVE				
							PR.	useed by	fry		
	1						_				



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								g 10
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	. 5	2733	j	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Р.	O. Box 6222				INSURE						
Br	idgewater N	J C	8807	,	INSURE						
	3			NUMBER:	INSURE	жг.		REVISION NUM	MRFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO				IF POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR		ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP		LIMITS		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EAGU GOOURREN			00,000
	CLAIMS-MADE OCCUR							EACH OCCURRENT DAMAGE TO RENT	ED	\$ 1,00	
	Incl participant							PREMISES (Ea occu		•	
Α	Inci participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00	
А				00027111027220		00/10/2020	00,10,2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREC			00,000
								PRODUCTS - COMP			00,000
	OTHER: AUTOMOBILE LIABILITY							Abuse/Mol COMBINED SINGLE	TIMIL	\$ 1M/	
								(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe	· /	\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe	'	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA I	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activity	ties of tl	he named ins	ured for which	h a premium has	been pai	d.	
Dr	dgewater Township, its officers, officials	omi	مرماد	on agents and valunteers	ara inal	udad aa addii	tional incurad	2			
ы	ugewater Township, its officers, officials	, em	Jioye	55, agents and volunteers	are irici	uueu as auun	lional insureu	5.			
CE	RTIFICATE HOLDER				CANC	ELLATION					
CL	TIFICATE HOLDER				CANC	LLLATION					
	Dei descriptor Terrorellino							ESCRIBED POLIC			
	Bridgewater Townships							EREOF, NOTICE	WILL B	E DE	LIVERED IN
	Attn: Recreation				^~	OUDWINGE MI	III INE POLIC	Y PROVISIONS.			
	100 Commons Way				AUTHO	RIZED REPRESE	NTATIVE				
	Bridgewater	N.	08	3807				_			
	1				Russelet Juffey						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
C	nton L	۹ 5	2733	i	INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(MIM/DD/TTTT)	(MIM/DD/TTTT)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5.00	-
Α	=	Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	· /	00.000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	+ ,	00,000
	POLICY PRO-								• •	00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY									00,000
	ANY AUTO							BODILY INJURY (Per person)	\$,
Α	ALL OWNED SCHEDULED AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0502AFI021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								(i or addiadiny	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of th	ne named ins	ured for which	n a premium has been pai	d.	
Th	e certificate holder is named as an addi	ional	insur	red under the liability policy	<i>'</i> .					
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Bridgewater Raritan Board of Ec	lucati	on		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	P.O. Box 6030				AUTHO	RIZED REPRESE	NTATIVE			
	Bridgewater	N.	J 08	3807						
					Rusself Julan					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-		
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733	;	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	IJ C	8807	,	INSURE						
	<u> </u>	TIFIC	ATE	NUMBER:	INOUNE			REVISION NUM	MBFR:		<u> </u>
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUI	BJECT TO	ALL	THE TERMS,
INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20.000
								EACH OCCURRENT DAMAGE TO RENT	ED	•	00,000
	CLAIMS-MADE CCCUR							PREMISES (Ea occu		\$ 100	
٨	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one		\$ 5,0	
Α	-	•		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000
	POLICY PRO- LOC							PRODUCTS - COMP			00,000
	OTHER:							Abuse/Mol COMBINED SINGLE		\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe		\$	
	HIRED AUTOS AUTOS							(Per accident)	JL	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$ 2,0	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$								T OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	Accident Insurance			4400411040704		00/45/0005	06/45/2026	Med pay \$10	00,000		
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FC //	CODE	A04 Additional Damadra Cabada				٠, ٩١			
	verage is provided under these policies	•						•	heen nai	Ч	
	verage is provided under these policies	Office	101 01	70113010a/3aporvioca aotivit		no named mo	area for write	ir a promium nao	been pai	u.	
	e certificate holder is named as an addit		insur	ed under the liability policy	/. Gene	eral Liability a	nd excess lial	biltiy provides co	verage fo	r insur	ed's
OW	nership, maintenance and use of AED u	II III.									
CE	RTIFICATE HOLDER				CANO	ELLATION					
					SHO	UI D ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED REFORE
	Bridgewater Township				THE	EXPIRATION	N DATE THE	EREOF, NOTICE			
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	700 Garretson Road, Box 6300				AUTUG	DIZED DECOS	NIT A TIVE				
	Bridgewater	N.	1 08	3807	AUTHO	RIZED REPRESE					
	_						DR.	usees Duy	Lang		
	1						_				



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	3 certificate does flot ce	ZITICI II	gins to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton I	4 5	2733	,	INSURE		el Insurance C			38970
INSL	RED				INSURE			. , . ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Bı	idgewater 1	JJ (8807	,	INSURE					
	-	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:		
Т	IS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HAV			THE INSURE	D NAMED ABOVE FOR TH		
	DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY									
	CLUSIONS AND CONDITIONS OF SUCH							TIEREIN IO OODSECT TO	/ ALL I	TIE TEINIO,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	8	
	COMMERCIAL GENERAL LIABILITY					· · · · · · · · · · · · · · · · · · ·	, ,	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							, ,	\$ 5.00	-
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	(, , ,	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	
	POLICY PRO-								\$ 1,00	•
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							(Ed docident)	\$	20,000
Α	ALL OWNED SCHEDULED					00/45/0005	00/45/0000	BODILY INJURY (Per accident)	\$	
, ,	NON-OWNED			8502AH027228	06/15/2025 0	06/15/2026	PROPERTY DAMAGE	\$		
	AUTOS AUTOS						(Per accident)	\$		
	UMBRELLA LIAB COCCUR							EACH OCCURRENCE	\$ 2,00	00 000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$	50,000
	DED RETENTION \$			1002/11/02 17 10		00/10/2020	00/10/2020		\$	
	WORKERS COMPENSATION							PER OTH-ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N								\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$	
	DESCRIPTION OF OPERATIONS DEIOW							L.L. DISEASE - FOLICT LIMIT	Ψ	
Α	Accident Insurance			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	Full Excess							Deu \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	ne named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Bridgewater Blaze Attn: Christo	pher	Verdo	one	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B		
					ACC	OKDANCE WI	IN INE POLIC	Y PROVISIONS.		
	7 Copper Hill Road				AUTHO	RIZED REPRESE	NTATIVE			
	Bridgewater	N.	J 08	3807						
					Rusself Dulay					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-		
							URER(S) AFFOR	DING COVERAGE			NAIC#
CI	nton IA	۸ 5	2733	j	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
P.	O. Box 6222				INSURE						
Br	idgewater N	IJ C	8807	,	INSURE						
	3			NUMBER:	INSURE	жг.		REVISION NUM	MRFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO				IF POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	 S	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(WIWI/DD/1111)	(WIW/DD/1111)	EACH OCCURREN			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	\$ 100	
	Incl participant							PREMISES (Ea occi		\$ 5,00	
Α	misi partisiparti	Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV	· /		00,000
, ,	OFAIL ACORECATE LIMIT APPLIES DED.										00,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREC			00,000
								PRODUCTS - COMI Abuse/Mol		\$ 1,00	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT		00,000
								(Ea accident) BODILY INJURY (Pe		\$	30,000
_	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB										20,000
٨	H			4000411004740		00/45/0005	00/45/0000	EACH OCCURREN			00,000
Α	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER I	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for whic	h a premium has	s been pai	d.	
Th	e certificate holder is named as an addit	ional	insur	red under the liability policy	,						
	o continuate ficiality to fiamed as all additi	ionai	moun	od dildor tilo lidolity policy	•						
CE	RTIFICATE HOLDER				CANO	ELLATION					
	THE TOTAL PROPERTY.				1	<u> </u>					
	Branchburg Township				THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.			
	220 Baird Road				ALITHO	RIZED REPRESE	NTATIVE				
	Branchburg	N.	08	3876	~~~	LD ILL ILLUL		_			
	-				- Russell Duffey						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		1401361	mont. A stat	ement on th	is certificate does flot co	, inci i	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
					7,22,1,2		URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton l	A 5	2733	j	INSURE		el Insurance C			38970
INSU	RED				INSURE			, , ,		
Ві	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5.00	-
Α	ino participant	Υ		8502AH027228		06/15/2025	06/15/2026	() /	· /	00.000
, ,	GEN'L AGGREGATE LIMIT APPLIES PER:				00/10/2020				+ ,	00,000
	POLICY PRO- LOC								• •	00,000
	OTHER:								\$ 1,00 \$ 1M/	
	AUTOMOBILE LIABILITY									00,000
	ANY AUTO		0500 A LIGOZOGO					1	\$	30,000
Α	ALL OWNED SCHEDULED AUTOS AUTOS					00/45/0005	00/45/0000		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
	AUTOS AUTOS								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2.00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$,
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH-ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of tl	ne named ins	ured for which	n a premium has been pai	d.	
Th	e certificate holder is named as an addi	ional	insur	ed under the liability policy	.					
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Branchburg Sports Complex				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	47 Readington Road				AUTHO	RIZED REPRESE	NTATIVE			
	Branchburg	N.	30 ا	3876				. 7		
					Rusself Dulay					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-		
							SURFR(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733	j	INSURE		el Insurance (38970
INSU	RED				INSURE			, , , , , , , , , , , , , , , , , , ,			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger										
	O. Box 6222				INSURE						
		IJ C	8807		INSURE						
	- 3			NUMBER:	INSURE	:K F :		REVISION NUM	MDED:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
LIIX	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIOT NOMBER		(MIM/DD/11111)	(MIM/DD/1111)	EACH OCCURRENCE			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 100	-
	Incl participant							MED EXP (Any one		\$ 5,0	-
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000
	POLICY PECT LOC							PRODUCTS - COM			00,000
	OTHER:							Abuse/Mol		\$ 1,0	
	AUTOMOBILE LIABILITY							COMBINED SINGLE			00,000
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	er person)	\$	50,000
Α	ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
^	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB									-	20.000
^	H			4000411004740		00/45/0005	00/45/0000	EACH OCCURRENCE	CE		00,000
Α	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER I	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for whic	h a premium has	s been pai	d.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
				ou under the hability policy							
CE	RTIFICATE HOLDER				CANO	ELLATION					
					<u> </u>						
	Branchburg Recreation Dept.				THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.			
	1076 US Highway 202 North				AUTHO	RIZED REPRESE	NTATIVE				
	Branchburg	NJ	08	3876							
	1				Skusselet Juffey						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, in Ci II	gins to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton l	۹ 5	2733	i	INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807	,	INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MIM/DD/TTTT)	(MIM/DD/TTTT)		\$ 1,00	00.000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5.00	-
Α	 	Υ		8502AH027228	06/15/2025		06/15/2026	PERSONAL & ADV INJURY	\$ 1.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3.00	-,
	PRO- JECT LOC								\$ 1,00	•
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY								\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$,
Α	ALL OWNED SCHEDULED AUTOS		0500 A L 1007000			06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								(i or addiadiny	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of th	ne named ins	ured for which	n a premium has been pai	d.	
Th	e certificate holder is named as an addi	ional	insur	red under the liability policy	<i>'</i> .					
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Branchburg Blaze Softball				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	117 Brandon Court				AUTHO	RIZED REPRESE	NTATIVE			
	Branchburg	N.	30 ا	3853				. 7		
					Rusself Dulpy					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		1401361	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I.	A 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807		INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(IVIIVI/DU/TTTT)	(INIM/DD/TTTT)		\$ 1,00	00.000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	-
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	(, , - ,	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	
	POLICY PROJECT LOC								\$ 1,00	
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT	\$ 1,00	
	ANY AUTO						BODILY INJURY (Per person)	\$		
Α	ALL OWNED SCHEDULED AUTOS	8502AH027228				06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS					00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC OVERAGE IS PROVIDED UNDER THESE POLICIES	•						•	d.	
CE	RTIFICATE HOLDER				CANO	CELLATION				
	Branchburg Baseball Club				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	PO Box 5173				AUTHO	RIZED REPRESE	NTATIVE			
	North Branch	N.	J 08	3876				. 7		
					Rusself Julay					



DATE (MM/DD/YYYY) 6/5/2025

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.

