

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/30/2025

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.

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		ON A		
DDODLICED		NAME:		
	Terry L. Green & Associates 3100 Five Forks Trickum Rd Suite 101 Lilburn, GA 30047	PHONE . 1-800-550-5029  A/C N  ADDRESS. E-MAILinfo@esportsinsurance.  INSURER S AFFORDING O	A/C No .	78-2780 NAIC#
		INSURER A : Fortegra Specialty Insurance	Company	# 16823
INSURED		INSURER B: AXIS Insurance Company		# 37273
	Kempsville Pony Baseball			
	PO Box 65243	INSURER C :		
	Virginia Beach, Virginia 23464	INSURER D :		
		INSURER E :		
		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.

TYPE OF INCLIDANCE	NSD WVD	POLICY NUMBER	EFF AAA (DD AAA)	POLICY EXP		ΓS
X COMMERCIAL GENERAL LIABIL CLAIMS-MADE *OCCU X Participant COMMERCIAL GENERAL LIABIL CLAIMS-MADE X COMMERCIAL GENERAL LIABIL CLAIMS-MADE X CLAIMS-MADE X COMMERCIAL GENERAL LIABIL CLAIMS-MADE X COMMER	ITY UR ER:	KSG1000001-03-C24631	MM/DD/YYYY 10/8/2025 12:01 AM	MM/DD/YYYY 10/8/2026 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (E@pccurrence MED EXP An one rson) PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG SEXUAL ABUSE AGG	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 3,000,000
AUTOS AUTO	OWNED	KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	MBINED SINGLE LIMIT ea accident)————————————————————————————————————	\$ 1,000,000 \$ \$
1000000000	CCUR LAIMS-MADE				EACH OCCURRENCE AGGREGATE	\$ \$ \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				PER OTH- STATUTE ER	s
If es, describe under				E.L. DISEASE- EA EMPLOY	'E \$
D\SCRIPTION OF OPERATIONS below				E.L. DISEASE- POLICY LIM	IT\$
B Participant Accident Coverage Excess Coverage	SRPOAGI-ESA204385	10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expense Benefit	\$25,000
				Accident Medical Expense Deductib	ole \$250
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AC overage is provided under this policy for sponsored and supervised		•	more space is re	equired)	
ctivities Covered; Youth Daoeball Eff; 10/0/20	026				

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER CANCELLATION

City of Virginia Beach Public Schools; School Board of the City of Virginia
Beach & their employees, members

2512 George Mason Drive Virginia Beach, Virginia 23456 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

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POLICY NUMBER: KSG1000001-03-C24631

COMMERCIAL GENERAL LIABILITY

CG 24 04 05 09

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Person Or Organization:

City of Virginia Beach Public Schools; School Board of the City of Virginia Beach & their employees, members

2512 George Mason Drive

Virginia Beach Virginia 23456

Information re uired to com lete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV — Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This



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PRODUCER	ON A NAME:	ON A NAME:						
Terry L. Green & Associates 3100 Five Forks Trickum Rd Suite 101	PHONE . 1-800-550-5029  No E  ADDRESS: E-MAILinfo@esportsinsurance.com	FAX mc No .770- 978-2780.						
Lilburn, GA 30047	INSURER S AFFORDING COVERAGE	NAIC#						
		# 16823						
	INSURER A : Fortegra Specialty Insurance Company							
INSURED		# 37273						
Kempsville Pony Baseball PO Box 65243	INSURER B : AXIS Insurance Company							
Virginia Beach, Virginia 23464	INSURER D : INSURER							
	INSURER F ◆	E:						

waiver applies only to the person or organization shown in the Schedule above.

