BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

2007CAL

2007 Cal Ripken Baseball
12 Year Old World Series
Field of Dreams Sports Complex
I-40 at Lee Creek
Van Buren, AR 72956

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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DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

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P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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CERTIFICATE HOLDER

AMERBAM

American Amateur Baseball Congress
Attn: Angelo Cifaldi
101 Highland Road
North Haledon, NJ 07508

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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Brenda Lodato Ext. 8051

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Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
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P.O. Box 6222
Bridgewater, NJ 08807

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
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CERTIFICATE HOLDER

AMERBAS

American Athletic Baseball Conference
100 West Broadway
Farmington, NM 87401

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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INSURER B :	
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INSURED
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C/O Diane Bellinger
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Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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CERTIFICATE HOLDER **CANCELLATION**

ASAOFPA

ASA of Pennsylvania
Hall of Fame Wolfe Fields
3 Saint Anthony Street
Lewisburg, PA 17837

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AUTHORIZED REPRESENTATIVE

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	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
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CERTIFICATE HOLDER

BARERUT

Babe Ruth League International Headquarters
1670 Whitehorse-Mercerville Rd
Hamilton, NJ 08619

CANCELLATION

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Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

BASKLL-

Basking Ridge Little League
Baseball
P.O. Box 98
Basking Ridge, NJ 07920

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

BAYONNE

Bayonne Little League
200 W 1st Street
Bayonne, NJ 07002

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

BLUECHI

Blue Chip Prospects, LLC
17 Ivy Court
East Hanover, NJ 07936

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

BOROMET

Borough of Metuchen
500 Main Street
Metuchen, NJ 08840

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
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	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

BORORAR

Borough of Raritan
22 First Street
Raritan, NJ 08869

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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BRID-15 OP ID: BL

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PRODUCER
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PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

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INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
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C/O Diane Bellinger
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Bridgewater, NJ 08807

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	CLAIMS-MADE X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

BOUNLL-

Bound Brook Little League
Attn: Martin Koeller
210 Cherry Ave, Apt G6
Bound Brook, NJ 08805

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

BRANBAS

Branchburg Baseball Club
PO Box 5173
North Branch, NJ 08876

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. RE: White Oak Park Pavillion & ball field for 8U team gathering & BBQ on Saturday, July 2, 2016. Field use from 2-4 pm and pavillion use fro 4-6 pm.

CERTIFICATE HOLDER

BRANREC

Branchburg Recreation Dept.
1076 US Highway 202 North
Branchburg, NJ 08876

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

BRIDBLA

Bridgewater Blaze
Attn: Christopher Verdone
7 Copper Hill Road
Bridgewater, NJ 08807

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid. General Liability and excess liabiltiy provides coverage for insured's ownership, maintenance and use of AED unit.

CERTIFICATE HOLDER

BRIDEWA

Bridgewater Township
700 Garretson Road, Box 6300
Bridgewater, NJ 08807

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Coverage is provided under these policies only for sponsored and supervised activities of Bridgewater Baseball for which a premium has been paid. The certificate holder is included as an addtional insured only for sponsored and supervised activities of Bridgewater Baseball for which a premium has been paid.

CERTIFICATE HOLDER

BRIDGEB

Bridgewater Raritan
Board of Education
P.O. Box 6030
Bridgewater, NJ 08807

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Coverage is provided under these policies only for sponsored and supervises activities of Bridgewater Baseball for which a premium has been paid. The certificate holder is included as an additional insured only for sponsored and supervised activties of Bridgewater Baseball for which a premium has been paid.

CERTIFICATE HOLDER

BRIDGET

Bridgewater Township
Recreation
Attn: Diane Puppo
100 Commons Way
Bridgewater, NJ 08807

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
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INSURER A : *Markel Insurance Company	38970
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INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER **CANCELLATION**

BRIDTWP

Bridgewater Township
Traffice Safety Unit
P.O. Box 6300
Bridgewater, NJ 08807

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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RPS Bollinger Sports & Leisure
PO Box 390
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Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

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INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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	Full Excess						Ded:	$50/claim

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

Coverage is provided under these policies only for sponsored and supervised activities of Bridgewater Baseball for which a premium has been paid.