PRODUCTS RS Bollinger Sports & Leisure P.O. Box 4162 Fight East, Box 1973 921 9124 Fight Ea		ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	ZITICI II	gins to the
RPS Bollinger Sports & Leisure P.O. Box 4162 P.O. Box 4162 P.O. Box 4162 P.O. Box 6222 P.O. Box 622						CONTA NAME:	ст Cathy	Fonseca			
P.O. Box 4152 Clinton IA 52733 MISURER A: Markel Insurance Company MISURER A: Mar	R	PS Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FAX (A/C, No):		
March Marc	P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
Marker								URER(S) AFFOR	DING COVERAGE		NAIC #
MSURER B Backell, etal Budgewater Basehall, etal Budgewater Backell, etal Budgewater Backell, etal Budgewater	С	inton I	A 5	2733		INSURE					
Bridgewater Baseball, etal COF Diane Bellinger P.O. Box 6222 Bridgewater NJ 0807 MSURER E:	INS	RED							, ,		
DO DIAGO Bellinger PO - Box 6222 Bridgewater N	В	idgewater Baseball, etal									
P.O. Dox 6222 Sindgewater N. J. 08807 Sindgewater S. CERTIFICATE NUMBER: COVERAGES CERTIFICATE NUMBER: THIS IS CERTIFY THAT THE POLICIES OF INSURANCE LISTS BELOW HAVE BEEN 85MED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD. CONDITION OF ANY CONTRACT OR OTHER DYNAMED ABOVE FOR THE POLICY PERIOD. CERTIFICATE MAY BE ISSUED ON MAY PERIOD. THE POLICY PERIOD. CERTIFICATE MAY BE ISSUED ON MAY PERIOD. CHARGE AFFORDED BY THE POLICIES DESCRIBED DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD ICLAIMS. POLICY PTG OR BURNANCE ABOVE	C	O Diane Bellinger									
BRIGGROWER N. J. 08807 COVERAGES CERTIFICATE NUMBER: THIS IS TO GERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ARROY FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY PERIAIN. THE INSURANCE AFFORDED BY THE POLICIES OF SOME THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY PERIAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITION OF OS SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RESULED BY PADIO CLAIMS. **CAUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RESULED BY PADIO CLAIMS.** **COMMERCIAL LIBRILITY** COMMERCIAL LIBRILITY** COMMERCIAL LIBRILITY** COMMERCIAL LIBRILITY** ANY AUTO SCHOOL SCHO	P.	O. Box 6222									
THIS IS TO CERTIFY THAT THE POLICIES OF INDURANCE ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. IMMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. REVIEW TYPE OR INSURANCE COMMERCIAL CHARLES ADDRESS	В	idgewater N	IJ C	8807							
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PLATE CLAIMS. Year	СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY FOLICY NUMBER POLICY NUM	IN C	DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
CALMISMANDE COUR CLAIMS MADE CLAIMS			ADDL	SUBR			POLICY EFF	POLICY EXP	I IMIT:	•	
CLAMS-MADE	LIK		INSD	WVD	POLICT NUMBER		(MIM/DD/TTTT)	(MIM/DD/TTTT)			00.000
Incl participant		CLAIMS-MADE OCCUR							DAMAGE TO RENTED		
A GEN AGGREGATE LIMIT APPLIES PER: POLICY GEN AGGREGATE LIMIT APPLIES PER: POLICY GEN AGGREGATE S. 3,000,000									,	•	-
GENLA AGGREGATE LIMIT APPLIES PER: POLICY P	Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	` , , , ,	• •	
POLICY PRODUCTS - COMPIOP AGG \$ 1,000,000 OTHER: AUTOMOBILE LABILITY ANY AUTO ALLOWINED AUTOS BOOLY NULEY (Per accident) S BOOLY NULEY (P		GEN'L AGGREGATE LIMIT APPLIES PER:								· ·	
A COMBERIATION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) COMBINER COMPRISE SINGLE LIMIT (a) 1,000,000 BODILY INJURY (Per accident) S (BODILY											•
AUTOWOBILE LIABILITY A ANY AUTO ANY AUTOS AVAILOWNED AUTOS WHIRED AUTOS WHERD											
A ACCORDANCE UNIT INSURANCE A ALTOS AUTOS		·							COMBINED SINGLE LIMIT		
AUTOS UNION AND AUTOS WALVOS W		ANY AUTO							, ,	\$	
HIRED AUTOS	Α	LLI AUTOS LLI AUTOS	8502AH027228			06/15/2025	06/15/2026		\$		
MUMBRELLA LIAB		NON-OWNED			 		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
A V EXCESS LIAB CLAIMS-MADE 4602AH024719 06/15/2025 06/15/2026 AGGREGATE \$ WORKERS COMPRESSATION S E.L. DISEASE - PA EMPLOYEE S E.L. DISEASE - PA EMPLOYEE S E.L. DISEASE - PA EMPLOYEE S E.L. DISEASE - POLICY LIMIT S A Accident Insurance 4102AH240784 06/15/2025 06/15/2026 Med pay \$100,000 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER 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 AUTHORIZED REPRESENTATIVE									,	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIBRITY ANY PROPRIETOR/PARTINER/REXCUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER 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 STATUTE OTH STATUTE		UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE (MAND AND EMPLOYERS) LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE (MAND AND EMPLOYEE) DESCRIPTION OF OPERATIONS below A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Bound Brook Little League Attn: Martin Koeller 210 Cherry Ave, Apt G6 Bound Brook N.J. 08805 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CANCELLATION CANCELLATION CANCELLATION SEL. EACH ACCIDENT \$ E.L. DISEASE - POLICY LIMIT \$ E.		DED RETENTION \$								\$	
A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CANCELLATION CANCELLATION 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 Bound Brook Bound Brook N.J. 08805		AND EMDLOVEDS! LIABILITY							PER OTH-ER		
Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CANCELLATION 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 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER 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 AUTHORIZED REPRESENTATIVE		(Mandatory in NH)	,,,						E.L. DISEASE - EA EMPLOYEE	\$	
A Full Excess 4102AH240784 06/15/2025 06/15/2026 Ded \$250 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CANCELLATION Bound Brook Little League Attn: Martin Koeller 210 Cherry Ave, Apt G6 Bound Brook NJ 08805 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE		DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Certificate Holder Bound Brook Little League Attn: Martin Koeller 210 Cherry Ave, Apt G6 Bound Brook N.J. 08805 CANCELLATION 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	Α				4102AH240784		06/15/2025	06/15/2026			
Bound Brook Little League Attn: Martin Koeller 210 Cherry Ave, Apt G6 Bound Brook N.I. 08805 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										d.	
Bound Brook Little League Attn: Martin Koeller 210 Cherry Ave, Apt G6 Bound Brook N.I. 08805 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											
Bound Brook Little League Attn: Martin Koeller 210 Cherry Ave, Apt G6 Bound Brook N.I. 08805 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											
Bound Brook Little League Attn: Martin Koeller 210 Cherry Ave, Apt G6 Bound Brook N.I. 08805 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											
Bound Brook Little League Attn: Martin Koeller 210 Cherry Ave, Apt G6 Bound Brook N.I. 08805 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											
Bound Brook Little League Attn: Martin Koeller 210 Cherry Ave, Apt G6 Bound Brook N.I. 08805 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		OTIFICATE LIGHTED					NELL ATION				
Bound Brook Little League Attn: Martin Koeller 210 Cherry Ave, Apt G6 Bound Brook N.I. 08805	CE	RIIFICATE HOLDER			1	CANC	ELLATION				
Bound Brook N.I. 08805		Attn: Martin Koeller				THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL B		
Bound Brook NJ 08805		•				AUTHO	RIZED REPRESE	NTATIVE			
		Bound Brook	N.	30	805			$\bigcirc Q$.	especial de la constante de la		



DATE (MM/DD/YYYY) 6/5/2025

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

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		ndorse	ment. A stat	ement on thi	is certificate does not co	onfer r	ights to the
_	DUCER		CONTAC NAME:	CT Cathy	Fonseca					
RF	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRES		Fonseca@rp			
					7122112		URER(S) AFFOR	DING COVERAGE		NAIC #
Cli	nton IA	۶ ۲	2733		INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
Br	idgewater N	IJ 0	8807		INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3	
	COMMERCIAL GENERAL LIABILITY					,,	,,	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5,00	00
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:							Abuse/Mol	\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS					00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$			_				DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•						•		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of th	ne named ins	ured for which	n a premium has been pai	d.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy						
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Borough of Somerville				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	25 West End Avenue				AUTHO	RIZED REPRESE	NTATIVE			
	Somerville	NJ	08	3876						
				SRussell Duffey						



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-		
							URER(S) AFFOR	DING COVERAGE			NAIC#
CI	nton IA	. 5	2733	}	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	J C	8807	,	INSURE						
	3			NUMBER:	INSURE	жг.		REVISION NUM	MRFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO				IF POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH D HEREIN IS SU	H RESPEC	OT TO	WHICH THIS
INSR LTR		ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENG			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	\$ 100	
	Incl participant							PREMISES (Ea occi		•	
Α	mici participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00	
^		-						PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREC			00,000
								PRODUCTS - COMI		\$ 1,00	00,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	E I IMIT		
								(Ea accident) BODILY INJURY (Pe		\$ 1,00 \$	00,000
	ANY AUTO ALL OWNED SCHEDULED							,		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (PE	´		
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (/	CORD) 101. Additional Remarks Schedu	ıle. mav b	e attached if mor	e space is requir	red)			
	verage is provided under these policies	•		•				•	s been pai	d.	
		-		·					·		
Th	a contificate halder is named as an addit	اممدا		rad under the liability nalis							
111	e certificate holder is named as an addit	ionai	msur	ed under the liability policy	/.						
CE	RTIFICATE HOLDER				CANC	ELLATION					
CE	RIFICATE HOLDER				CANC	ELLATION					
	Borough of Raritan				THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.			
	22 First Street				AUTHO	RIZED REPRESE	NTATIVE				
	Raritan	N.	08	3869				-			
	1				Skusselet ufpy						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		1401361	mont. A stat	ement on th	is certificate does not co	ZITICI II	ignio to the
	DUCER				CONTAC NAME:	ст Cathy	Fonseca			
R	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRES	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
C	nton I	4 5	2733	i	INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	dgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater 1	IJ (8807	,	INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MIM/DD/TTTT)	(MIM/DD/TTTT)		\$ 1,00	00.000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5.00	-
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	
	POLICY PRO- LOC								\$ 1,00	
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$,
Α	ALL OWNED SCHEDULED AUTOS		9502AU027229			06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								(i or addiadiny	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/ A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.	
					CANC	NELL ATION				
CE	RTIFICATE HOLDER			1	CANC	ELLATION				
	Borough of Metuchen				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	500 Main Street				AUTHO	RIZED REPRESE	NTATIVE			
	Metuchen	N.	30 ا	3840						
					Rusself Dulay					



DATE (MM/DD/YYYY) 6/5/2025

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.