CG 24 04 05 09

O Insurance Services Office, Inc., 2008

Page 1 of 1

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INSR .TR	TYPE OF INSURANCE	bCSUE	B POLICY NUMBER	POLICY EPF MM/DD'YYYY	POLICY EXP	LIMI	TS
	THE OF MOON WEE			IVIIVI) DD TTTT	MM/DD/YYYY		
Α >	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE	\$ 1,000,000
,	Participant					DAMAGE TO RENTED	\$ 300,000
Ś	Sexual Abuse					PREMISES (Ea o <u>ccurre</u> nge) MED EXP (Any one person)	\$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 1,000,000
	Y POLICY PRO- LOC	5					\$3,000,000
	^					GENERAL AGGREGATE	
						PRODUCTS COMP/OP AGG SEXUAL ABUSE AGG	s 2,000,000
	OTHER:		KSG1000001-03-C24631	10/8/2025	10/8/2026	C MBINED IN LE LIMIT	\$ 1,000,000
	AUTOMOBILE LIABILITY			12:01 AM	12:01 AM	Ea ac <u>cide</u> nt	\$
	ANY AUTO					BODILY INJURY (Per person)	
	ALL OWNEDSCHEDULED AUTOSAUTOS					BODILY INJURY (Per accident)	
	NON-OWNED					PROPERTY DAMAGE	\$
	X HIRED AUTOS X AUTOS					(Per aecident)	\$
						(	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION					30.000	S
А	NORKERS COMPENSATION  ND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE					PER OTH- STATUTE ER	\$
	DFFICER/MEMBER EXCLUDED?	NIA				EL DISEASE EN EMPLOY	/E ¢
ļi	Mandatory in NH) f es, describe under D\SCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOY EL. DISEASE - POLICY LIM	· · · · · · · · · · · · · · · · · · ·
	B Participant Accident Coverage			10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expense Benefit	\$25,000
	Excess Coverage		CDDO 4 CL 5C4 20 4205	12.01 AW	12.01 AW		<del>+-</del> 5/555
DECC	RIPTION OF OPERATIONS 1 LOCATIONS / VEHICLES	(46000	SRPOAGI-ESA204385	1 116		Accident Medical Expense Deductib	le \$250
Covera Added	gie is provided under this policy for sponsored and superv 2 19 year old participants vities Covered: Youth Baseball Eff: 10/3 ficate Holder Named as Additional Insured	vised activition				quireu)	
CED.	TIFICATE HOLDER			CANCELLATION			
				CANCELLATION			
	psville Pony Baseball			SHOULD ANY C	F THE ABO	OVE DESCRIBED POLICIE	S BE CANCELLED
	3ox 65243			BEFORE THE EX	PIRATION DA	ATE THEREOF, NOTICE W	ILL BE DELIVERED
Virginia Beach, Virginia 23467						POLICY PROVISIONS.	
				AUTHORIZED REPRESEN	NTATIVE <b></b>	Shee-	

## ACORD@

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certificate fioliaer in fied of sach endorsement(s).							
PRODUCER	ONTAC						
Terry L. Green & Associates 3100 Five Forks	NAME: PHONE	FAX .770-97	78-2780				
Trickum Rd suite 101	. 1-800-550-5029	A/C No .					
Lilburn, GA 30047	ADDRESS: E-MAILinfo@esportsinsurance.com						
		NAIC #					
	INSURER A: Fortegra Specialty Insuranc	# 16823					
INSURED	INSURER B : AXIS Insurance Company		# 37273				
Kempsville Pony Baseball	INSURER C:						
PO Box 65243							
Virginia Beach, Virginia 23464	<u>INSUR</u> ER D :						
			_				
	INSURER E :						
	INSURER F ◆						

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SR		ADD B	iR .	POLICY EFF	POLICY EXP	LIMI	ΓS
TYPE OF INSUI	RANCE		POLICY NUMBER	MM/DD/YYYY	MM/DD/YYYY		
X COMMERCIAL GENERAL CLAIMS-	LIABILITY  MADEOCCUR		KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED occurrenge	\$ 1,000,000
	<del></del>					MED EXP (An one person)	\$ 300,000
X <u>Parti</u> cipant							\$ 10,000
X Sexual Abuse						PERSONAL & ADV INJURY	§ 1,000,000
GEN'L AGGREGATE LIMIT A	PPLIES PER:						s 3,000,000
T and						GENERAL AGGREGATE	
X POLICY PRO-	LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
OTHER:			KSG1000001-03-C24631	10/8/2025	10/8/2026	SEXUAL ABUSE AGG	
AUTOMOBILE LIABILITY				12:01 AM	12:01 AM	BINE SIN IMIT	
ANY AUTO ALL						(Ea.ggpjdent) BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
X						PROPERTY DAMAGE (Per accident)	
OWNEDSCHEDULED AUTOSAUTOS							
NON-	-OWNED						
I HIRED AUTOS AUTOS UMBRELLA LIAB	OCCUR					EACH OCCURRENCE	
EXCESS LIAB	CLAIMS-MADE					AGGREGATE	s
DED RETENTIO	N						5

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PRODUCER	, ciriciit	(3).	ONTAC						
			NAME:						
Terry L. Green & Associates 3100 Five Forks Trickum Rd Suite 101			PHONE EXTE: I-goo-550-5029 FAX  A/C No.					770-97	8-2780
Lilburn, GA 30047			ADDREC						
			ADDRESS: E-MAILinfo@esportsinsurance.com						
			IN <u>SURER S AFFORDING</u> COVERAGE						NAIC# # 16823
			INSURE	R A : Fortegr	a Specialty In:	surance Company			
INSURED				<u>IN</u>	ISURER B :				# 37273
Kempsville Pony Baseball			AX <u>IS In</u>	surance Com	<u>pa</u> ny				
PO Box 65243	INSURER	RC:							
Virginia Beach, Virginia 23464	INSURER	ł							
								D	
			:						
			INSURER	RE: INSURER F	•				
WORKERS COMPENSATION AND EMPLOYERS LIABILITY									
YIN						PER	ATH-		
ANY PROPRIETOR!PARTNER/EXECUTIVE									
OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCID		\$	
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA	4		
DESCRIPTION OF OPERATIONS below						E.I. DISEASE - PO	TICV	\$	
						LIMIT	JLICY	,	
B Participant Accident Coverage		SRPOAGI-ESA204385		10/8/2025	10/8/2026	Accident Medical Expe	nse Benefit		\$25,000
Excess Coverage				12:01 AM	12:01 AM	Accident Medical Expe	iise bellelit		\$25,000
1						Accident Medical Expe	nse Deductil	ble	\$250
DESCRIPTION OF OPERATIONS 1 LOCATIONS / VEHIC	•				nore space is re	equired)			
Coverage is provided under this policy for sponsored and sup	ervised ac	tivities of the named insured for which a	a premium h	as been paid.					
Activities Covered: Youth Baseball Eff: 10	/8/202	5							
Certificate Holder Named as Additional Insure	ed								
CERTIFICATE HOLDER			CANC	ELLATION					
Tahernacle Bantist Church			SHO	IID ANV (	)E THE ADO	N/E DESCRIBED	DOI ICIE	S RE	CANCELLED