CERTIFICATE HOLDER

BRIDWAT

Bridgewater Baseball
Bridgewater National &
American Little League
Bridgewater Panthers

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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PRODUCER
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PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
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INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
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P.O. Box 6222
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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR	X		8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid. See attached.

CERTIFICATE HOLDER

BRIDWAT

Bridgewater Commons Mall II
LLC-General Growth Management
110 N. Wacher Drive
Chicago, IL 60606

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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General Growth Management, Inc., Bridgewater Commons Mall II, LLC and its direct and indirect parents and subsidiaries any of their affiliated entities, successors and assigns and any current & future director, officer, employee, partner, member or agent of any of them.

BRID-15 OP ID: BL

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	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
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	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

CERTIFICATE HOLDER

BRUTHRO

Babe Ruth Baseball Inc
C/O M Schonberger
42 Algonquin Ave
Rockaway, NJ 08551

CANCELLATION

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Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

CARTBAS

Carteret Little League
Baseball
280 Pershing Avenue
Carteret, NJ 07008

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
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INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER **CANCELLATION**

CENTNJA

Central Jersey Amateur Basebal
League
P.O. Box 4462
Warren, NJ 07059

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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BRID-15 OP ID: BL

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DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER **CANCELLATION**

CENTPLA

Center Plate & Patriots Stadium
Somerset County Ball Park
Bridgewater, NJ 08807

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
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E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
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	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

CHATHAM

Chatham Baseball Club
C/O Leslie Pierce
85 Southern Blvd
Chatham, NJ 07928

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

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	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
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CERTIFICATE HOLDER

CJBL---

CJBL
P.O. Box 533
Lincroft, NJ 07738

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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	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

CJCYCLO

CJ Cyclones
100 Delaware Ave
Colonia, NJ 07067

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

CLARKLI

Clark Little League
Raritan Road
Clark, NJ 07066

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

COLONBA

Colonia Baseball
Pennsylvania Avenue
Colonia, NJ 08889

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

COLOSUM

Colonia Summer Cyclone
Softball Tournament
75 Delaware Avenue
Colonia, NJ 07067

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

COMMENE

Commerce Commercial Leasing
2059 Springdale Avenue
Cherry Hill, NJ 08003

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER
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PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

COOPALL

Cooperstown All Star Village
Rte. 23 & 205
Oneonta, NY 13820

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

CRANFOR

Cranford Board of Education
132 Thomas Street
Cranford, NJ 07016

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

DDDBASE

DDD Baseball Inc.
Dan Duquette Sports Academy
P.O. Box 2021
Hinsdale, MA 01235

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
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INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
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	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

DELVALB

Del Val Babe Ruth Leauge
P.O. Box 491
Milford, NJ 08848

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
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INSURER E :	
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INSURED
Bridgewater Baseball, etal
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Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
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	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER **CANCELLATION**

DIAMNAT

Diamond Nation LLC
36 River Road
Flemington, NJ 08822

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AUTHORIZED REPRESENTATIVE

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PO Box 390
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	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
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CERTIFICATE HOLDER

DIAMOND

Diamond X League
P.O. Box 641
Sourth Plainfield, NJ 07080

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

EBBLEAG

East Brunswick Little League
P.O. Box 823
East Brunswick, NJ 08816

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

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RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

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Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

ECTB---

ECTB, LLC
1008 South Howard Street
Allentown, PA 18103

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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C/O Diane Bellinger
P.O. Box 6222
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	CLAIMS-MADE X OCCURRENCE			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

EDISBOY

Edison Boys Baseball
C/O Rick Pychewicz
38 Monaghan Road
Edison, NJ 08817

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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PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

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INSURED
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Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
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	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

EDISONB

Edison Boys Baseball League
Municipal Boulevard
Edison, NJ 08817

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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	DED / RETENTION $							$
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CERTIFICATE HOLDER **CANCELLATION**

ESPNWID

ESPN Wide World of Sports
700 S Victory Way
Kissimmee, FL 34741

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Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

FLEMFLI

Flemington Fling
Lenape Park
115 Sergeantsville Road
Flemington, NJ 08822

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Coverage is provided under these policies only for sponsored and supervised activities of Bridgewater Baseball for which a premium has been paid.