PROBLEM STATE Cathy Foncesce Climon IA 52733 MINURE STATE CATHY FONCESCE MINURE STATE CATHY FONC	C	ertificate holder in lieu of such endors	eme	nt(s)								.g
P.O. Box 4162 Control National Service Natio	PRO	DUCER					ст Cathy	Fonseca				
P.O. Box 4162 Clinton IA 52733 Maurer A: Markel Insurance Company 38970	RF	S Bollinger Sports & Leisure				PHONE	o. Ext): (973)	921-8124		FAX (A/C, No):		
NISURED 1 NOTES A STATE OF THE POLICY PERIOD OF T	Ρ.	O. Box 4162				É-MAIL	Cathoo	_Fonseca@rp	osins.com	(,,-		
MINURER B. : "Markel Insurance Company 38970 MINURER B. : Markel Insurance Company 38970 MINURER B. : MARKER IS. : MARKE								SURER(S) AFFOR	DING COVERAGE			NAIC#
INSURER B: INSURER B: INSURER C:	CI	nton IA	. 5	2733	;	INSURE						
Bridgewater Baseball, etal (CO) Diane Bellinger P. O. Box 6222 Bridgewater NJ 08807 REVISION NUMBER: NBURER E: NBU	INSU	RED							' '			
MOURER P.	Br	dgewater Baseball, etal										
P.O. BOX 6222 Biddgewater COVERAGES CERTIFICATE NUMBER: THIS BTO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERSON. CONTROL OF ANY CONTRACT OR CHARTER NAMED ABOVE FOR THE POLICY PERSON. CONTRACT OR CHARTER NAMED NAMED ABOVE FOR THE POLICY PERSON. CONTRACT OR CHARTER NAMED NAMED ABOVE FOR THE POLICY PERSON. CONTRACT OR CHARTER NAMED NAMED ABOVE FOR THE POLICY PERSON. CONTRACT OR CHARTER NAMED NAMED ABOVE FOR THE POLICY PERSON. CONTRACT OR CHARTER NAMED NAMED ABOVE FOR THE POLICY PERSON. CONTRACT OR CHARTER NAMED NAMED ABOVE FOR THE POLICY PERSON. CONTRACT OR CHARTER NAMED NAMED ABOVE FOR THE POLICY PERSON. CONTRACT OR CHARTER NAMED NAMED ABOVE FOR THE POLICY PERSON. CONTRACT OR CHARTER NAMED NAMED ABOVE FOR THE POLICY PERSON. CONTRACT OR CHARTER NAMED NAMED ABOVE FOR THE POLICY PERSON. CONTRACT OR CHARTER NAMED N	C/	O Diane Bellinger										
Bridgewater NJ 08807 Mesurer F: COVERAGES CENTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD. NINCATED. NOWTHITSTANNING 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 CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PADIL CLAMPS. **ROOMBERGAL GENERAL LABILITY** COMMERCIAL SENSIANCE NOW MORE NOW NOW NOW MORE NOW MORE NOW MORE NOW MORE NOW NOW MORE NOW MO	Ρ.	O. Box 6222										
COVERAGES CENTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICES OF INDURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER ADDRESS PROJECT ON THE INSURED NUMBER ADDRESS PROJECT ON WHICH THIS CENTER OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CENTER OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CENTER OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CENTER OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CENTER OR CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. INSURING THE CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. INSURING THE CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. INSURED AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. INSURED AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. INSURED AND CONDITIONS OF SUCH POLICES. INSURED AND CONDITIONS. INSURED AND CO	Br	idgewater N	J C	8807	,							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUR NAMED AND FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TEMP OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR NAMY 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. RESPECTIVE OF INSURANCE OF ANY CONTRACT OR OTHER POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. RESPECTIVE OF THE POLICY PERIOD OF THE POLICY PROVIDED BY THE POLICY SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. RESPECTIVE OF THE POLICY PROVIDED BY THE POLICY SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, EXCULSIONS OF		<u> </u>	TIFIC	CATE	NUMBER:	INCORE			REVISION NUM	MBFR:		<u> </u>
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFOORDED 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. THE OTHER MURANCE AND WIND MAY HAVE BEEN REDUCED BY PAID CLAIMS. THE OTHER MURANCE AND WIND MAY HAVE BEEN REDUCED BY PAID CLAIMS. COMMERCIAL GENERAL LUBBILTY BOOLICY FEET MANDOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS LOCAL COURSENCE IS 1,000,000 MED EXP (Any one portion) \$ 1,000,000 PRODUCTS. COMPOR AGG \$ 1,000,000 ADMINISTRATION AND ANY AUTO AUTO AUTO AUTO BY						VE BEE	N ISSUED TO				IE POL	ICY PERIOD
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. THE FIVE OF INSURANCE MISS WITE OF MISSIANCE MISS WITE OF MISSIANCE MISS WITE OF MISSIANCE												
TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY SECURITION S. 1,000,000									HEREIN IS SU	BJECT TC	ALL 7	THE TERMS,
COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COUR CO	INSR		ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP				
CLAIMS-MADE COCUR CLAIMS-MADE COCUR VIDEO PRESSES LEGGORY VIDEO PRICE VIDEO P	LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				20,000
A									DAMAGE TO RENT	ED	• •	
A SOZAHO27228 O6/15/2025 O6/15/2026 PERSONAL & ADV INJURY \$ 1,000,000 OCENERAL AGREGATE \$ 3,000,000 OCENERAL AGREGATE \$ 1,000,000 OCENERATE \$ 1,000,000 OCENERATE \$ 1,000,000 OCENERATE \$,		•	
GENI. AGGREGATE LIMIT APPLIES PER: POLICY	^	inci participant	Υ		8502AH027228		06/15/2025	06/15/2026		· /		
PRODUCTS - COMPIOP AGG \$ 1,000,000 ADUSCHMOI \$ 1 M/ZM COMMINED SINGLE LIMB \$ 1,000,000 DOD!* MUHRY (Per person) \$ BOOLY MUHRY (Per person)	А		•		0002/11/02/220		00/10/2020	00/10/2020				
ADUSE/MOI S 1M/2M AUTOMOBIL LIABILITY A AUTO ALL OWNED BECOMPTON BECOMPTON AND CERTIFICATE ACCIDENT S BECH OCCURRENCE S COMMINGE BEACH OCCURRENCE S COMO,000 BODILY MURKY (Per pacident) S BODILY DRUKKY (Per pacident) S BODILY DRUKKY (Per pacident) S BECH OCCURRENCE S COMO,000 AGGREGATE S COMO,000 BODILY MURKY (Per pacident) S BODILY DRUKKY (Per pacident) S BECH OCCURRENCE S COMO,000 BODILY MURKY (Per pacident) S BODILY DRUKKY (Per pacident) S BECH OCCURRENCE S COMO,000 BODILY MURKY (Per pacident) S BODILY DRUKKY (Per pacident) S BODILY DRUKKY (Per pacident) S BODILY DRUKKY (Per pacident) S BECH OCCURRENCE S CANGERATE S AGGREGATE S AGGREGATE S BECH OCCURRENCE S CANGELLATION AND S BECH OCCURRENCE S CANCELLATION BECH DRUKKY (Per pacident) S BECH OCCURRENCE S CANCELLATION BECH DRUKKY (Per pacident) S BECH OCCURRENCE S CANCELLATION BECH DRUKKY (Per pacident) S BECH OCCURRENCE S CANCELLATION CERTIFICATE HOLDER 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 LINCOLD PARK N J 07035												
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO AUTONOMIC AUTONO		POLICY L JÉČT L LOC										
A ALLOWNED ALLOWNED ALTOS ALTOS ALLOWNED ALTOS ALTO										E I IMIT		
A ALIOWNED AUTOS AUTOS AUTOS AUTOS AUTOS NON-OWNED N									(Ea accident)		.,	00,000
A AUTOS AUTO								,				
HIRED AUTOS	Α	AUTOS AUTOS		8502AH027228			06/15/2025	06/15/2026	· ·	´		
MORRELIA LIAB COCUR AGREGATE \$ 2,000,000 AG									(Per accident)			
A Coldent Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER 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. A Chapel Hill Road Lincoln Park N.J. 07035												
DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/REXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Boro of Lincoln Park & Lincoln Park PAL CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AND RETENTIONS SOLUTIONS (STATUTE OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE		U OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
WORKERS COMPENSATION AND EMPLOYERS 'LIBRILTY ANY PROPRIETOR PARTINER/REXECUTIVE OFFICE/REMBER EXCLUSED?' (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Boro of Lincoln Park & Lincoln Park PAL CANCELLATION SHATUTE OFH EL. DISEASE - FALEMPLOYEE \$ EL. DISEASE - FOLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. 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 AND ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) Proprietory in NH) Proprietory in NH) Proprietory in NH Proprie											\$	
A Accident Insurance Full Excess A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CANCELLATION CERTIFICATE HOLDER 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 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE		AND EMBLOVEDS! LIABILITY							STATUTE	ER		
Ves. describe under DESCRIPTION OF OPERATIONS below		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. 34 Chapel Hill Road Lincoln Park NJ 07035									E.L. DISEASE - EA	EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. 34 Chapel Hill Road Lincoln Park NJ 07035		DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. 34 Chapel Hill Road Lincoln Park NJ 07035		Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000		
Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. 34 Chapel Hill Road Lincoln Park NJ 07035	А	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER 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. 34 Chapel Hill Road Lincoln Park NJ 07035	DEC	PRINTION OF ORERATIONS / LOCATIONS / VEHICL	FC //	A CODE	And Additional Demants Cabada				٠, ٩١			
The certificate holder is named as an additional insured under the liability policy. CERTIFICATE HOLDER Boro of Lincoln Park & Lincoln Park PAL 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 AUTHORIZED REPRESENTATIVE									•	s haan nai	Ч	
CERTIFICATE HOLDER Boro of Lincoln Park & Lincoln Park PAL Boro of Lincoln Park & Lincoln Park PAL 34 Chapel Hill Road Lincoln Park NJ 07035 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		verage is provided under these policies	Oilly	101 01	70113010a/3aporvioca aotivi		no named mo	area for write	ir a promium nac	been pai	u.	
CERTIFICATE HOLDER Boro of Lincoln Park & Lincoln Park PAL Boro of Lincoln Park & Lincoln Park PAL 34 Chapel Hill Road Lincoln Park NJ 07035 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												
Boro of Lincoln Park & Lincoln Park PAL SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 34 Chapel Hill Road Lincoln Park NJ 07035	Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	/.						
Boro of Lincoln Park & Lincoln Park PAL SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 34 Chapel Hill Road Lincoln Park NJ 07035												
Boro of Lincoln Park & Lincoln Park PAL SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 34 Chapel Hill Road Lincoln Park NJ 07035												
Boro of Lincoln Park & Lincoln Park PAL SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 34 Chapel Hill Road Lincoln Park NJ 07035												
Boro of Lincoln Park & Lincoln Park PAL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 34 Chapel Hill Road Lincoln Park NJ 07035	CEI	RTIFICATE HOLDER				CANO	CELLATION					
Boro of Lincoln Park & Lincoln Park PAL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 34 Chapel Hill Road Lincoln Park NJ 07035						SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED BEFORE
34 Chapel Hill Road Lincoln Park NJ 07035		Boro of Lincoln Park & Lincoln P	ark F	PAL		THE	EXPIRATION	N DATE THE	REOF, NOTICE			
Lincoln Park NJ 07035						ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
Lincoln Park NJ 07035		34 Chapel Hill Road				AUTUO	DIZED DEDDESE	NTATIVE				
		Lincoln Park	N.	J 07	7035	~01110	MELD KEFKESE	MINE.	_			
								DR.	useest)u	gay.		