717 Whitehurst Landing Rd. Virginia Beach, Virginia 23464 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

I she

COVERAGES CERTIFICATE NUMBER:

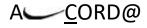
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INSR ADDL SUBR POLICY NUMBER POLICY EXP LIMITS

LTR	TYPE OF INSURANCE			MM/DD/YYYY	MWDD		
Α	X COMMERCIAL GENERAL		KSG1000001-03-C24631	10/8/2025	10/8/2026	EACH	\$ 1,000,000
	LIABILITY			12:01 AM	12:01 AM	OCCURRENCE (ence)	\$ 300,000
	CLAIMS-MADEOCCUR					DAMAGE TO RENTED	s 10,000
	X Participant					PREMISES@pccurrence	
						MED EXP (Any one person)	
	X Sexual Abuse					PERSONAL & ADV INJURY	\$ 1,000,000
	GEML AGGREGATE LIMIT APPLIES PER:						
						GENERAL AGGREGATE	
							\$ 3,000,000
	V						
	X PRO-					PRODUCTS - COMP/OP AGG	
	POLICY PRO-					SEXUAL AB	Income to the control of the control
	OTHER:						\$1,000,000
	AUTOMOBILE LIABILITY		KSG1000001-03-C24631	10/8/2025	10/8/2026	MBINED SINGLE LIMIT	\$ 1,000,000
	ANY AUTO			12:01 AM	12:01 AM	Ea <u>accid</u> ent BODILY INJURY (Per person)	
	7					Bobier moon (rei person)	
	ALL OWNED SCHEDULED					BODILY INJURY (Per	
	AUTOS AUTOS					accident)	
	X HIRED AUTOS X NON-OWNED					PROPERTY DAMAGE	\$
	AUTOS					(Per accident)	\$
						(, c,	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	5
	Panagaryang I Transport					AGGREGATE	8
	COMMONIACE					Addredate	s
	WORKERS COMPENSATION					PER OTH-	
	AND EMPLOYERS' LIABILITY						
	ANY						4.\$
	PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?NIA					E.L. DISEASE - EA EMPLO	YE
	(Mandatory in NH)		1			E\$	
	If yes, describe under					E.I. DISEASE - POLICY	
	DESCRIPTION OF OPERATIONS below		T	10/0/005	/ . /	LIMIT	
	B Participant Accident Coverage		SRPOAGI-ESA204385	10/8/2025 12:01 AM	10/8/2026 12:01 AM	Assidant Madical Funance Danafit	\$25,000
	Excess Coverage			12.01 AW	12:01 AW	Accident Medical Expense Benefit	\$25,000
						Accident Medical Expense Deductil	ble \$250
	CRIPTION OF OPERATIONS 1 LOCATIONS / VEHICLE				nore space is re	quired)	
Cove	rage is provided under this policy for sponsored and superv	ised activities	of the named insured for which a	premium has been paid.			
Acti	ivities Covered: Youth Baseball Eff: 10/8	/2025					
Cor	tificate Holder Named as Additional Insured						
Cer	tilicate fiolider Named as Additional insured						
CER	RTIFICATE HOLDER			CANCELLATION			
	ginia Beach City Parks & Recreation			SHOULD ANY C	F THE ABO	VE DESCRIBED POLICIE	ES BE CANCELLED
	8 Courthouse Drive Bldg. 21			BEFORE THE EX	PIRATION DA	ATE THEREOF, NOTICE W	/ILL BE DELIVERED
Virg	ginia Beach, Virginia 23456					POLICY PROVISIONS.	
						Thee	
				AUTHORIZED REPRE	SENTATIVE		