CERTIFICATE HOLDER **CANCELLATION**

FLEMINB

Flemington-Raritan Baseball
C/O Michael
16 Johnson Drive
Flemington, NJ 08822

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

GENGROW

General Growth Management Inc.
and General Growth Properties
110 North Wacker Drive
Chicago, IL 60606

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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General Growth Properties Inc., Marketing Managers, Bridgewater Commons Mall II, LLC adn their respective direct and indirect parents and subsidiaries, any of their affiliated entities, successors and assigns and any current or future director, officer,employee, partner,member or agent of any of them.

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.
Certificate holder is included as an additional insured.

CERTIFICATE HOLDER

GRANSLA

Grand Slam America LLC
146 Cassell Road
Haleysville, PA 19438

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

GREEBRO

Green Brook Little League
2012 Central Jersey Summer
Baseball Tournament
Highland St, Marty Wash LL Com
Green Brook, NJ 08812

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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BRID-15 OP ID: BL

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
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INSURER D :	
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INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
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P.O. Box 6222
Bridgewater, NJ 08807

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

GREEBRO

Green Brook Baseball Club
P.O. Bolx 844
Green Brook, NY 08812

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Certificate holder is included as an additional insured. Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER HANFCOU

Hanford County Travel Baseball
Upper Chesapeake Baseball
Foundation C/O J McIlhenney
1263 Macton Rd
Street, MD 21154

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER **CANCELLATION**

HILLSBL

Hillsborough Little League
HLL Tournament
Hillsborough, NJ 08844

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

JEWICOM

Jewish Community Center
775 Talamini Road
Bridgewater, IL 08807

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER **CANCELLATION**

JUSTCER

Just Cerbo Sports
P.O. Box 302
Montville, NJ 07045

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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BRID-15 OP ID: BL

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PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
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INSURER B :	
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INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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CERTIFICATE HOLDER

KID2PRO

Kid2Pro Sports LLC
Newark Bears
450 Broad Street
Newark, NJ 07102

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid. See attached. Certificate holder is included as an additional insured only for sponsored and supervised activities of the insured for which a premium has been paid.230-17-20 & 230-17-21

CERTIFICATE HOLDER

LITTLEA

Little League Baseball Inc.
P.O. Box 3485
Williamsports, PA 17701

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

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Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER **CANCELLATION**

LONGHIL

Long Hill Township
Baseball Softball League
P.O. Box 331
Stirling, NJ 07980

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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RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
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INSURER C :	
INSURER D :	
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INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

LONGISL

Long Island Prospects
Danielle Rosano Charity Tourn
9 Somerset Lane
Setauket, NY 11733

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

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PHONE (A/C, No, Ext):
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
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INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
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C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
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	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

CERTIFICATE HOLDER **CANCELLATION**

LONGVAL

Long Valley Baseball Club
C/O Tony DeMartino
P.O. Box 364
Long Valley, NJ 07853

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A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
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CERTIFICATE HOLDER

MANA099

Manalapan Baseball and
Softball Association
120 Freehold Rd
Manalapan, NJ 07726

CANCELLATION

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INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

MARLBAS

Marlboro Baseball
C/O Charles DeSanno
37 Petra Drive
Morganville, NJ 07751

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER **CANCELLATION**

MATAABE

Matawan Aberdeen Babe Ruth League
51 Middlesex Road
Matawan, NJ 07747

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
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INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

METUBED

Metuchen Board of Education
16 Simpson Place
Metuchen, NJ 08840

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

METUCLL

Metuchen Little League
Oakland Ave
Metuchen, NJ 08840

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
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INSURED
Bridgewater Baseball, etal
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P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
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CERTIFICATE HOLDER

MIDSTAT

Mid State Girls Softball League
639 Fox Farm Road
Abury, NJ 08802

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

MONTGOM

Montgomery Baseball/Softball League
235 Harlingen Rd, Box 431
Belle Mead, NJ 08502