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	0-46	_Fonseca@rp	osins.com	(444)		
							SURER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733	j	INSURE		el Insurance (38970
INSU	RED				INSURE						
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger										
	O. Box 6222				INSURE						
		IJ C	8807		INSURE						
	- 3			NUMBER:	INSURE	:K F :		REVISION NUM	MRED.		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
	COMMERCIAL GENERAL LIABILITY	IIIOD	1112			(,22,,	(, 22, ,	EACH OCCURREN	CE	\$ 1,0	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 100	
	Incl participant							MED EXP (Any one		\$ 5,0	-
Α	=			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000
	POLICY PRO- LOC							PRODUCTS - COM			00,000
	OTHER:							Abuse/Mol		\$ 1M/	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)			00,000
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	30,000
Α	ALL OWNED SCHEDULED							BODILY INJURY (Pe	er accident)	\$	
, ,	AUTOS AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB V OCCUR							EACH OCCURREN	CE	\$ 2.0	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	OL	\$ 2,0	30,000
,	DED RETENTION\$			4002/11024710		00/10/2020	00/10/2020	AGGINEGATE		\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POL	LICT LIMIT	Ą	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	red)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activity	ties of t	he named ins	ured for whic	h a premium has	s been pai	d.	
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Blue Chip Prospects, LLC				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	17 Ivy Court				AUTHORIZED REPRESENTATIVE						
	East Hanover	NJ	07	7936	^0180	תובבט הברהבטב	INTATIVE				
							DR.	useed by	Lay		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	,,,,, <u>e,</u> ,,	ignio to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	A 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS	:	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							TTEMMOLO (La occamenco)	\$ 5,00	-
Α	Fi			8502AH027228		06/15/2025	06/15/2026	() = = [= = = ,	,	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								· /	00,000
	POLICY PRO- DECT LOC									00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINIED CINICI E LIMIT		00,000
	ANY AUTO							· · · · · · · · · · · · · · · · · · ·	\$	
Α	ALL OWNED SCHEDULED AUTOS	8502AH027228			06/15/2025	06/15/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			0502A11021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	,,,						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICO							•	4	
	verage to provided under these pension	01119	101 06	ronoor our oup or viood doll vie		io namoa ino	aroa for willor	ra promiam nao boon pai	.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Blessed Sacrament Church				SHO THE	ULD ANY OF TEXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	1890 Washington Valley Road				AUTHO	RIZED REPRESE	NTATIVE			
	Martinsville	N.	J 08	3836						
					I		> IKO	esseet July		



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on thi	is certificate does not co	nter ri	ignts to the	
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp				
							URER(S) AFFOR	DING COVERAGE		NAIC #	
CI	nton IA	5	2733	i	INSURE	48.4 1	el Insurance C			38970	
INSU	RED				INSURE			, ,			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE	:R D :					
Ρ.	O. Box 6222				INSURE	RE:					
Br	idgewater N	J 0	8807	,	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER D S DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	3		
	COMMERCIAL GENERAL LIABILITY	ПОВ	****			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
	Incl participant							MED EXP (Any one person)	\$ 5,00		
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00		
	POLICY PRO- LOC								\$ 1,00		
	OTHER:								\$ 1M/		
	AUTOMOBILE LIABILITY								\$ 1,00		
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$		
	HIRED AUTOS NON-OWNED AUTOS			0502AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$		
								(i or addiadiny	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	11/ /						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)	-		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of tl	he named ins	ured for which	n a premium has been pai	d.		
Th	e certificate holder is named as an addit	ional	insur	red under the liability policy	'.						
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Bernards Township				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
	1 Collyer Lane				AUTHO	RIZED REPRESE	NTATIVE				
	Basking Ridge	NJ	07	7920							
					Russelet Derfor						



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	ment. A stat	ement on th	is certificate does not ce	ing i	ignita to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	4 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater 1	1J C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIWI/DD/TTTT)	(INIM/DD/TTTT)		\$ 1,00	00.000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	-
Α	<u> </u>			8502AH027228		06/15/2025	06/15/2026	(, , - ,	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	
	POLICY PROJECT LOC								\$ 1,00	•
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINED CINIOLE LIMIT	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS					00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Overage is provided under these policies							•	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Bayonne Little League				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	200 W 1st Street				AUTHO	RIZED REPRESE	NTATIVE			
	Bayonne	N.	J 07	7002						
				I		JR.	esself Julan			



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	3 certificate does flot ce	ZITICI II	ignio to the			
	DUCER				CONTA NAME:	ст Cathy	Fonseca						
R	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):					
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp						
					7.22.1.2		URER(S) AFFOR	DING COVERAGE		NAIC #			
C	nton I	A 5	2733	<u> </u>	INSURE		el Insurance C			38970			
INSU	RED				INSURE			. , . ,					
Bı	dgewater Baseball, etal				INSURE								
C	O Diane Bellinger				INSURE								
P.	O. Box 6222				INSURE								
В	idgewater 1	1J (8807	,	INSURE								
	-	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD			
١١	DICATED. NOTWITHSTANDING ANY R	EQUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	OCUMENT WITH RESPEC	TO T	WHICH THIS			
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL I	HE TERMS,			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		522.11	POLICY EFF	POLICY EXP	LIMITS	2				
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	20,000			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100				
	Incl participant							PREMISES (Ea occurrence)	\$ 5.00	-			
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	() = = = = = /	\$ 1,00				
^									\$ 3,00	•			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC LOC									,			
									\$ 1,00				
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1M/ \$ 1,00				
								(Ed docident)	\$ 1,00	00,000			
^	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$				
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	DDODEDT// DAMAGE	\$				
	HIRED AUTOS AUTOS							(Per accident)	\$				
	UMBRELLA LIAB								-	22.222			
	H								\$ 2,00	00,000			
Α	CLAIMS-MADE	-		4602AH024719		06/15/2025	06/15/2026		\$				
	DED RETENTION \$ WORKERS COMPENSATION								\$				
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE					
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)					
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of tl	ne named ins	ured for which	n a premium has been pai	d.				
		•											
CF	RTIFICATE HOLDER				CANO	ELLATION							
<u> </u>	CHI IOATE HOEDER					<u> </u>							
	Basking Ridge Little League Ba	seball			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	P.O. Box 98				AUTHO	RIZED REPRESE	NTATIVE						
	Basking Ridge	N.	J 07	'920				$\overline{}$					
	-	Basking Ridge NJ 07920						Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.9
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	PS Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	inton IA	. 5	2733	}	INSURE		el Insurance (38970
INSU	RED				INSURE			' '			
Br	idgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	J C	8807	,	INSURE						
	•	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUM	MBFR:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUI	BJECT TO	ALL 7	THE TERMS,
INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP		LIMIT		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		20,000
								EACH OCCURRENT DAMAGE TO RENT	ED	• •	00,000
	CLAIMS-MADE CCCUR							PREMISES (Ea occu		\$ 100	-
٨	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00	
Α		•		0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000
	POLICY PRO- LOC							PRODUCTS - COMP			00,000
	OTHER:							Abuse/Mol COMBINED SINGLE	TIMIL	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)			00,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe	· /	\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe	'	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	Accident Insurance						00/45/0000	Med pay \$10	00.000		
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250			
				404 4 1 1111 1 1 2 1 2 1 1							
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI EVERAGE IS PROVIDED UNDER THESE POLICIES							•	s boon noi	٨	
	verage is provided under these policies	Offig	101 34	Jonsoned/Supervised activit	1163 01 11	ne named ms	area for write	ii a pieiiliuiii ilas	been par	u.	
	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
K	: Bridgewater Babe Ruth League										
CE	RTIFICATE HOLDER				CANO	ELLATION					
					SHO	III D ANY OF	THE ABOVE D	ESCRIBED POLIC	SIES BE CA	NCELI	ED REFORE
	Babe Ruth League International	Head	dquar	ters	THE	EXPIRATION	N DATE THE	REOF, NOTICE			
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	1670 Whitehorse-Mercerville Rd				AUTUG	DIZED DECOS	NIT A TIVE				
	Hamilton	N.	J 08	3619	AUTHO	RIZED REPRESE	NIAIIVE				
							DR.	useed Duy	lang		
	1										