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PRODUCE	R	CONTAC	-					
	Terry L. Green & Associates	NAME:						
	3100 Five Forks Trickum Rd	PHONE . 1-800-550-5029	FAX					
	Suite 101	A/C	A/C No : 770-978-2780					
	Lilburn, GA 30047	ADDRESS. E-MAILinfo@esportsinsurance.com	ADDRESS. E-MAILinfo@esportsinsurance.com					
		COVERA	GE	NAIC #				
		INSURER A: Fortegra Specialty Insurance Comp	any	# 16823				
INSURED		INSURER B : AXIS Insurance Company		# 37273				
	Kempsville Pony Baseball							
	PO Box 65243	INSURER C:						
	Virginia Beach, Virginia 23464							
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NSR TR		INSD WVD	POLICY NUMBER	F <sup>i</sup> öüöY EFF	POLICY EXP	LIMIT	rs
	TYPE OF INSURANCE			MM/DD/YYYY	MM/DD/Y YY	FACIL OCCUPRENCE	
١	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		KSG1000001-03-C24631	10/812025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES(Ea occurrence MED	\$ 1,000,000 \$ 300,000 \$ 10,000
	X Participant					PERSONAL & ADV INJURY	\$ 1,000,000
	X Sexual Abuse					GENERAL AGGREGATE	\$3,000,000
	X POLICY PROPERTY R					PRODUCTS - COMP/OP AGG SEXUAL ABUSE AGG	§ 2,000,000
	OTHER: AUTOMOBILE LIABILITY ANY AUTO		KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	MBINED IN LE 1M accident BODILY INJURY (Per person)	\$ 1,000,000
	ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident) PRÖéÉRTY DAMAGE (Per accident)	\$ \$
	UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS MADE					EACH OCCU <u>RRE</u> NCE	\$
	DED RETENTION'S	1				AGGREGATE	S
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	,			STATUTE ER	PER E.L. DISEASE - EA EMPLO \$

	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - PO	OLICY LIMIT \$		
В	Participant Accident Coverage		SRPOAGI-ESA204385		10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expe	nse Benefit	\$25,000	
	Excess Coverage						Accident Medical Expe	nse Deductible	\$250	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE					more space is re	quired)			
Cove	rage is provided under this policy for sponsored and super	vised activ	vities of the named insured for which a	premium	has been paid.					
Act	ivities Covered: Youth Baseball Eff: 10/	8/2025	<b>i</b>							
Cer	tificate Holder Named as Additional Insurec	i								
CEF	RTIFICATE HOLDER			CAN	CELLATION					
Ken	npsville Pony Baseball			SHC	NIID ANY (	OF THE ARC	OVE DESCRIBED	POLICIES RE	CANCELLED	
	Reon Drive						TE THEREOF, NO			
Virg	inia Beach, Virginia 23464						LICY PROVISION			
					,		A			
						×	J.	e		
				AUTHO REPRES	RIZED ENTATIVE					
Α <u>(</u>	CORD@ CEF	RTIF	ICATE OF LIAI			SURAN	ICE	DAT (MM/D 9/30/20	D/YYYY)	
Т	HIS CERTIFICATE IS ISSUED AS A MA	ATTER	OF INFORMATION ONLY	'AND	CONFERS	NO RIGHTS	UPON THE CEI			
c	ERTIFICATE DOES NOT AFFIRMATI	VELY C	OR NEGATIVELY AMEND	. EXTI	END OR AL	TER THE CO	OVERAGE AFFO	ORDED BY TH	IE POLICIES	
	ELOW. THIS CERTIFICATE OF INSUF		•							
	EPRESENTATIVE OR PRODUCER, AN							( //		
	MPORTANT: If the certificate holder is			olicy(ie	es) must be	endorsed. If	SUBROGATION	IS WAIVED, su	bject to the	
	erms and conditions of the policy, cer ertificate holder in lieu of such endorse			orsem	nent. A state	ement on thi	s certificate do	es not confer	rights to the	
PRO	DUCER			ONTA						
	Terry L. Green & Associates 3100 Five Forks Trickum Rd			NAME PHONI		550-5029		FAX		
	Suite 101			AIC N					70-978-2780	
	Lilburn, GA 30047							AIC No:		
				ADDRESS: E-MAILinfo@esportsinsurance.com					NAIC#	
				INSURER(S) AFFORDING COVERAGE					# 16823	
INSU	JRED			INSURER A : Fortegra Specialty Insurance Company INSURER B : AXIS Insurance Company					# 37273	
	Kempsville Pony Baseball			INSURI			,			
	PO Box 65243									
	Virginia Beach, Virginia 23464			INSURER D:						
				INSURI	ER E :					
				INSURI	ER F •					
CO	VERAGES CERT	IFICAT	E NUMBER:				REVISION NU	MBER:		
	HIS IS TO CERTIFY THAT THE POLICIES O			E BEE	N ISSUED TO	THE INSURE			LICY PERIOD	
	NDICATED. NOTWITHSTANDING ANY RE									
Т	HIS CERTIFICATE MAY BE ISSUED OR I	MAY PE	ERTAIN, THE INSURANCE A	FFOR	DED BY THE	POLICIES D	ESCRIBED HEREI	IN IS SUBJECT	TO ALL THE	
	ERMS, EXCLUSIONS AND CONDITIONS			N MA			BY PAID CLAIMS.			
INSR ÖCSÜÉR LTR TYPE OF INSURANCE POLICY NUMBER					POLICY EFF	POLICY EXP		LIMITS		
A	X COMMERCIAL GENERAL LIABILITY		KSG1000001-03-C24631		MM/DD/YYYY 10/8/2025	MM/DD/YYY 10/8/2026	EACH OCCURRENC	CE processes		
^	-3 CLAIMS-MADE OCCUR X				12:01 AM	12:01 AM	DAMAGE TO RENT	FED \$ 1,00	00,000	
	-2 CLAHVIS-IVIADE OCCUR A	1 1					PREMISES (Ea occurre	ence \$ 300	000	

