



SACRHEA-01

BCRAIN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2025

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 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).

|                                                                                                                        |                                                            |                       |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------|
| <b>PRODUCER</b><br>Terry L. Green & Associates, Inc.<br>3100 Five Forks Trickum Road<br>Suite 101<br>Lilburn, GA 30047 | <b>CONTACT NAME:</b> Rhonda Crook                          |                       |
|                                                                                                                        | <b>PHONE (A/C, No, Ext):</b>                               | <b>FAX (A/C, No):</b> |
|                                                                                                                        | <b>E-MAIL ADDRESS:</b>                                     |                       |
|                                                                                                                        | <b>INSURER(S) AFFORDING COVERAGE</b>                       |                       |
|                                                                                                                        | <b>INSURER A :</b> Fortegra Specialty Insurance Company    |                       |
|                                                                                                                        | <b>INSURER B :</b> Berkley Life & Health Insurance Company |                       |
| <b>INSURED</b><br><br>Sacred Heart CYO Babe Ruth League<br>P.O. Box 515<br>Hainesport, NJ 08036                        | <b>NAIC #</b>                                              |                       |
|                                                                                                                        | 16823                                                      |                       |
|                                                                                                                        | <b>INSURER C :</b>                                         |                       |
|                                                                                                                        | <b>INSURER D :</b>                                         |                       |
|                                                                                                                        | <b>INSURER E :</b>                                         |                       |
|                                                                                                                        | <b>INSURER F :</b>                                         |                       |

## 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        | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                 |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|----------------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Abuse/Molestation<br><input checked="" type="checkbox"/> \$1M OCC/\$1M AGG<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X              |          | KSG1000001-03 C02019 | 9/21/2025               | 9/21/2026               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>PARTICIPANTS \$ 1,000,000 |
| A        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                                                               |                |          | KSG1000001-03 C02019 | 9/21/2025               | 9/21/2026               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                        |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                                                             |                |          | KSX1000001-03 C70180 | 9/21/2025               | 9/21/2026               | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000<br>\$                                                                                                                                                                                                           |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                                   | Y / N<br>N / A |          |                      |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                       |
| B        | Participant Accident                                                                                                                                                                                                                                                                                                                                                                                                              |                |          | PAI L014001159201    | 9/21/2025               | 9/21/2026               | Excess 250,000                                                                                                                                                                                                                                                         |
| B        | Deductible \$500                                                                                                                                                                                                                                                                                                                                                                                                                  |                |          | PAI L014001159201    | 9/21/2025               | 9/21/2026               | AD&D 10,000                                                                                                                                                                                                                                                            |

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.

Youth Baseball & Softball

The Certificate Holder is an additional insured with respect to the operations of the named insured

## CERTIFICATE HOLDER

## CANCELLATION

|                                                   |                                                                                                                                                                |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In The Net<br>798 Airport Rd<br>Palmyra, PA 17078 | 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<br>                                                                                                                                  |