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	nter r	gnts to the	
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):			
Ρ.	O. Box 4162				E-MAIL ADDRE	ss. Cathy	Fonseca@rp				
					ADDICE		<u> </u>	DING COVERAGE		NAIC #	
CI	nton IA	\ 5	2733	<u> </u>	INSURE	48.4 1	el Insurance C			38970	
INSL	RED				INSURE			- Cpuy			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
P.	O. Box 6222				INSURE						
Bı	idgewater N	J C	8807	,	INSURE						
	•			NUMBER:	INSUKL	.кг.		REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO			IE POL	ICY PERIOD	
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL T	HE TERMS,	
INSR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)		LIMIT			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(WIW/DD/TTTT)	(IMIM/DD/TTTT)		\$ 1,00	20,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100		
	Incl participant							PREMISES (Ea occurrence)	\$ 5,00		
Α	mor participant			8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one person)	\$ 1,00		
, ,	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 3,00		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00		
									\$ 1,00 \$ 1M/		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,00		
								(Ea accident) BODILY INJURY (Per person)	\$	<i>5</i> 0,000	
Α	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$		
٨	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB V OCCUR							FACILOCCUPPENCE	\$ 2,00	20,000	
Α	H EXOCOLUD			4602AH024719		06/15/2025	06/15/2026	EACH OCCURRENCE		<i>5</i> 0,000	
^	CLAIWS-WADE			4002/11024719		00/13/2023	00/13/2020	AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	Ф		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	DESCRIPTION OF OPERATIONS DELOW							L.L. DISLAGE - FOLICT LIMIT	Ψ		
Α	Accident Insurance			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000			
, ,	Full Excess					00/10/2020	00,10,20	Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE	ES (A	ACORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
	verage is provided under these policies								d.		
CF	RTIFICATE HOLDER				CANO	ELLATION					
<u> </u>	CHI IOATE HOEBER				OAIT	<u> </u>					
	Athletic Performnce Inc. Marylan	d Sp	orts N	/lanagement LLC				ESCRIBED POLICIES BE CA			
	ACCORDANCE WITH THE POLICY PROVISIONS.										
	740 MD Route 3, South				ALITUG	DIZED DEDDESE	NTATIVE				
	Gambrills	М) 21	1054	AUTHO	RIZED REPRESE					
					Russelet Duffey						



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		naorse	ment. A stat	ement on th	s certificate does not co	nter r	gnts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton IA	5 ۸	2733		INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Br	dgewater N	J C	8807		INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	IIIOD	****			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5,00	
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	•
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
	H ASTES							(i or accident)	\$	
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11/ A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)	-	
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	ASA of Pennsylvania Hall of Fan	ne W	olfe F	ïelds	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	3 Saint Anthony Street				AUTHORIZED REPRESENTATIVE					
	Lewisburg	PA	17	'837				. 7		
					Russelet July					



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	nter r	gnts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton IA	5 ۸	2733	i	INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Br	dgewater N	J C	8807	•	INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	IIIOD	1111			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
	Incl participant							MED EXP (Any one person)	\$ 5,00	00
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:								\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	` /	\$	
	HIRED AUTOS NON-OWNED AUTOS			0002/11/02/220		00/10/2020	00/10/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI									
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of t	he named ins	ured for which	n a premium has been pai	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	American Athletic Baseball Conf	erend	е		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	100 West Broadway				AUTHORIZED REPRESENTATIVE					
	Farmington	NN	A 87	⁷ 401						
					Russell Juffey					



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		idorse	ment. A stat	ement on th	is certificate does not co	nter r	ignts to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
CI	nton IA	5	2733	<u> </u>	INSURE	48.4 1	el Insurance C			38970
INSU	RED				INSURE			, ,		
Br	dgewater Baseball, etal				INSURE					
C/	O Diane Bellinger				INSURE	:R D :				
Ρ.	O. Box 6222				INSURE	RE:				
Br	idgewater N	J 0	8807		INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO Y	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	3	
	COMMERCIAL GENERAL LIABILITY	IIIOD	****			(IIIIII)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							MED EXP (Any one person)	\$ 5,00	
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	
	POLICY PRO- LOC								\$ 1,00	
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY								\$ 1,00	
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
								(i or addiadiny	\$	
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	117.7						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Verage is provided under these policies								d.	
CE	RTIFICATE HOLDER				CANC	ELLATION				
CE	THI IOATE HOLDER			1	CAN	JELEA HON				
	American Amateur Baseball Cor Attn: Angelo Cifaldi 101 Highland Road	gres	s		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	•	KI I	ı 07	7509	AUTHORIZED REPRESENTATIVE					
	North Haledon	NJ	07	7508	RusseletJuffan					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot ce	/IIICI II	gins to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
C	nton I	4 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	dgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater 1	JJ C	8807		INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	00 000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							, , ,	\$ 5.00	-
Α				8502AH027228		06/15/2025	06/15/2026	() /	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	
	POLICY PRO-								\$ 1,00	•
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMPINIED CINICLE LIMIT	\$ 1,00	
	ANY AUTO							(Eu decident)	\$	
Α	ALL OWNED SCHEDULED AUTOS AUTOS			0500411007000		06/45/2025	06/45/0006		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$,
	DED RETENTION\$								\$	
	WORKERS COMPENSATION							PER OTH-ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N	N. / A							\$	
	OFFICER/MEMBER EXCLUDED? Nandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Verage is provided under these policies								d.	
CF	RTIFICATE HOLDER				CANC	ELLATION				
	All Star Baseball Academy LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	1475 Phoenixville Pike Suite 1				AUTHO	RIZED REPRESE	NTATIVE			
	West Chester	PA	19	380	Russele Tulan					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does flot co	, inci i	ignis to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I.	۹ 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807		INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIESTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 100	
	Incl participant							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5.00	
Α	ino participant	Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	· /	00.000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	+ ,	00,000
	POLICY PRO- LOC								• •	00,000
	OTHER:								\$ 1,00 \$ 1M/	
	AUTOMOBILE LIABILITY									00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	20,000
Α	ALL OWNED SCHEDULED AUTOS			0500411007000		00/45/0005	00/45/0000		\$	
	HIRED AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAGE (Per accident)	\$	
	AUTOS AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2.00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	DED RETENTION\$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC EVERAGE IS provided under these policies								d.	
Th	e certificate holder is named as an addi	ional	insur	ed under the liability policy	1.					
				, p,	-					
CE	TIFICATE HOLDER CANCELLATION									
	All Jersey Softball, LLC All Jersey Softball, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	P.O. Box 421				AUTHO	RIZED REPRESE	NTATIVE			
	Lake Hiawatha	N.	J 07	7034				T		
				,	Rusself July					



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		1401361	mont. A stat	ement on th	is certificate does flot co	ZITICI II	gins to the
	DUCER				CONTAC NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRES	ss: Cathy	_Fonseca@rp			
					7,22,12		URER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I.	A 5	2733	<u> </u>	INSURE		el Insurance C			38970
INSU	RED				INSURE			, , ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
P.	O. Box 6222				INSURE					
В	idgewater N	IJ C	8807	,	INSURE					
	<u> </u>			NUMBER:	INSURE	Kr.		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO			IE POL	ICY PERIOD
١١	DICATED. NOTWITHSTANDING ANY RI	QUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPEC	TO T	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	ALL 7	HE TERMS,
INSR LTR		ADDL	SUBR		DEEN	POLICY EFF	POLICY EXP			
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		20.000
								DAMAGE TO RENTED		00,000
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 100	
	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one person)	\$ 5,00	
Α	_	ī		0302AH021220		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	¥ ,	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000
	POLICY PRO- LOC									00,000
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS					00/10/2020	00,10,2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIPTION OF CHARMENS SOON								*	
Α	Accident Insurance			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000		
	Full Excess							Ded \$250		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ies of th	ne named ins	ured for which	n a premium has been pai	d.	
		•								
т.				and an along the a line bill to a maline	_					
ır	e certificate holder is named as an addi	lionai	insur	ed under the liability policy	'.					
	RTIFICATE HOLDER				CANC	NELL ATION				
CE	TIFICATE HOLDER CANCELLATION									
	All Jersey Baseball LLC							ESCRIBED POLICIES BE CA		
								Y PROVISIONS.		
	P.O. Box 421									
	Lake Hiawatha	N.	I 07	7034	AUTHO	RIZED REPRESE	NTATIVE			
	Lanc i ildwallid	. 07	UU 4	Rusself July						



DATE (MM/DD/YYYY) 6/5/2025

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

	e terms and conditions of the policy, ertificate holder in lieu of such endors				ndorse	ment. A stat	tement on thi	is certificate does not co	nfer r	ights to the
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca			
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	0-11-1	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
Cli	nton IA	A 5	2733	ı	INSURE	44.4	el Insurance C			38970
INSU	RED				INSURE	RB:				
Br	dgewater Baseball, etal				INSURE	R C :				
C/	O Diane Bellinger				INSURE	RD:				
Ρ.	O. Box 6222				INSURE	RE:				
Br	dgewater N	IJ C	8807	,	INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CI E)	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT	T TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							DAMA OF TO DENTED		00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
	Incl participant			0500411007000		00/45/0005	00/45/0000	MED EXP (Any one person)	\$ 5,00	00
Α				8502AH027228		06/15/2025	06/15/2026			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:									00,000
	POLICY PRO- LOC									00,000
	OTHER:							COMPINED CINICLE LIMIT	\$ 1M/	
	AUTOMOBILE LIABILITY							(Ea accident)		00,000
	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	DDODEDT//DAMAGE	\$ \$	
	HIRED AUTOS AUTOS							(Per accident)	» \$	
	UMBRELLA LIAB V OCCUR									00,000
Α	OCCUR EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$ <u>2,00</u>	50,000
, ,	DED RETENTION\$			4002A11024713		00/13/2023	00/13/2020		\$ \$	
	WORKERS COMPENSATION							PER OTH-	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ \$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requir	ed)		
	verage is provided under these policies								i.	
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	2007 Cal Ripken Baseball 12 Ye Field of Dreams Sports Complex		d Wo	rld Series	SHO THE	OULD ANY OF	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BI LY PROVISIONS.		
	I-40 at Lee Creek		. –	2050	AUTHORIZED REPRESENTATIVE					
	Van Buren	AF	R 72	² 956			$\bigcirc o$	- Lane		
	1				SRussell Duffy					