MED EXP (An one rson) \$ 10,000

PERSONA<u>L & A</u>DV INJURY \$ 1,000,000

\$ 3,000,000

 ${\tt 01988-2014\ ACORD\ CORPORATION.\ All\ rights\ reserved}.$ 

<u>Parti</u>cipant

GEN'L Sexual Abuse

					GENERAL AGGREGATE	
	AGGREGATE LIMIT APPLIES PER:				PROPUSTS COMPION AS	
	X POLICY PAO-				PRODUCTS - COMP/OP AG	\$2,000,000
	OTHER:				SEXUAL ABUSE AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY	KSG1000001-03-C24631	10/8/2025	10/8/2026	MBINED IN LE LIM (Ea.	\$ 1,000,000
	ANY AUTO		12:01 AM	12:01 AM	BODILY INJURY (Per person	s = ==================================
	ALL OWNED SCHEDULED				BODILY INJURY (Per	-
	AUTOS AUTOS NON-OWNED				accident)	
	X HIRED AUTOS X AUTOS				PROPERTY DAMAGE (P	er •
					accident).	
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$
	CLAIMS-				AGGREGATE	\$
	EXCESS LIAB MADE					s
	DED RETENTION S WORKERS COMPENSATION				PER OTH-	
	AND EMPLOYERS' LIABILITY				PER OTH-	s
	YIN ANY PROPRIETOR/PARTNER/EXECUTIVE				PER OTHSTATUTE	
	OFFICER/MEMBER EXCLUDED?					
	(Mandatory in NH)  If yes, describe under				E.L. DISEASE - EA EMPLO	OYEÉ \$
	DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LI	MIT \$
В	Participant Accident Coverage		10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expense Be	enefit \$25,000
	Excess Coverage  CRIPTION OF OPERATIONS / LOCATIONS 1 VEHICLES	SRPOAGI-ESA2043B5			Accident Medical Expense Deduc	tible \$250
Ac	erage is provided under this policy for sponsored and supervi- tivities Covered: Youth Baseball Eff: 10/8/ rtificate Holder Named as Additional Insured		, premier nes seen pau			
CE	RTIFICATE HOLDER		CANCELLATION	I		
Cit	y of Chesapeake		CHOILD VIA	OE THE AD	OVE DESCRIBED POLIC	IES DE CANCELLED
30	6 Cedar Rd.				ATE THEREOF, NOTICE	
Ch	esapeake, Virginia 23322				POLICY PROVISIONS.	
			AUTHORIZED			
				צנצ		
			W.		-	
			REPRESENTATIVE			DATE (MM/DD/YYYY)
		TIFICATE OF LIA				9/30/2025
	THIS CERTIFICATE IS ISSUED AS A MAT					
	CERTIFICATE DOES NOT AFFIRMATIVE					
	BELOW. THIS CERTIFICATE OF INSURA			BEIWEEN I	HE ISSUING INSURE	R(S), AUTHORIZED
	REPRESENTATIVE OR PRODUCER, AND				CURROCATION IC MAN	VED
	MPORTANT: If the certificate holder is ar erms and conditions of the policy, certa					
	ertificate holder in lieu of such endorsem		JOI SCHIEIL. A SIGH	CITICITE OII UII	s certificate does fiot	כטווכו ווצוונט נט נוופ
	DUCER	- 1-1-	CONTAC			
	Terry L. Green & Associates		PHONE (A/C. No. Extls, 1-800-	-550-5029	FAX	
	3100 Five Forks Trickum Rd			JJU JU23	A/C N	o : 770-978-2780
	Suite 101		E-MAIL DDRESS: info@es	portsinsurance	e.com	
1				,		