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

MONTTOW

Monroe Township
1 Municipal Plaza
Monroe Township, NJ 08831

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

MONTWN-

Monroe Township Baseball Assoc
PO BOX 7370
Monroe Township, NJ 08831

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

MTOLIVE

Mt. Olive Baseball & Softball Association
P.O. Box 682
Budd Lake, NJ 07828

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

MYBSA--

MYBSA
66 Tennent Road
Morganville, NJ 07751

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
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	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

NEWPROP

New Providence PAL-Green League
C/O Lou Miele
108 Possum Way
New Providence, NJ 07974

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

NOEDISO

North Edison Baseball & Softball
10 Maryland Avenue
North Edison, NJ 08820

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
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INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

NOJERSE

North Jersey All Star League
C/O Al Rabinowitz
911 Kimball Road
Westfield, NJ 07090

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
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FAX (A/C, No):
E-MAIL ADDRESS:

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INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

NORTHUN

North Hunterdon Youth Baseball
P.O. Box 113
High Bridge, NJ 08829

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
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INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

PISCALL

Piscataway Little League
P.O. Box 452
Piscataway, NJ 08854

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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PO Box 390
Short Hills, NJ 07078
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	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
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A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

RARINVT

Raritan Invitational Baseball Tournament
C/O Scott Pellegrino
37 Meehan Avenue
Raritan, NJ 08869

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR			4602AH024719	06/15/2017	06/15/2018	EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid. Ssoftball Clinic.

CERTIFICATE HOLDER

RARITAC

Raritan Valley Community College
Route 28 & Lamington Road
North Branch, NJ 08876

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

READFAL

Readington Fall Softball Leagu
509 Route 523
Whitehouse Station, NJ 08889

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Coverage is provided under these policies only for sponsored and supervised activities of Bridgewater Baseball for which a premium has been paid.

CERTIFICATE HOLDER

READING

Readington Baseball
P.O. Box 568
Whitehouse Station, NJ 08889

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

READNO-

Readington No Fear Tournament
509 Route 523
Whitehouse Station, NJ 08889

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

CERTIFICATE HOLDER

READTOW

Readington Township
509 Route 523
Whitehouse Station, NJ 08889

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

READTOW

Readington Township Softball
Hillcrest Park
Hillcrest Road
Readngton, NJ 08870

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

RIDGBAS

Ridge Baseball Club
P.O. Box 98
Basking Ridge, NJ 07920

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

RIPKBAS

Ripken Baseball Camps & Clinics LLC & Ripken Baseball Academy
873 Long Drive
Abderdeen, MD 21001

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

ROSEPAR

Roselle Park Softball League
P.O. Box 94
Roselle Park, NJ 07204

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

SCOTPLA

Scotch Plains Fanwood Baseball League
P.O. Box 264
Scotch Plains, NJ 07076

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

SOBRUNS

South Brunswick Township
540 Ridge Road
Monmouth Junction, NJ 08852

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

SOJER--

South Jersey Baseball League
330 Privateer Road
Manahawkin, NJ 08050

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
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INSURER(S) AFFORDING COVERAGE	NAIC #
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Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

SOMECOU

Somerset County, its officers
& employees
20 Grove Street
Somerville, NJ 08876

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
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FAX (A/C, No):
E-MAIL ADDRESS:

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INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

SOMERCO

Somerset County
C/O Christine Schneider
Bridgewater Township Rec
700 Garretson Road
Bridgewater, NJ 08807

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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BRID-15 OP ID: BL

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
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INSURED
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C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.
Certificate holder is included as an additional insured.

CERTIFICATE HOLDER

SOMERPA

Somerset County Park
Commission & Somerset County
Attn: Georgia V Hope
355 Milltown Road
Bridgewater, NJ 08807

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Bridgewater, NJ 08807

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
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	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

SOMERSE

Somerset County Vocational & Technical School
North Bridge Street & Vogt Dr
Bridgewater, NJ 08807

CANCELLATION

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INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

SOMERSE

Somerset Hunterdon Babe Ruth
9 Charlotte Drive
Bridgewater, NJ 08807

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

SOMERSE

Somerset Hunterdon Babe Ruth
9 Charlotte Drive
Bridgewater, NJ 08807

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

SOPLATO

South Plainfield Tournament
U10
517 East Crescent Road
South Plailnfield, NJ 07080

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

SORUNS-

South Brunswick Annual
Baseball Classic
South Brunswick Township
540 Ridge Road
Monmouth Junction, NJ 08852

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PO Box 390
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Brenda Lodato Ext. 8051

CONTACT NAME:
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
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INSURED
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	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
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A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
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	DED / RETENTION $							$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER **CANCELLATION**

SOUTAMB

South Amboy Youth Athletic Assn
P.O. Box 3065
South Amboy, NJ 08879

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Coverage is provided under these policies only for sponsored and supervised activities of Bridgewater Baseball for which a premium has been paid.