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.9		
PRO	DDUCER CONTACT NAME: Cathy Fonseca PHONE (A/C No Eys): (973) 921-8124 CONTACT NAME: (973) 921-8124												
RI	PS Bollinger Sports & Leisure					o. Ext): (973)	921-8124		FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(
							URER(S) AFFOR	DING COVERAGE			NAIC #		
CI	inton IA	. 5	2733	j	INSURE		el Insurance (38970		
INSU	RED				INSURE			' '					
Br	idgewater Baseball, etal				INSURE								
C/	O Diane Bellinger				INSURE								
Ρ.	O. Box 6222				INSURE								
Bı	idgewater N	J C	8807	•	INSURE								
	•	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUM	MBFR:				
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD		
	DICATED. NOTWITHSTANDING ANY RE												
	ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	BJECT TO	ALL 7	THE TERMS,		
INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP		LIMIT				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		00.000		
								EACH OCCURRENG DAMAGE TO RENT	ED		00,000		
	CLAIMS-MADE CCCUR							PREMISES (Ea occi		\$ 100			
^	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00			
Α		•		0002711027220		00/13/2023	00/13/2020	PERSONAL & ADV			00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000		
	POLICY PRO- LOC							PRODUCTS - COMI			00,000		
	OTHER:							Abuse/Mol COMBINED SINGLE	TIMIT	\$ 1M/			
	AUTOMOBILE LIABILITY							(Ea accident)			00,000		
Α	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$			
	AUTOS AUTOS	DS AUTOS NON-OWNED			8502AH027228				06/15/2025	06/15/2026	BODILY INJURY (PE	'	\$
	HIRED AUTOS AUTOS							(Per accident)		\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000		
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$			
	Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000				
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250					
DEC	COURTION OF ORER ATIONS / LOCATIONS / VEHICL	FC //	A CODE	A 4 A delisional Domanico Cobode				٠, ٩١					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI EVERAGE IS PROVIDED UNDER THESE POLICIES	•						•	s heen nai	Н			
	verage is provided under these policies	Oilly	101 01	ronsorea, supervised dolivit		no named mo	area for write	ir a promium nac	been par	u.			
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .								
CE	RTIFICATE HOLDER				CANC	ELLATION							
					SHO	III D ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED REFORE		
	War at the Shore Baseball							REOF, NOTICE					
	225 Boston Post Rd, Unit #28				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.					
					A	DIZED DEC.===	NIT A TIVE						
	East Lyme	CT	Γ 06	6333	AUTHORIZED REPRESENTATIVE								
	- ,	•					SR.	usee Duy	lay				
1	1				ı				0				



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s).								.9
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	C-4b	_Fonseca@rp	osins.com	(,,-		
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	5 ۸	2733	i	INSURE		el Insurance (38970
INSU	RED				INSURE	RB:					
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	J (8807	,	INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH D HEREIN IS SU	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	5	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi		\$ 100	,000
	Incl participant							MED EXP (Any one		\$ 5,00	00
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV		\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO	GATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMI	P/OP AGG	\$ 1,00	00,000
	OTHER:							Abuse/Mol		\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
А	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe	er accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS			0302A11021220		00/13/2023	00/13/2020	PROPERTY DAMAG (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)	147.7						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (/	ACORD	L	ıle. mav b	e attached if mor	e space is requir	∣ :ed)			
	verage is provided under these policies	•						•	s been pai	d.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	/ .						
CE	RTIFICATE HOLDER				CANO	CELLATION					
					 sho	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	ANCELI	ED BEFORE
	ECTB LLC							EREOF, NOTICE	WILL B	E DE	LIVERED IN
	PO Box 322				ACCORDANCE WITH THE POLICY PROVISIONS.						
	Hellertown	P/	\ 18	3055	AUTHORIZED REPRESENTATIVE						
	1						PR.	reserved by	by		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ing i	ignita to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	4 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	JJ C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(IVIIVI/DU/TTTT)	(INIM/DD/TTTT)		\$ 1,00	00.000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	-
Α	 	Υ		8502AH027228		06/15/2025	06/15/2026	(, , - ,	\$ 1.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	-,
	POLICY PRO- DECT LOC								\$ 1,00	•
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY								\$ 1,00	
	ANY AUTO							,	\$	•
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC EVERAGE is provided under these policies							•	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Township of Ewing 2 Jake Garzio Drive				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Tranton	N.	ı no	3628	AUTHORIZED REPRESENTATIVE					
	Trenton	3628	Rusself July							



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)	·							g 10
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-		
							SURER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733		INSURE		el Insurance (38970
INSU	RED				INSURE			, , , , , , , , , , , , , , , , , , ,			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger										
	O. Box 6222				INSURE						
		IJ C	8807		INSURE						
	- 3			NUMBER:	INSURE	:K F :		REVISION NUM	MDED:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IF POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	8	
	COMMERCIAL GENERAL LIABILITY	IIIOD	1112			(,	(,	EACH OCCURRENCE	CE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 100	
	Incl participant							MED EXP (Any one		\$ 5,00	
Α	=			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000
	POLICY PRO- LOC							PRODUCTS - COM			00,000
	OTHER:							Abuse/Mol		\$ 1M/	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)			00,000
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	70,000
Α	ALL OWNED SCHEDULED							BODILY INJURY (Pe	er accident)	\$	
Α	AUTOS AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB V OCCUR							EACH OCCURRENC	CE	\$ 2.00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	CE	\$ 2,00	70,000
, ,	CLAIWS-WADE					00/13/2023	00/13/2020	AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ф	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POL	LICT LIMIT	φ	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of t	he named ins	ured for whic	h a premium has	s been pai	d.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
				, , ,							
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Township of Little Falls					-		ESCRIBED POLIC			
	225 Main Street							EREOF, NOTICE Y PROVISIONS.	WILL B	ic DE	TIVEKED IN
	223 Maii Sueet				Account with the Foliat Francisco.						
					AUTHORIZED REPRESENTATIVE						
	Little Falls	NJ	07	7424							
	I						SIK.	useeet)u	by-		



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)	·							.g
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	0-46	_Fonseca@rp	osins.com	(,,-		
							SURFR(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733		INSURE		el Insurance (38970
INSU	RED				INSURE						
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger										
	O. Box 6222				INSURE						
		IJ C	8807		INSURE						
	- 3			NUMBER:	INSURE	:K F :		REVISION NUM	MDED:		
	HIS IS TO CERTIFY THAT THE POLICIES				VF RFF	N ISSUED TO				IF POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
LIIX	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MIM/DD/11111)	(MIM/DD/1111)	EACH OCCURREN			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 100	-
	Incl participant							MED EXP (Any one	,	\$ 5,0	-
Α				8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000
	POLICY PECT LOC							PRODUCTS - COM			00,000
	OTHER:							Abuse/Mol		\$ 1,0	
	AUTOMOBILE LIABILITY							COMBINED SINGLE			00,000
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	er person)	\$	30,000
Δ	ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS NON-OWNED			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							540U 000UBB55U	05	-	20,000
Α	H			4602411024740		06/45/2025	06/45/2026	EACH OCCURREN	CE		00,000
^	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY Y / N							1			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of t	he named ins	ured for whic	h a premium has	s been pai	d.	
CE	RTIFICATE HOLDER				CANO	CELLATION					
					<u> </u>						
	Proof of Covergae		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					AUTHO	RIZED REPRESE	NTATIVE				
	Holtsville	N١	1		SRussell Duffey						
	I						N.	weekt ly	8y		



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s).							
	DUCER				CONTA NAME:	ст Саthy	Fonseca			
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FA (A	AX A/C, No):	
Ρ.	O. Box 4162				E-MAIL ADDRE	0 - 11	Fonseca@rp		40, 110).	
					ADDRE	· · · · · · · · · · · · · · · · · · ·	- ·	DING COVERAGE		NAIC #
CI	nton IA	. 5	2733		INIOUEE	***	el Insurance C			38970
INSL			2100		INSURE		ei ilisulalice C	Опрану		30970
	dgewater Baseball, etal				INSURE	R B :				
	·				INSURE	R C :				
	O Diane Bellinger				INSURE	RD:				
Ρ.	O. Box 6222				INSURE	RE:				
Bı	idgewater N	J 0	8807		INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMB	BER:	
	IS IS TO CERTIFY THAT THE POLICIES									
	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F									
	CLUSIONS AND CONDITIONS OF SUCH							TIERENT 10 CODO	201 10 712	E THE TERMO,
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	T OLIOT NOMBER		(WIWI/DD/1111)	(WIW/DD/1111)	EACH OCCURRENCE		1,000,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED)	100,000
	Incl participant							PREMISES (Ea occurre	5110C) +	
^	Inci participant			8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one per		5,000
Α				0002/11/02/220		00/10/2020	00/10/2020	PERSONAL & ADV INJ		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT		3,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/O	OP AGG \$ 1	1,000,000
	OTHER:							Abuse/Mol		1M/2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	IMII \$ 1	1,000,000
	ANY AUTO							BODILY INJURY (Per p	person) \$	
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per a	· /	
	AUTOS AUTOS NON-OWNED AUTOS			0302A11021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
	H A0103							(i di dedident)	\$	
	UMBRELLA LIAB V OCCUR							EACH OCCURRENCE	6.2	2,000,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$.,000,000
, ,	CLAIWS-WADE			4002A11024113		00/13/2023	00/13/2020	AGGREGATE		
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	
	AND EMPLOYERS' LIABILITY Y/N									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMI	IPLOYEE \$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT \$	
^	Accident Insurance			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,	,000	
Α	Full Excess			4102/11/240704		00/13/2023	00/13/2020	Ded \$250		
DEC	CRIPTION OF ORERATIONS / LOCATIONS / VEHICL	FC //	CODD	A04 Additional Damarka Cabada				٠.4١		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Verage is provided under these policies	•						•	oon naid	
	verage is provided under these policies	Offig	101 Sp	onsoreu/superviseu activit	iles of ti	ne nameu ms	ured for writer	r a premium nas be	een paid.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Proof of Coverage							ESCRIBED POLICIES REOF, NOTICE V		
								Y PROVISIONS.		
					AUTHO	RIZED REPRESE	NTATIVE			
							00.	Lagor De.		



