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
Terry L. Green & Associates
3100 Five Forks Trickum Rd
Suite 101
Lilburn, GA 30047

ON A NAME:
PHONE A/C N . 1-800-550-5029
FAX .770-978-2780 A/C No .
ADDRESS. E-MAILinfo@esportsinsurance.com

INSURER S AFFORDING COVERAGE	NAIC #
INSURER A : Fortegra Specialty Insurance Company	# 16823
INSURER B: AXIS Insurance Company	# 37273
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F •	

INSURED
Kempsville Pony Baseball
PO Box 65243
Virginia Beach, Virginia 23464

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 INSD	SUBR WVD	POLICY NUMBER	EFF MM/DD/YYYY	POLICY EXP MM/DD/YYYY	LIMITS	
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Participant COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Participant Sexual Abuse X GEML AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER: X POLICY PRO-JECT LOC			KSG1000001-03-C24631	10/8/2025 12:01 AM	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 $ 2,000,000
	OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS			KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	MBINED SINGLE LIMIT ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PÄÖÅERTY DAMAGE (Per accident)	$ 1,000,000 $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							

	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If es, describe under D\SCRIPTION OF OPERATIONS below	Y / N / N / A				PER STATUTE / OTH-ER E.L. EACH ACCIDENT $ E.L. DISEASE- EA EMPLOYE $ E.L. DISEASE- POLICY LIMIT $	
	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 Deductible $250

DESCRIPTION OF OPERATIONS / LOCATIONS / 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 Daoeball Eff; 10/0/2026

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

ACORD@ CERTIFICATE OF LIABILITY INSURANCE

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

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

CG 24 04 05 09

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INSR LTR	TYPE OF INSURANCE	bCSUB	POLICY NUMBER	POLICY EPF MM/DD'YYYY	POLICY EXP MM/DD/YYYY	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Participant X Sexual Abuse GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC		KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrenqe) MED EXP (Any one person) 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 $ 2,000,000
	OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL AUTOSAUTOS OWNEDSCHEDULED X HIRED AUTOS X NON-OWNED AUTOS		KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	C MBINED IN LE LIMIT Ea accident BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per aecident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION					EACH OCCURRENCE AGGREGATE	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NIA (Mandatory in NH) If es, describe under D\SCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE $ EL. DISEASE - POLICY LIMIT $	$
	B Participant Accident Coverage Excess Coverage		SRPOAGl-ESA204385	10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expense Benefit Accident Medical Expense Deductible	$25,000 $250

DESCRIPTION OF OPERATIONS 1 LOCATIONS / 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. 10/3/2025
Added 2 19 year old participants

Activities Covered: Youth Baseball Eff: 10/3/2025

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

Kempsville Pony Baseball
PO Box 65243
Virginia Beach, Virginia 23467

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

ACORD@ CERTIFICATE OF LIABILITY INSURANCE

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

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

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADD	BR	POLICY NUMBER	POLICY EFF MM/DD/YYYY	POLICY EXP MM/DD/YYYY	LIMITS	
	X COMMERCIAL GENERAL LIABILITY CLAIMS- X MADEOCCUR X Participant X Sexual Abuse GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED occurrenge MED EXP (An one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 2,000,000
	OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL X X OWNEDSCHEDULED AUTOSAUTOS NON-OWNED I HIRED AUTOS AUTOS			KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	SEXUAL ABUSE AGG BINE SIN IMIT (Ea.ggpjdent) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE	$ $

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PRODUCER
Terry L. Green & Associates
3100 Five Forks Trickum Rd
Suite 101
Lilburn, GA 30047

ONTAC
NAME:

PHONE (A/C. No. Ext). l-goo-550-5029

FAX .770-978-2780
A/C No .