	Lilburn, GA 30047				INSLIR	FR A : Fortegr:	a Specialty Ins	COVERAGE surance Company	NAIC # # 16823
INS	URED					ER B : AXIS Ins	<u> </u>		# 37273
	Kempsville Pony Baseball				1113011		arance comp	uny	11 37273
	PO Box 65243				INSURE	RC:			
	Virginia Beach, Virginia 23464				INSURE				
	viigiila beacii, viigiila 25404								
					INSURE	RE:			
					INSURE	R F ·			
	OVERAGES CEF	TIFIC	`ΔTF	NUMBER:	IIIOIIL			REVISION NUMBER:	
_	HIS IS TO CERTIFY THAT THE POLICIES				'C DCC!	VIICCLIED TO	THE INCLIDE		THE DOLLOY DEDIOD
	NDICATED. NOTWITHSTANDING ANY			•					
	THIS CERTIFICATE MAY BE ISSUED OF			•					BJECT TO ALL THE
_	TERMS, EXCLUSIONS AND CONDITION				N MA				
INS LTR	R TYPE OF INSURANCE	Äb	LΒ	POLICY NUMBER		EFF	POLICY EXP	LIMIT	rs
A	X COMMERCIAL GENERAL LIABILITY			KSG1000001-03-C24631		MM/DD/YYYY 10/8/2025	10/8/2026	EACH OCCURRENCE	
А	CLAIMS-MADE X OCCUR			1.00100001 00 01 1001		12:01 AM	12:01 AM	DAMAGE TO RENTED	
	X Participant							PREMISES (Ea <u>occurr</u> ence)	\$ 300,000
								MED EXP (Any one person)	\$ 10,000
	V Coursel Alexand							PERSONAL & ADV INJURY	s 1,000,000
	X <u>Sex</u> ual Abuse							GENERAL AGGREGATE	s 3,000,000
								PRODUCTS - COMP/OP AGG	s 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							SEXUAL ABUSE AGG	
	X POLICY PECT LOC							52.16.12.15652.1166	\$ 1,000,000
	OTHER:								
	AUTOMOBILE LIABILITY			KSG1000001-03-C24631		10/8/2025	10/8/2026	GLE LIMI	\$ 1,000,000
	ANY AUTO					12:01 AM	12:01 AM	Ea,,aqgident) BODILY INJURY (Per person)	3-13-11
								BODIEI INJONI (FEI PEISOII)	
	ALL OWNED SCHEDULED							BODILY INJURY (Per	
	AUTOS AUTOS							accident)	
	X HIRED AUTOS X NON-OWNED AUTOS							PÅOÉEfitY DAMAGE	\$
	X AUTOS							(Per accident)	\$
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE								
	DED RETENTION S							AGGREGATE	\$
	WORKERS COMPENSATION							PER OTH-	

DESCRIPTION OF OPERATIONS / LOCATIONS 1 VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is provided under this policy for sponsored and supervised activities of the named insured for which a premium has been paid.

SRPOAGI-ESA204385

Activities Covered: Youth Baseball Eff: 1013/2025

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

AND EMPLOYERS' LIABILITY

**Excess Coverage** 

PROPRIETOR/PARTNERIEXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

ÆSCRIPTION If es, describe underOF OPERATIONS

**B Participant Accident Coverage** 

ANY

CANCELLATION

10/8/2025

12:01 AM

10/8/2026

12:01 AM

E.L. EACH ACCIDENT

E.I. DISEASE - POLICY

Accident Medical Expense Benefit

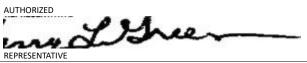
FI DISFASE FAEMPLOYE

\$25,000

\$250

City of Chesapeake Schools 306 Cedar Rd. Chesapeake, Virginia 23322

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



@

## ACORD@

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/30/2025

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTAC						
Terry L. Green & Associates	NAME:						
3100 Five Forks Trickum Rd	HONE A/G. No. Extl.: 1-800-550-5029	FAX					
		A/C No : 7	70-978-2780				
Suite 101	ADDRESS: E-MAILinfo@esportsinsurance.	com					
Lilburn, GA 30047	INSURER S AFFORDING CO	OVERAGE	NAIC#				
	NSURER A: Fortegra Specialty Insurance	# 16823					
INSURED	NSURER B : AXIS Insurance Company	# 37273					
Kempsville Pony Baseball							
PO Box 65243	NSURER C :						
Virginia Beach, Virginia 23464							
	NSURER D •	NSURER D ●					
	NSURER E :						
	_						
	NSURER 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.

OF INSURANCE INSRbLiSüBfi LTR	POLICY NUMBER	PÖL"iCVEFF MM/DD/YYY	POLICY EXP MM/DD/YYYY	LIMIT	rs
X COMMERCIAL CLAIMS-MADE X OCCUR  X Participant  X Sexual Abuse  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY LOC	KSG1000001-03- C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	DAMAGE TO RENTED PREMISES(Ea occurrence MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 3,000,000
OTHER: AUTOMOBILE LIABILITY	KSG1000001-03- C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	SEXUAL ABUSE AGG  MBINED IN LE LIMIT  Ea accident	\$ 1,000.000

	ANY AUTO ALL AUTOSAUTOS  NON-OWNED  AUTOSAUTOS  AUTOSAUTOS  X					BODILY INJURY (Per accident)  PROPERTY DAMAGE  (Per accident)	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE					\$	
	DED RETENTION \$					AGGREGATE	1
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER	
	YIN ANY					OTHSTATUTE	
	PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER					E.L. EACH ACCIDENT	
	EXCLUDED?					E L DISEASE FA	
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA	
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE- POLICY LIMIT \$	
_	Participant Accident Coverage	CDD(	DAGI-	10/8/2025	10/8/2026	E.E. DISEASE TOLICI LIMIT 9	
В	Participant Accident Coverage		.04385	12:01 AM	10/8/2020 12:01 AM	Accident Medical Expense Benefit	\$25,000
	Excess Coverage	LSAZ	.04363			A said and BA adical Forescens Dadocatible	ćara
DESCR	ا IPTION OF OPERATIONS 1 LOCATIONS / VEHICLES (ACORD 101, Ado	ditional Remarks	Schedule, may b	e attached if mo	ore space is re	Accident Medical Expense Deductible quired)	\$250
	te is provided under this policy for sponsored and supervised activities of the titles Covered: Youth Baseball Eff: 10/8/2025	named insured for w	hich a premium h	as been paid.			
Certi	icate Holder Named as Additional Insured						
CERT	IFICATE HOLDER		CANC	ELLATION			
1080	ons Baseball Tournament Association I Hammerly Blvd., Ste. 210 ton, Texas 77043		BEFC	RE THE EXP	IRATION DA	OVE DESCRIBED POLICIES   THE THEREOF, NOTICE WILL POLICY PROVISIONS.	
			AUTHOR REPRESE	nd	ورم	hee-	-