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)								.9		
PRO	DDUCER CONTACT NAME: Cathy Fonseca PHONE (A/C No Eys): (973) 921-8124 CONTACT NAME: (973) 921-8124												
RI	PS Bollinger Sports & Leisure					o. Ext): (973)	921-8124		FAX (A/C, No):				
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(
							URER(S) AFFOR	DING COVERAGE			NAIC #		
CI	inton IA	. 5	2733	j	INSURE		el Insurance (38970		
INSU	RED				INSURE			' '					
Br	idgewater Baseball, etal				INSURE								
C/	O Diane Bellinger				INSURE								
Ρ.	O. Box 6222				INSURE								
Bı	idgewater N	J C	8807	•	INSURE								
	•	TIFIC	CATE	NUMBER:	INOUNE			REVISION NUM	MBFR:				
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD		
	DICATED. NOTWITHSTANDING ANY RE												
	ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	BJECT TO	ALL 7	THE TERMS,		
INSR		ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP		LIMIT				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		00.000		
								EACH OCCURRENG DAMAGE TO RENT	ED		00,000		
	CLAIMS-MADE OCCUR							PREMISES (Ea occi		\$ 100			
^	Incl participant	Υ		8502AH027228		06/15/2025	06/15/2026	MED EXP (Any one	· /	\$ 5,00			
Α		•		0002711027220		00/13/2023	00/13/2020	PERSONAL & ADV			00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO			00,000		
	POLICY PRO- LOC							PRODUCTS - COMI			00,000		
	OTHER:							Abuse/Mol COMBINED SINGLE	TIMIT	\$ 1M/			
	AUTOMOBILE LIABILITY							(Ea accident)			00,000		
Α	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$			
	AUTOS AUTOS	DS AUTOS NON-OWNED			8502AH027228				06/15/2025	06/15/2026	BODILY INJURY (PE	'	\$
	HIRED AUTOS AUTOS							(Per accident)		\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000		
Α	CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$			
	Accident Insurance			4400411040704		00/45/0005	00/45/0000	Med pay \$10	00,000				
Α	Full Excess			4102AH240784		06/15/2025	06/15/2026	Ded \$250					
DEC	COURTION OF ORER ATIONS / LOCATIONS / VEHICL	FC //	A CODE	Add Additional Damadra Cahada				٠, ٩١					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI EVERAGE IS PROVIDED UNDER THESE POLICIES	•						•	s heen nai	Н			
	verage is provided under these policies	Oilly	101 01	ronsorea, supervised dolivit		no named mo	area for write	ir a promium nac	been par	u.			
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .								
CE	RTIFICATE HOLDER				CANC	ELLATION							
					SHO	III D ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	NCELI	ED REFORE		
	War at the Shore Baseball							REOF, NOTICE					
	225 Boston Post Rd, Unit #28				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.					
					A	DIZED DEC.===	NIT A TIVE						
	East Lyme	CT	Γ 06	6333	AUTHORIZED REPRESENTATIVE								
	- ,	•					SR.	usee Duy	lay				
1	1				ı				0				



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s).								.9
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	C-4b	_Fonseca@rp	osins.com	(,,-		
							URER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	5 ۸	2733	i	INSURE		el Insurance (38970
INSU	RED				INSURE	RB:					
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger				INSURE						
Ρ.	O. Box 6222				INSURE						
Br	idgewater N	J (8807	,	INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH D HEREIN IS SU	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	5	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi		\$ 100	,000
	Incl participant							MED EXP (Any one		\$ 5,00	00
Α		Υ		8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV		\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO	GATE	\$ 3,00	00,000
	POLICY PRO- LOC							PRODUCTS - COMI	P/OP AGG	\$ 1,00	00,000
	OTHER:							Abuse/Mol		\$ 1M/	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
А	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Pe	er accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS			0302A11021220		00/13/2023	00/13/2020	PROPERTY DAMAG (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)	117.7						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (/	ACORD	L	ıle. mav b	e attached if mor	e space is requir	' 'ed)			
	verage is provided under these policies	•						•	s been pai	d.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	/ .						
CE	RTIFICATE HOLDER				CANO	CELLATION					
					 sho	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	ANCELI	ED BEFORE
	ECTB LLC							EREOF, NOTICE	WILL B	E DE	LIVERED IN
	PO Box 322				ACCORDANCE WITH THE POLICY PROVISIONS.						
	Hellertown	P/	\ 18	3055	AUTHORIZED REPRESENTATIVE						
	1						PR.	reserved by	by		



DATE (MM/DD/YYYY) 6/5/2025

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.

	ertificate holder in lieu of such endor		-		140136	mont. A stat	ement on th	is certificate does not co	ing i	ignita to the
	DUCER				CONTA NAME:	ст Cathy	Fonseca			
R	PS Bollinger Sports & Leisure				PHONE (A/C, No	(973)	921-8124	FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	ss: Cathy	_Fonseca@rp			
							SURER(S) AFFOR	DING COVERAGE		NAIC #
C	inton I	4 5	2733		INSURE		el Insurance C			38970
INSU	RED				INSURE			, ,		
Bı	idgewater Baseball, etal				INSURE					
C	O Diane Bellinger				INSURE					
Ρ.	O. Box 6222				INSURE					
В	idgewater N	JJ C	8807		INSURE					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		ADDL	SUBR WVD		522.11	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	•	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(IVIIVI/DU/TTTT)	(INIM/DD/TTTT)		\$ 1,00	00.000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	Incl participant							,	\$ 5.00	-
Α	 	Υ		8502AH027228		06/15/2025	06/15/2026	(, , - ,	\$ 1.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 3,00	-,
	POLICY PRO- DECT LOC								\$ 1,00	•
	OTHER:								\$ 1M/	
	AUTOMOBILE LIABILITY								\$ 1,00	
	ANY AUTO							,	\$	•
Α	ALL OWNED SCHEDULED AUTOS			8502AH027228		06/15/2025	06/15/2026		\$	
	HIRED AUTOS NON-OWNED AUTOS			0302AH021220		00/13/2023	00/13/2020	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026		\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC EVERAGE is provided under these policies							•	d.	
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Township of Ewing 2 Jake Garzio Drive				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Tranton	N.	ı no	3628	AUTHORIZED REPRESENTATIVE					
	Trenton	3628	Rusself July							



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	seme	nt(s)	·							g 10
PRO	DUCER				CONTA NAME:	ст Cathy	Fonseca				
RF	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
Ρ.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-		
							SURER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	۸ 5	2733		INSURE		el Insurance (38970
INSU	RED				INSURE			, , , , , , , , , , , , , , , , , , ,			
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger										
	O. Box 6222				INSURE						
		IJ C	8807		INSURE						
	- 3			NUMBER:	INSURE	:K F :		REVISION NUM	MDED:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IF POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	8	
	COMMERCIAL GENERAL LIABILITY	IIIOD	1112			(,	(,	EACH OCCURRENCE	CE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 100	
	Incl participant							MED EXP (Any one		\$ 5,00	
Α	=			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000
	POLICY PRO- LOC							PRODUCTS - COM			00,000
	OTHER:							Abuse/Mol		\$ 1M/	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)			00,000
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	70,000
Α	ALL OWNED SCHEDULED							BODILY INJURY (Pe	er accident)	\$	
Α	AUTOS AUTOS NON-OWNED AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB V OCCUR							EACH OCCURRENC	CE	\$ 2.00	00,000
Α	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	CE	\$ 2,00	70,000
, ,	CLAIWS-WADE					00/13/2023	00/13/2020	AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ф	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POL	LICT LIMIT	φ	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of t	he named ins	ured for whic	h a premium has	s been pai	d.	
Th	e certificate holder is named as an addit	ional	insur	ed under the liability policy	<i>/</i> .						
				, , ,							
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Township of Little Falls					-		ESCRIBED POLIC			
	225 Main Street							EREOF, NOTICE Y PROVISIONS.	WILL B	ic DE	TIVEKED IN
	223 Maii Sueet				Account with the Foliat Francisco.						
					AUTHORIZED REPRESENTATIVE						
	Little Falls	NJ	07	7424							
	I						SIK.	useeet)u	by-		



DATE (MM/DD/YYYY) 6/5/2025

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.

C	ertificate holder in lieu of such endors	eme	nt(s)	·							.9
PRO	DUCER				CONTACT NAME: Cathy Fonseca						
RI	S Bollinger Sports & Leisure				PHONE (A/C, No	o. Ext): (973)	921-8124		FAX (A/C, No):		
P.	O. Box 4162				E-MAIL ADDRE	Cathoo	_Fonseca@rp	osins.com	(,,-		
							SURER(S) AFFOR	DING COVERAGE			NAIC #
CI	nton IA	٠ 5	2733		INSURE		el Insurance (38970
INSU	RED				INSURE						
Br	dgewater Baseball, etal				INSURE						
C/	O Diane Bellinger										
	O. Box 6222				INSURE						
		J C	8807		INSURE						
	3			NUMBER:	INSURE	:K F :		REVISION NUM	MDED:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
LIIX	COMMERCIAL GENERAL LIABILITY	IIIOD	WVD	TOLIOT NOMBER		(MIM/DD/11111)	(MIM/DD/1111)	EACH OCCURRENCE			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 100	-
	Incl participant							MED EXP (Any one		\$ 5,0	-
Α	=			8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC			00,000
	POLICY PECT LOC							PRODUCTS - COM			00,000
	OTHER:							Abuse/Mol		\$ 1,0	
	AUTOMOBILE LIABILITY							COMBINED SINGLE			00,000
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	er person)	\$	30,000
Δ	ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
Α	AUTOS AUTOS AUTOS AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	PROPERTY DAMAG		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB OCCUB									-	00.000
_	H			4000411004740		00/45/0005	00/45/0000	EACH OCCURRENCE	CE		00,000
Α	CLAIWS-WADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER I	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I			
	DÉSCRIPTION OF OPERATIONS below			<u> </u>				E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$10 Ded \$250			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of t	he named ins	ured for whic	h a premium has	s been pai	d.	
CF	RTIFICATE HOLDER				CANO	ELLATION					
	THE POLICE TO LEGET					JEEE/A HON					
	Do Not use				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRESE	NTATIVE				
	Holtsville	N١	1								
	1						N.	useeet)u	8y		



DATE (MM/DD/YYYY) 6/5/2025

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.