ADDRESS: E-MAILinfo@esportsinsurance.com

INSURER S AFFORDING COVERAGE	NAIC #
INSURER A : Fortegra Specialty Insurance Company	# 16823
INSURER B : AXIS Insurance Company	# 37273
INSURER C :	
INSURER D :	
INSURER E : INSURER F •	

INSURED
Kempsville Pony Baseball
PO Box 65243
Virginia Beach, Virginia 23464

WORKERS COMPENSATION AND EMPLOYERS LIABILITY YIN ANY PROPRIETOR!PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE / OTH-ER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYE	$
						E.I. DISEASE - POLICY LIMIT	$
B Participant Accident Coverage Excess Coverage			SRPOAGl-ESA204385	10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expense Benefit	$25,000
						Accident Medical Expense Deductible	$250

DESCRIPTION OF OPERATIONS 1 LOCATIONS / 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: 10/8/2025

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

Tabernacle Baptist Church
717 Whitehurst Landing Rd.
Virginia Beach, Virginia 23464

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

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR	ADDL SUBR INSD WVD	POLICY NUMBER	POLiäVEFF	POLICY EXP	LIMITS

LTR	TYPE OF INSURANCE				MM/DD/YYYY	MWDD	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Participant X Sexual Abuse GEML AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE $ 1,000,000 DAMAGE TO RENTED PREMISES@pccurrence $ 300,000 MED EXP (Any one person) $ 10,000 PERSONAL & ADV INJURY $ 1,000,000 GENERAL AGGREGATE $ 3,000,000 PRODUCTS - COMP/OP AGG $ 2,000,000 SEXUAL ABUSE AGG $ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS			KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	MBINED SINGLE LIMIT Ea accident $ 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE $ AGGREGATE $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?NIA (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N						PER STATUTE OTH-ER E.L. EACH ACCIDENT .4.$ E.L. DISEASE - EA EMPLOYE E $ E.I. DISEASE - POLICY LIMIT
	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 Deductible $250

DESCRIPTION OF OPERATIONS 1 LOCATIONS / 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: 10/8/2025

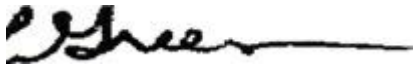
Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

Virginia Beach City Parks & Recreation
2408 Courthouse Drive Bldg. 21
Virginia Beach, Virginia 23456

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 

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

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	F'öüöY EFF MM/DD/YYYY	POLICY EXP MM/DD/Y YY	LIMITS	
A	X COMMERCIAL GENERAL ____ LIABILITY CLAIMS-MADE | X OCCUR X Participant X Sexual Abuse GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECTP R ☐ LOC			KSG1000001-03-C24631	10/812025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES(Ea occurrence MED 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 $ 2,000,000
	OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS ☐ SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	MBINED IN LE 1M accident BODILY INJURY (Per person) BODILY INJURY (Per accident) PRÖéÉRTY DAMAGE (Per accident)._	$ 1,000,000 $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (Mandatory in NH)						PER STATUTE OTH-ER E.L. EACH ACCIDENT	PER $ E.L. DISEASE - EA EMPLOYE $

	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT $	
B	Participant Accident Coverage Excess Coverage		SRPOAGl-ESA204385	10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expense Benefit Accident Medical Expense Deductible	$25,000 $250

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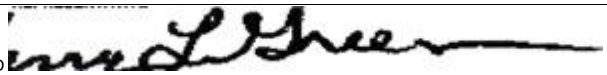
Activities Covered: Youth Baseball Eff: 10/8/2025

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER	CANCELLATION
Kempsville Pony Baseball 952 Reon Drive 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 

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	ADDRESS: E-MAILinfo@esportsinsurance.com	

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Kempsville Pony Baseball PO Box 65243 Virginia Beach, Virginia 23464	INSURER A : Fortegra Specialty Insurance Company	# 16823
	INSURER B : AXIS Insurance Company	# 37273
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INSR LTR	TYPE OF INSURANCE	öCSÜÉR	POLICY NUMBER	POLICY EFF MM/DD/YYYY	POLICY EXP MM/DD/YYY	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY -3 CLAIMS-MADE OCCUR X X Participant GEN'L Sexual Abuse		KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence MED EXP (An one rson) PERSONAL & ADV INJURY	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 3,000,000

	AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC OTHER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG SEXUAL ABUSE AGG	 $ 2,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS			KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	MBINED IN LE LIM (Ea. BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident).	$ 1,000,000 $ $ $
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION$						EACH OCCURRENCE AGGREGATE	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT PER OTHSTATUTE E.L. DISEASE - EA EMPLOYEÉ $ E.L. DISEASE - POLICY LIMIT $	 $
B	Participant Accident Coverage Excess Coverage			SRPOAGI-ESA2043B5	10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expense Benefit Accident Medical Expense Deductible	$25,000 $250

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.

Activities Covered: Youth Baseball Eff: 10/8/2025

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

City of Chesapeake
306 Cedar Rd.
Chesapeake, Virginia 23322

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

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

Terry L. Green & Associates
3100 Five Forks Trickum Rd
Suite 101

CONTAC

PHONE (A/C. No. Ext): 1-800-550-5029

FAX A/C No : 770-978-2780

E-MAIL DDRESS: info@esportsinsurance.com

Lilburn, GA 30047	COVERAGE INSURER A : Fortegra Specialty Insurance Company	NAIC # # 16823
INSURED Kempsville Pony Baseball PO Box 65243 Virginia Beach, Virginia 23464	INSURER B : AXIS Insurance Company	# 37273
	INSURER C :	
	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.

INSR LTR	TYPE OF INSURANCE	Äb L B	POLICY NUMBER	EFF MM/DD/YYYY	POLICY EXP MM/DD/YY Y	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Participant X Sexual Abuse GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ___ PRO-JECT LOC OTHER:		KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG SEXUAL ABUSE AGG	$ 300,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 2,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS		KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	GLE LIMI Ea„aqgident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PÅOÉEfitY DAMAGE (Per accident)	$ 1,000,000 $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $					EACH OCCURRENCE AGGREGATE	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNERIEXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) ÆSCRIPTION If es, describe underOF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT F I DISEASE EA EMPLOYEE E.I. DISEASE - POLICY LIMIT	$ $
	B Participant Accident Coverage Excess Coverage		SRPOAGl-ESA204385	10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expense Benefit Accident Medical Expense Deductible	$25,000 $250

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.

Activities Covered: Youth Baseball Eff: 1013/2025

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER CANCELLATION

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. AUTHORIZED  REPRESENTATIVE

@

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

INSR LTR	TYPE OF INSURANCE			POLICY NUMBER	POLICY EFF MM/DD/YYY	POLICY EXP MM/DD/YYYY	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Participant X Sexual Abuse GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC			KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	EACH OCCURRENCE 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 $2,000,000
	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 HIRED X	OWNEDSCHEDULED NON-OWNED AUTOSAUTOS X						BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB EXCESS LIAB DED RETENTION $	OCCUR CLAIMS-MADE						EACH OCCURRENCE $ $ AGGREGATE $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER ER OTHSTATUTE E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYE $ E.L. DISEASE- POLICY LIMIT $
B	Participant Accident Coverage Excess Coverage			SRPOAGl-ESA204385	10/8/2025 12:01 AM	10/8/2026 12:01 AM		Accident Medical Expense Benefit $25,000 Accident Medical Expense Deductible $250

DESCRIPTION OF OPERATIONS 1 LOCATIONS / 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: 10/8/2025

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER	CANCELLATION
Nations Baseball Tournament Association 10801 Hammerly Blvd., Ste. 210 Houston, Texas 77043	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

