CERTIFICATE OF	D	ATE (MM/DD/YY) 12/20/22		
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #:	3460903-2023-1	3 46 09	
Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:		
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Company		
WOODLAWN LL	INSURER B:	National Union Fire Insurance C	Company of	
9106 Volunteer Drive	(Non-Liability)	Pittsburgh, PA		
Alexandria, VA 22309	INSURER C:	AIG Specialty Insurance Compa	any	

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
Α	Χ	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ADUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
	.,	DIRECTORS & OFFICERS		015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	Х			013434400 01/01/2023 01/01/2024			AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	TOLIOT INOLI TION	TODIOT MODEL TION
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
Α	Х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

<u>'INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED</u>

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

- 1. Fairfax County Board of Supervisors, it's officers and employees
- 2. Fairfax County Park Authority and it's officers, employees and volunteers
- 3. Fairfax County Public Schools, it's officers and employees

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S.RT. 15 Highway South Williamsport, PA 17702	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

DISCLAIMER

CERTIFICATE OI	DATE (MM/DD/YY) 12/20/22					
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	CERTIFICATE #: 3460903-2023-1				
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany			
WOODLAWN LL	INSURER B:	National Union Fire Ins	urance Company of			
9106 Volunteer Drive	(Non-Liability)	Pittsburgh, PA				
Alexandria, VA 22309	INSURER C:	AIG Specialty Insurance	e Company			
		•				

ויחחא

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS
			GENERAL LIABILITY			0.1/0.1/0.00	EACH OCCURRENCE	\$1,000,000
Α	X	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABOSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
		DIRECTORS & OFFICERS		DIRECTORS & OFFICERS 015454400 01/01/2023 01/01/2024		EACH LOSS	\$1,000,000 *	
С	Х			015454400 01/01/2023 01/01/2024			AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	TOLIOT INOLI TION	TODIOT INCLITION
	EM	EV	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
Α	Х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	Х	SF	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Fairfax County Board of Supervisors, it's officers and employees 12000 Government Center Parkway Fairfax, VA 22035

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S.RT. 15 Highway South Williamsport, PA 17702	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 KEPRESENTATIVE

DISCLAIMER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/20/2022

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 have ADDITIONAL INSURED provisions or be endorsed.

	UBROGATION IS WAIVED, subject certificate does not confer rights t				•	•	•	require an endorsem	ent. A	statement on
PRODU	JCER				CONTA NAME:	ст David Irv	vin			
Keys	tone Risk Managers, LLC				PHONE (A/C, No	o. Ext): (570) 4	473-2150	FAX (A/C, I	No): (5	70) 473-2151
1995	Point Township Drive				E-MAIL ADDRE	Dimetic @	Keystoneins			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
North	numberland			PA 17867	INSURE	RA: Lexingto	on Insurance	Company		19437
INSUR	ĒD				INSURE	RB: AIG Spe	ecialty Insura	nce Company		26883
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	RC:				
	WOODLAWN LL				INSURE	RD:				
	9106 Volunteer Drive				INSURE	RE:				
	Alexandria			VA 22309	INSURE	RF:				
COV	ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	₹ :	
IND CEI EXC	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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)) \$	300,000

	X	COMMERCIAL GENER	AL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
									MED EXP (Any one person)	\$ Excluded
Α				Х		011405746	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT A	APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	X	OTHER: Per Leagu	e						SEXUAL ABUSE OCC/AGG	\$ 1M/\$1M
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		7.01000.1121	7.07.00 0.12.						, ,	\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTIO	ON\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY	,						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDE datory in NH)		117.2					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATION	ONS below						E.L. DISEASE - POLICY LIMIT	\$
DES	CRIPT	ION OF OPERATIONS / I	LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedule, may b	e attached if mor	e space is require	ed)	
	~4:f; ~ -	sta I laldar ia na	d oo Addition - Ll		d 56-	form CC 2026 (04/42)				
l ce	Tunca	ite notaer is named	as Additional Ir	isure	u per	form CG 2026 (04/13)				
CE	RTIF	ICATE HOLDER				CANO	CELLATION			