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/30/2025

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	` ,				
PRODUCER	3	CONTACT NAME:			
	Terry L. Green & Associates	e. Extt: 1-800-550-5029	PHONE	FAX	
	3100 Five Forks Trickum Rd		A/C N	A/C No : 770-9	78-2780
	Suite 101	ADDRESS: E-MAILinfo@esportsinsuranc	e.com		
	Lilburn, GA 30047	INSURER S AFFORDING	COVERAGE		NAIC#
		INSURER A: Fortegra Specialty Insuran	ce Company	,	# 16823
INSURED		INSURER B : AXIS Insurance Company			# 37273
	Kempsville Pony Baseball	INSURER C:			
	PO Box 65243				
	Virginia Beach, Virginia 23464	INSURER D :			
		INSURER E :			
		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.

SR	A	A D UBR	POLICY EFF	POLICY	LIMI	ΓS
TYPE OF INSUR	RANCE	POLICY NUMBER	MM/DD/YYYY	EXP		
				M/DD/Y		
X COMMERCIAL	GENERAL		10/8/2025	10/8/2026	EACH OCCURRENCE	
LIABILITY			12:01 AM	12:01 AM		\$ 1,000,000
CLAIMS-MADE	—OCCUR				DAMAGE TO RENTED	\$ 300,000
X P <u>artic</u> ipant					PREMISES (Ea occurrence)	\$ 10,000
					MED EXP (Any one person)	
Sexual Abuse					PERSONAL <u>&amp; ADV IN</u> JURY	s 1,000,000
AGGREGATE LIMIT	ADDITES DED	KSG1000001-03-C24631				s 3,000,000
The second secon	,	NSG1000001 03 C24031		10/8/2026	GENERAL AGGREGATE	•
X POLICY JECT	LOC			10/8/2026	PRODUCTS - COMP/OP AGG	\$ 2,000,000
OMOBILE LIABILITY					SEXUAL ABUSE AGG	\$ 1,000,000
					MBINED SIN LE LIMIT	* 1,000,000
		KSG1000001-03-C24631	10/8/2025	12:01 AM	Ea accident	\$
ANY AUTO ALL OWNED	SCHEDULED		12:01 AM		BODILY INJURY (Per person) BODILY INJURY (Per	\$
AUTOS	AUTOS				accident)	
	NON-OWNED				PfiÖPÉRTY DAMAGE	\$
X HIRED AUTOS X	AUTOS					\$
					(Per accident)	
UMBRELLA LIAB	OCCUR				EACH OCCURRENCE	\$
1-20/20/20/20/20/20					Eneri occonnence	\$
EXCESS LIAB	CLAIMS-MADE					\$
DED RETENT					AGGREGATE	
DED RETENTION	N \$				PER OTH-	
WORKERS COMPENSATION					E.L. EACH ACCIDENT	\$
	PARTNER/EXECUTIVE				E.L. DISEASE - EA EMPLOY	
OFFICER/MEMBER EXCLUDE (Mandatory in NH)	D?				E.L. DISEASE - POLICY	\$
If yes, describe under					LIMIT	•
DESCRIPTION OF OPERATION	NS below					

B Participant Accident Coverage		SRPOAGI-ESA204385	10/8/2025	10/8/2026		
Excess Coverage			12:01 AM	12:01 AM	Accident Medical Expense Benefit	\$25,000
zwess severage					A said out Mardinal Francis Dodustible	6350
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACORD 1	101 Additional Remarks Schedu	ule may be attached if n	nore space is re	Accident Medical Expense Deductible	\$250
Coverage is provided under this policy for sponsored and super	•			nore space is re	quileuj	
coverage is provided under this policy for sponsored and super	viseu activitii	ies of the named insured for which a	premium nas been paid.			
Activities Covered: Youth Baseball Eff: 10/8/2025						
Certificate Holder Named as Additional Insured	i					
CERTIFICATE HOLDER			CANCELLATION			
Top Gun Sports			SHOULD ANY (	OF THE ABO	OVE DESCRIBED POLICIES B	BE CANCELLED
579 Union Cemetery Rd.			BEFORE THE EX	PIRATION D	ATE THEREOF, NOTICE WILL	BE DELIVERED
Concord, North Carolina 28027						

ACCORDANCE WITH THE POLICY PROVISIONS.