ACORD@ CERTIFICATE OF LIABILITY INSURANCE

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

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

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	A D UBR	POLICY NUMBER	POLICY EFF MM/DD/YYYY	POLICY EXP M/DD/Y	LIMITS
	X COMMERCIAL LIABILITY CLAIMS-MADE X OCCUR GENERAL X Participant Sexual Abuse AGGREGATE LIMIT APPLIES PER; GEN'L X POLICY PRO-JECT LOC OTHER: TOMOBILE LIABILITY		KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM 10/8/2026	EACH OCCURRENCE $ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) $ 300,000 MED EXP (Any one person) $ 10,000 PERSONAL & ADV INJURY $ 1,000,000 GENERAL AGGREGATE $ 3,000,000 PRODUCTS - COMP/OP AGG $ 2,000,000 SEXUAL ABUSE AGG $ 1,000,000 MBINED SIN LE LIMIT
	ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS		KSG1000001-03-C24631	10/8/2025 12:01 AM	12:01 AM	Ea accident BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PfiÖPÉRTY DAMAGE (Per accident) $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENT					EACH OCCURRENCE $ AGGREGATE $
	DED RETENTION $ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYE $ E.L. DISEASE - POLICY LIMIT $

	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 Deductible $250

DESCRIPTION OF OPERATIONS / LOCATIONS / 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: 10/8/2025

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

Top Gun Sports
579 Union Cemetery Rd.
Concord, North Carolina 28027

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 

ACORD@ CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER

Terry L. Green & Associates
3100 Five Forks Trickum Rd
Suite 101
Lilburn, GA 30047

AC
NAME:

PHONE (A/C, No, Ext): 1-800-550-5029

FAX
AIC No : 770-978-2780

ADDRESS: E-MAILinfo@esportsinsurance.com

INSURER(S AFFORDING COVERAGE	NAIC #
INSURER A : Fortegra Specialty Insurance Company	# 16823
INSURER B : AXIS Insurance Company	# 37273
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Kempsville Pony Baseball
PO Box 65243
Virginia Beach, Virginia 23464

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	AODCSUB	POLICY NUMBER	POLICY EFF MM/DD/YYYY	POLICY EXP MM/DD/YYYY	LIMITS	
	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR X Participant X GEML Sexual Abuse		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) PERSONAL & ADV INJURY GENERAL AGGREGATE	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 3,000,000

	X AGGREGATE LIMIT APPLIES PER; POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG SEXUAL ABUSE AGG
	OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS			KSG1000001-03-C24631	10/8/2025 12:01 AM	10/8/2026 12:01 AM	ED IN LEL ÅEgacciden!) BODILY INJURY (Per person) $ 1,000,000 BODILY INJURY (Per accident) PR&ERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						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	Y/N ☐ N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYEE $ E.L. DISEASE - POLICY LIMIT
	B Participant Accident Coverage Excess Coverage			SRPOAGl-ESA204335	10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expense Benefit $25,000 Accident Medical Expense Deductible $250

DESCRIPTION OF OPERATIONS / LOCATIONS / 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: 10/8/2025

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

Pony Baseball/Softball, Inc.
1951 Pony Place
PO Box 255
Washington, Pennsylvania 15301

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

ACORD@ CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY)
9/30/2025

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PRODUCER
Terry L. Green & Associates
3100 Five Forks Trickum Rd
Suite 101
Lilburn, GA 30047

NAME: Ext): 1-800-550-5029
PHONE
A/C N

FAX
.770-978-2780
A/C No .

ADDRESS: -MAILinfo@esportsinsurance.com

INSURER S AFFORDING COVERAGE	NAIC #
	# 16823
INSURER A : Fortegra Specialty Insurance Company	
INSURER B : AXIS Insurance Company	# 37273
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F •	

INSURED
Kempsville Pony Baseball
PO Box 65243
Virginia Beach, Virginia 23464

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				PER STATUTE OTH-ER E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYEE $ E.L. DISEASE - POLICY LIMIT $
	B Participant Accident Coverage Excess Coverage	SRPOAGl-ESA204385	10/8/2025 12:01 AM	10/8/2026 12:01 AM	Accident Medical Expense Benefit $25,000 Accident Medical Expense Deductible $250

DESCRIPTION OF OPERATIONS / LOCATIONS / 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	CANCELLATION
Eastern Officials Association PO Box 12453 Norfolk, Virginia 23541	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