CERTIFICAT	'E HOLDER	CANCELLATION
	nty Board of Supervisors, it's officers and employees	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
12000 Gove	ernment Center Parkway	AUTHORIZED REPRESENTATIVE
Fairfax	VA 22035	Laurid semin
· ·	<u> </u>	© 1988-2015 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Fairfax County Board of Supervisors, it's officers and employees 12000 Government Center Parkway Fairfax, VA 22035

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

CERTIFICATE OI	DATE (MM/DD/YY) 12/20/22					
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	CERTIFICATE #: 3460903-2023-1				
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance C	ompany			
WOODLAWN LL	INSURER B:	National Union Fire Ins	urance Company of			
9106 Volunteer Drive	(Non-Liability)	Pittsburgh, PA				
Alexandria, VA 22309	INSURER C:	AIG Specialty Insurance	e Company			
		•				

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #140 CT THE MASTER CYBER POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
Α	Χ	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
				015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	Х		DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	AGGREGATE	\$1,000,000
С	Х	CY	BER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	POLICY INCEPTION	POLICY INCEPTION
	EM	EVI	ENT MANAGEMENT INSURANCE		EAGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
Α	Х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	Crime Deductible: \$250 Property/\$1,000 Money			NONE
В	х	SF	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Fairfax County Park Authority and it's officers, employees and volunteers 12055 Government Center Parkway Fairfax, VA 22305

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S.RT. 15 Highway South Williamsport, PA 17702	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

DISCLAIMER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/20/2022

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 have ADDITIONAL INSURED provisions or 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).

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				CONTACT NAME:	David Irv	vin				
Keystone Ris	k Managers, LLC			PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151					70) 473-2151	
1995 Point Township Drive					DIrwin@	Keystoneins	grp.com			
					INS	SURER(S) AFFOR	DING COVERAGE		NAIC#	
Northumberla	and		PA 17867	INSURER A	Lexingto	on Insurance	Company		19437	
INSURED				INSURER E	3: AIG Spe	ecialty Insura	nce Company		26883	
Little League Baseball Risk Purchasing Group, Incorporated					INSURER C:					
WOODLAWN LL					INSURER D:					
	9106 Volunteer Drive			INSURER E	:					
	Alexandria		VA 22309	INSURER F	:					
COVERAGE	S CER	TIFICA	TE NUMBER:				REVISION NUMBER	₹:		
	CERTIFY THAT THE POLICIES	-								
	NOTWITHSTANDING ANY RE E MAY BE ISSUED OR MAY									
	S AND CONDITIONS OF SUCH									
INSR LTR	TYPE OF INSURANCE	ADDL SUI			POLICY EFF IM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	ı	IMITS		
V com	AEDOLAL CENEDAL LIABILITY								1 000 000	

LIK		= oositAitoL	INSD	WVD	POLICT NUMBER					
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
Α			Х		011405746	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
	X	OTHER: Per League						SEXUAL ABUSE OCC/AGG	\$	1M/\$1M
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						` '	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		OCCUR OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$						DED	\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Ce	rtifica	ate Holder is named as Additional In	sure	d per	form CG 2026 (04/13)					
	55.11.63.15 .15.13.15 a5 / 13.11.51.31 1100104 p01 101111 00 2020 (0 1/10)									
	CERTIFICATE HOLDER CANCELLATION									
	~ I II-	11 A LE H() I)EV								

CERTIFICATE HOLDER	CANCELLATION
Fairfax County Park Authority and it's officers, employees and volume	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
12055 Government Center Parkway	AUTHORIZED REPRESENTATIVE
Fairfax VA 22	2305 Lauri Lauri
	√ © 1988-2015 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Fairfax County Park Authority and it's officers, employees and volunteers
12055 Government Center Parkway
Fairfax, VA 22305