PRODUCER PO. Biox 4162 Climon IA 52733 Market Ma	C	ertificate holder in lieu of such endors	eme	nt(s).							
P.O. Box 4182 Control Carby Fonders disprina.com MANGE		· · · · · ·				CONTA NAME:	ст Саthy	Fonseca			
P.O. Box 4162 Clinion IA 52733 MINUSERS 1. MonRel Insurance Company 38970 MINUSERS 1. MonRel Insurance Company 38970 MINUSERS 2. MonRel Insurance Company 38970 MINUSERS 2. MonRel Insurance Company 38970 MINUSERS 2. MONREL INSURANCE COMPANY MINUSERS 2. REVISION NUMBER: MINUSERS 3. MONREL INSURANCE COMPANY MINUSERS 2. REVISION NUMBER: MINUSERS 3. MONREL INSURANCE COMPANY MINUSERS 2. REVISION NUMBER: MINUSERS 3. MONREL AND MAY DETAIN. THE POLICY PERIOD CERTIFICATE NUMBERS 3. MONREL AND MAY DETAIN. THE POLICY PERIOD CERTIFICATE MAY BE ISSUED ON MAY PERIOD MONREL MAY BE ISSUED ON MAY PERIOD COMMERCIAL GREENAL LIABILITY COMMERCIAL GREENAL LIABILITY COMMERCIAL GREENAL LIABILITY COMMERCIAL GREENAL LIABILITY MAY DEVELOP MAY BE ISSUED ON MAY PERIOD MONREL LIABILITY MAY DEVELOP MAY BE ISSUED ON MAY PERIOD MONREL MAY BE ISSUED ON MAY BE ISSUED ON MAY PARK BE INCOMPANY BE INCOMP	RF	S Bollinger Sports & Leisure				PHONE (A/C. No	(973)	921-8124	FA (A/	AX /C. No):	
INSURER 1 MAINTENNE CONTRINGE MAINTENN	Ρ.	O. Box 4162				E-MAIL	0 - 11	Fonseca@rr		. 0, 110).	
Market Insurance Company 38970						ADDRE	· · · · · · · · · · · · · · · · · · ·	- ·			NAIC #
MOURER 9: MISURER 9: MISURA 9: MISURER 9: MISURA 9: MISURER 9: MISURER 9: MISURER 9	CI	nton IA	. 5	2733		INIOUEE	***				
Bridgewater Baseball, etal (CO Diane Bellinger P.O. Box 6222 Bridgewater NJ 08807 NBURRE 9: N				2,00				ei ilisulalice C	Опрапу		30970
CO Diane Bellinger P.O. Box 6222 Bridgewater NJ 08807 CESTIFICATE NUMBER: REVISION NUMBER (1)						INSURE	R B :				
P.O. Box 6222 Bridgewater N.J. 08807 Nature E: NSUBER F: NSUBER		·				INSURE	R C :				
Bridgewater NJ 08807 NOUNDER: COVERAGES COVERAGE COVERAGES COV		· ·				INSURE	RD:				
COVERAGES CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE NUMBER: COVERAGE OF CONTRACT OR OTHER DOLICIES OF PRICE POLICY PRIVAL PRICE NUMBER: NINDICATED. NOTIVITISTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED TO THE INSURED NUMBER: CERTIFICATE MAY BE ISSUED OR MAY PERSTAND. THE INSURANCE AFFORDED BY THE POLICY SET OF THE INSURED SECRETOR OR AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COMMERCIAL SHERBAL LIABILITY COHER CONTRACTOR OF SCHEDULED AND AND CONTRACTOR OF SHERBAL LIABILITY COHER CONTRACTOR OF SCHEDULED AND CONTRACTOR OF SHERBAL LIABILITY AND CONTRACTOR OF SCHEDULED AND CONTRACTOR OF SHERBAL LIABILITY COHER CONTRACTOR OF SCHEDULED AND CONTRACTOR OF SHERBAL LIABILITY AND CONTRACTOR OF SCHEDULED AND CONTRACTOR OF SHERBAL LIABILITY COHER CONTRACTOR OF SCHEDULED AND CONTRACTOR OF SHERBAL LIABILITY AND CONTRACTOR OF SCHEDULED AND CONTRACTOR OF SHERBAL LIABILITY AND CONTRACTOR OF SCHEDULED AND CONTRACTOR OF SHERBAL LIABILITY CONTRACTOR OF SCHEDULED AND CONTRACTOR OF SHERBAL LIABILITY AND CONTRACTOR OF SCHEDULED AND CONTRACTOR OF SHERBAL LIABILITY CONTRACTOR OF SCHEDULED AND CONTRACTOR OF SHERBAL LIABILITY AND CONTRACTOR OF SCHEDULED AND CONTRACTOR OF SHERBAL LIABILITY CONTRACTOR OF SCHEDUL	Ρ.	O. Box 6222				INSURE	RE:				
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 RECURSIVENT TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCTOR THE POLICY PERIOD PROVED THE POLICY OF THE POLICY PERIOD PROVED THE POLICY PERIOD PROVIDED THE POLICY OF THE POLICY PERIOD PROVIDED THE POLICY OF THE POLICY O	Br	dgewater N	J 0	8807		INSURE	RF:				
INDICATED. NOTWITHSTANDING ANY REGUIREMENT, 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. YEAR	CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBI	ER:	
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 BE INFECUDED BY PAID CLAIMS. TYPE OF INSURANCE. V COMMERCIAL GENERAL LUBBILITY											
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY FUE OF INSURANCE MASO WIVE POLICY NUMBER POLICY FUE											
TYPE OF INSURANCE BASO WYD POLICY NUMBER MMDDDYYYY) MMDDDYYYY MMDDDYYYY MMDDDYYYYY MMDDDYYYYY MMDDDYYYYY EACH OCCURRENCE \$ 1,000,000									TILICLIN IS SUBJE	LOT TO ALL	THE TEINIO,
CANCELLATION COMMERCIAL GENERAL LIABILITY COUR	INSR	TYPE OF INSURANCE	ADDL	SUBR	DOLICY NUMBER		POLICY EFF	POLICY EXP		LIMITS	
DAMAGE TORKNIED DAMAGE TORKNI	LIK		INSD	WVD	FOLICT NUMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCUPRENCE		200 000
A									DAMAGE TO RENTED	10	
A SCENTIFICATE HOLDER SECRETIFICATE HOLDER SECRETIFICATE HOLDER SECRETIFICATE HOLDER SECRETIFICATE HOLDER SECRETIFICATE HOLDER SAUTORIS SHOULE SPER: SOZAH027228 SECRETIFICATE HOLDER CANCELLATION SOZAH027228									•		
GENL AGGREGATE LIMIT APPLIES PER: POLICY		inci participant			85024H027228		06/15/2025	06/15/2026			
PRODUCTS - COMPIOP AGG \$ 1,000,000 OTHER AUTOMOBILE LIABILITY ANY AUTO ALLOWNED AUTOS BESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER Template PRODUCTS - COMPIOP AGG \$ 1,000,000 A DUSCNS SIGNED IN \$ 1,000,000 BOOLY NURRY (Per person) \$ BOO	А				0302A11021220		00/13/2023	00/13/2020	PERSONAL & ADV INJU		
A AUGMOND STATE SINGLE LIABILITY A AUTOMOSHIE LIABILITY A ALL OWNED BODILY NUMBY (Per pacodem) \$ BODILY NUMBY (Per pacod									GENERAL AGGREGATI	E \$ 3,0	000,000
AUTOMOBILE LIABILITY ANY AUTO ALLOWNED AUTOS AU		POLICY FOOT LOC								P AGG \$ 1,0	000,000
A AVAION ALLOWNED ALTOS		OTHER:								- 110	1/2M
A ALIONNED AUTOS SOLOWARDE AUTOS AUTOS SOLOWARDE AUTOS SOLOWARDE AUTOS SOLOWARDE AUTOS SOLOWARDE SOLOWARD		AUTOMOBILE LIABILITY							(Ea accident)	MIT \$ 1,0	000,000
A AUTOS AUTO		ANY AUTO							BODILY INJURY (Per pe	erson) \$	
HIREDAUTOS	Α				05024H027220		06/15/2025	06/15/2026	BODILY INJURY (Per ac	ccident) \$	
WORKERS COMPENSATION AND EMPLOYERS LIABBLITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under the policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CANCELLATION S 2,000,000 AGGREGATE S 2,000,000		HIRED ALITOS NON-OWNED			0302AH021220		06/15/2025	06/15/2026	PROPERTY DAMAGE	\$	
A CORRESCUENT OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER 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		AUTOS AUTOS							(i ei accident)	\$	
A CORRESCUENT OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER 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		UMBRELLA LIAB A OCCUP							EACH OCCUPRENCE	\$ 21	200 000
WORKERS COMPENSATION AND EMPLOYERS' LIBBILITY ANY PROPRIETOR PARTINER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CANCELLATION SOUNDED RETENTIONS SOUNDED ROSINGATION SOUNDED ROSINGATION STATUTE OTH EACH STAT	Δ	ENGERGLUS COCOR			4602∆ H024710		06/15/2025	06/15/2026			300,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTINER/EXECUTIVE OFFICE/MEMBER EXCLUDED? ANA COIGNEMEMBER EXCLUDED? A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER 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	^	CEANNS-INIADE			4002A11024719		00/13/2023	00/13/2020	AGGREGATE		
ANY PROPRIETOR PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED? (Mandatory in MH) If yes, describe under Insurance A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER Template CANCELLATION CANCELLATION 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									PER		
A Accident Insurance Full Excess A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER CANCELLATION CERTIFICATE HOLDER 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		AND EMPLOYERS' LIABILITY									
# West, describe under DESCRIPTION OF OPERATIONS below # 4102AH240784 # 106/15/2025 # 106/15/2026 #		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
A Accident Insurance Full Excess DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER 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									E.L. DISEASE - EA EMP	PLOYEE \$	
A Full Excess		DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT \$	
A Full Excess		Accident Insurance							Med pay \$100.0	000	
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. CERTIFICATE HOLDER 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	Α				4102AH240784		06/15/2025	06/15/2026		000	
Certificate Holder Certificate Holder 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									·		
CERTIFICATE HOLDER 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	DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
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	Co	verage is provided under these policies	only	for sp	onsored/supervised activit	ties of tl	he named ins	ured for which	n a premium has be	een paid.	
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											
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											
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											
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											
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											
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		TIFICATE HOLDED					SELL ATION				
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	UE	TIFICATE HULDEK				CANC	ELLATION				
		Template				THE	EXPIRATION	N DATE THE	REOF, NOTICE W		
						AUTHO	RIZED REPRESE	NTATIVE			
								\bigcirc 0	Too		



DATE (MM/DD/YYYY) 6/5/2025

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors		-		naorse	ment. A stat	ement on thi	is certificate does not co	onter r	ignts to the	
PRODUCER						CONTACT Cathy Fonseca					
RPS Bollinger Sports & Leisure					PHONE (A/C, No, Ext): (973) 921-8124 FAX (A/C, No):						
P.O. Box 4162					ADDRESS: Cathy_Fonseca@rpsins.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
Clinton IA 52733					INSURE	INSURER A: *Markel Insurance Company				38970	
INSURED					INSURE	INSURER B:					
Bridgewater Baseball, etal					INSURER C:						
C/O Diane Bellinger					INSURER D:						
P.O. Box 6222				INSURER E:							
Bridgewater NJ			8807		INSURER F:						
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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5		
	COMMERCIAL GENERAL LIABILITY					,,	,	EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000	
	Incl participant							MED EXP (Any one person)	\$ 5,00	00	
Α			850	8502AH027228		06/15/2025	06/15/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000	
	OTHER:								\$ 1M/	2M	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000	
	ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS			8502AH027228		06/15/2025	06/15/2026	BODILY INJURY (Per person)	\$		
								` /	\$		
								PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
	EXCESS LIAB CLAIMS-MADE			4602AH024719		06/15/2025	06/15/2026	AGGREGATE	\$		
	DED RETENTION\$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Accident Insurance Full Excess			4102AH240784		06/15/2025	06/15/2026	Med pay \$100,000 Ded \$250			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid.											
CERTIFICATE HOLDER CANCELLATION											
Bridgewater Baseball, etal C/O Diane Bellinger						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	P.O. Box 6222			2007	AUTHO	RIZED REPRESE	NTATIVE				
Bridgewater NJ 08807						Russelet Duffey					