ACORD@

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/30/2025

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PRODUCE	3	AC	AC					
	Terry L. Green & Associates	NAME:						
	3100 Five Forks Trickum Rd	PHONE (A/C. No. Ext): 1-800-550-5029	FAX					
	Suite 101	AIC No : 77						
	Lilburn, GA 30047	ADDRESS: E-MAILinfo@esportsinsurance.com						
	22, 5720017	INSURER(S AFFORDING COV	/ERAGE	NAIC#				
		INSURER A: Fortegra Specialty Insurance Company						
INSURED		INSURER B : AXIS Insurance Company	INSURER B : AXIS Insurance Company					
	Kempsville Pony Baseball							
	PO Box 65243	INSURER C:						
	Virginia Beach, Virginia 23464							
		INSURER D :						
		INSURER E:						
		INSURER F:						

COVERAGES CERTIFICATE NUMBER:

**REVISION NUMBER:** 

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INSR		AÖDCSUB	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMI	TS
R	TYPE OF INSURANCE			MM/DD/YYYY	MM/DD/YYYY		
	X COMMERCIAL GENE LIABILITY X CLAIMS-MADE OCCUP		KSG1000001-03-C24631	10/812025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Eapccurrence) MED EXP (Any one person)	\$ 1,000,000 \$ 300,000 \$ 10,000
	X Participant  X  GEML Sexual Abuse					PERSONAL <u>&amp; AD</u> V INJURY  GENERAL AGGREGATE	\$ 1,000,000 \$ 3,000,000

AGGREGATE LIMIT APPLIES PER;				PRODUCTS - COMP/OP AGG SEXUAL ABUSE AGG
OTHER: AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X X	KSG1000001-03-C24631		0/8/2026 2:01 AM	BD IN LEL  ÅEgacciden!)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PR&ERTY DAMAGE (Per accident)
UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE  DED BETENTION DN \$				EACH OCCURRENCE \$  AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT
B Participant Accident Coverage Excess Coverage	SRPOAGI-ESA204335			Accident Medical Expense Benefit \$25,000  Accident Medical Expense Deductible \$250
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACCOverage is provided under this policy for sponsored and supervised activities Covered: Youth Baseball Eff: 10/8/20	activities of the named insured for which a pro	•		•
Certificate Holder Named as Additional Insured				
CERTIFICATE HOLDER	(	CANCELLATION	l	
Pony Baseball/Softball, Inc. 1951 Pony Place PO Box 255 Washington, Pennsylvania 15301		BEFORE THE EXIN	XPIRATIO	ABOVE DESCRIBED POLICIES BE CANCELLED N DATE THEREOF, NOTICE WILL BE DELIVERED E POLICY PROVISIONS.
		la	AU	JTHORIZED REPRESENTATIVE

# A<u>C</u>ORD@

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY) 9/30/2025

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Terry L. Green & Associates 3100 Five Forks Trickum Rd	NAME: Extl: 1-800-550-5029 PHONE A/C N ADDRESS: -MAlLinfo@esportsinsurance.com	A/C No .	978-2780
Suite 101	INSURER S AFFORDING COV	/ERAGE	NAIC#
Lilburn, GA 30047		1911	# 16823
		***************************************	
	INSURER A : Fortegra Specialty Insurance Co	ompany	_
INSURED	INSURER B : AXIS Insurance Company		# 37273
Kempsville Pony Baseball			
PO Box 65243	INSURER C:		
Virginia Beach, Virginia 23464			
	INSURER D :		
	INSURER E :		
	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.

NSR TYPE OF INSURANCE LTR	ADDL SUBR	POLICY NUMBER	Pöi-iöi' EFF MM/DD/ YY	POLICY EXP MM/DD/YYYY	LIMITS	
X COMMERCIAL GENERAL LIABILITY X			10/8/2025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE	\$ 1,000,000
CLAIMS-MADE OCCUR X ' <u>Particip</u> ant					DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (An one person) PERSONAL & ADV INJURY	\$ 300,000 \$ 10,000 \$ 1,000,000
Sexual Abuse  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY FECT LOC		KSG1000001-03-C24631			PRODUCTS - COMP/OP AGG SEXUAL ABUSE AGG	\$3,000,000 \$2,000,000
OTHER: AUTOMOBILE LIABILITY  ANY AUTO		KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	C MBINED SINGLE LIMIT BODILY INJURY (Per person)	\$ 1,000,000
ALL OWNED AUTOS  X HIRED AUTOS  X HIRED AUTOS  X AUTOS  X AUTOS					BODILY INJURY (Per accident)	s
					PROPERTY DAMAGE (Per accident)	\$
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE DED RETENTION \$					AGGREGATE	\$

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIN	·				
B Participant Accident Coverage Excess Coverage	SRPOAGI-ESA204385	10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expense Benefit  Accident Medical Expense Deducti	\$25,000 ble \$250				
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Coverage is provided under this policy for sponsored and supervised activities of the named insured for which a premium has been paid.  Activities Covered: Youth Baseball Eff; 10/3/2025  Certificate Holder Named as Additional Insured									
CERTIFICATE HOLDER	CA	NCELLATION							
Eastern Officials Association PO Box 12453 Norfolk, Virginia 23541	B II	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							