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations:

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

CERTIFICATE OF		DATE (MM/DD/YY) 12/20/22					
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	3460903-2023-1	3 46 09				
Northumberland, PA 17867	INSURERS AF	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Cor	mpany				
WOODLAWN LL	INSURER B:	National Union Fire Insu	rance Company of				
9106 Volunteer Drive	(Non-Liability)	Pittsburgh, PA					
Alexandria, VA 22309	INSURER C:	AIG Specialty Insurance	Company				

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

*SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER DATE OF THE MASTER CYBER POLICY.

ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS	
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000	
Α	X	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000	
		X	INCL PARTICIPANTS	Property Damage	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		Χ	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000	
		^	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person		
		DIRECTORS & OFFICERS		DIRECTORS & OFFICERS 015454400 01/01/2023		01/01/2024	EACH LOSS	\$1,000,000 *	
С	Х			015454400	01/01/2023	AGGREGATE	\$1,000,000		
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
	S&P	SECURITY AND PRIVACY LIABILITY INSURANCE		\$100,000 PER LEAG \$1,000 PER LEAG	AGUE SUBLIMIT O	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION		
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY		AGUE SUBLIMIT O	F LIABILITY	TOLIOT INOLITION	FOLICT INCLE HON	
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION	
Α	Х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000	
				Crime Deductible	e: \$250 Property/\$1	AGGREGATE NONE			
В	Х		PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess	

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Fairfax County Public Schools, it's officers and employees 8115 Gatehouse Rd Falls Church, VA 22042

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S.RT. 15 Highway South Williamsport, PA 17702	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

DISCLAIMER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/20/2022

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 have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to			uch endorse		•	equire an endors	sement. A	statement on
PRODUCER			CONTACT NAME:	David Irw	vin .			
Keystone Risk Managers, LLC	PHONE (A/C, No, Ext):	(570) 4	73-2150	F	A/C, No): (57	(0) 473-2151		
1995 Point Township Drive					Keystoneinsg			
				INS	URER(S) AFFOR	DING COVERAGE		NAIC#
Northumberland		PA 17867	INSURER A:	Lexingto	on Insurance	Company		19437
INSURED			INSURER B:	AIG Spe	cialty Insura	nce Company		26883
Little League Baseball Risk P	urchasing	Group, Incorporated	INSURER C:					
WOODLAWN LL			INSURER D:					
9106 Volunteer Drive			INSURER E :					
Alexandria		VA 22309	INSURER F :					
COVERAGES CERT	TIFICATE	NUMBER:				REVISION NUMI	BER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE				-				
CERTIFICATE MAY BE ISSUED OR MAY F							JECT TO AL	L THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH F	ADDL SUBR			ICY EFF	POLICY EXP			
INSR LTR TYPE OF INSURANCE	INSD WVD	POLICY NUMBER			(MM/DD/YYYY)		LIMITS	
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		1,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurr		300,000
						MED EXP (Any one pe	erson) \$	Excluded

	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
		<u> </u>					MED EXP (Any one person)	\$ Excluded	
Α			Χ		011405746	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	X	OTHER: Per League						SEXUAL ABUSE OCC/AGG	\$ 1M/\$1M
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DESC	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
Cer	tifica	ate Holder is named as Additional Ir	sure	d per	form CG 2026 (04/13)				
<u> </u>									

CERTIFICATE HOLDER		CANCELLATION
Fairfax County Public Schools, it's officers and employees		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
6113 Gateriouse Ru		AUTHORIZED REPRESENTATIVE
Falls Church	VA 22042	Lain sin
<u> </u>		© 1988-2015 ACORD CORPORATION All rights reserved

© 1988-2015 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Fairfax County Public Schools, it's officers and employees 8115 Gatehouse Rd Falls Church, VA 22042

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law: and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations:

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.