CERTIFICATE HOLDER

SOUTHCO

Amwell Valley Little Baseball
League (AVLBL)
Attn: Jim Baxter
P.O. Box 25
Ringoes, NJ 08551

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

SPLAINF

South Plainfield Baseball Club
P.O. Box 166
So Plainfield, NJ 07080

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

SPORTBE

Sports at the Beach
22518 Lewes Georgetown Highway
Georgetown, DE 19947

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

SPORTSA

Sports at the Beach
22518 Lewes Georgetown H
Georgetown, DE 19947

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

SPORTSA

Sports at the Beach
22518 Lews Georgtown Highway
Georgetown, DE 19947

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
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PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
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INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

SPPPA--

SPPPA
Attn: Dave Delair
517 E Crescent Parkway
South Plainfield, NJ 07080

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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The ACORD name and logo are registered marks of ACORD

BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

STANJ01

Stateliners Youth
Baseball Association
1301 Belvidere Road
Phillsburg, NJ 08865

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
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INSURER D :	
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INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER **CANCELLATION**

SUMMERB

Summer B League HWS
C/O DeanDeStefano
104 South Honeyman Road
Whiteshoure Station, NJ 08889

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AUTHORIZED REPRESENTATIVE

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PO Box 390
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Brenda Lodato Ext. 8051

CONTACT NAME:
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E-MAIL ADDRESS:

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INSURER D :	
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INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
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	Full Excess						Ded:	$50/claim

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

Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid. The certificate holder is named as an additional insured under the liability policy.

CERTIFICATE HOLDER

TAGETOU

Tag'em Tournaments
P.O. Box 4916
Toms River, NJ 08754

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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PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
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INSURER A : *Markel Insurance Company	38970
INSURER B :	
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INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
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C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
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	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

Location: 1408 Prince Rogers Road, Bridgewater, NJ Building: $656,985, Business Personal Property: $43,799, Field Lights:$128,187, Bl/EE $55,435, Replacement Cost, 80% Co-Insurance, Special Form, $1,000 Deductible** Inland Marine: $101,180, $100 Deductible**

CERTIFICATE HOLDER

TDBANK-

TD Bank, N.A. ISAOA ATIMA
2059 Springdale Road
Cherry Hill, NJ 08003

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
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	DED / RETENTION $							$
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	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid. Certificate holder is loss payee-Field Lights Value $123,852, 80% co-insurance, $1000 Ded.

CERTIFICATE HOLDER

TDEQUIP

TD Equipment Finance LP
Attn: Lisa Brach
1006 Astoria Blvd
Cherry Hill, NJ 08034

CANCELLATION

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CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

THYRZEN

Thyra Zengel
5 Wagner Road
Stockton, NJ 08559

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

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INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

TORPEYA

Torpey Athletic Complex
Nimitz Street
Bridgewater, NJ 08807

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
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INSURER C :	
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INSURER E :	
INSURER F :	

INSURED
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Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER **CANCELLATION**

TOWNMON

Township of Monroe
1 Municipal Plaza
Monroe Twp, NJ 08831

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
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INSURED
Bridgewater Baseball, etal
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Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

UNIONLI

Union Little League
Hall Stadium
874 Lehigh Avenue
Union, NJ 07083

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
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A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
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	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
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CERTIFICATE HOLDER

UNIONLI

Union Little League
Hickory Manor
3 Stanhuber Avenue
Union, NJ 07083

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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

CERTIFICATE HOLDER

USABL--

USABL
C/O Bob Delahant
P.O. Box 3080
Point Pleasant, NJ 08742

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER **CANCELLATION**

VILLCOO

Village of Cooperstown
22 Main St, Box 346
Cooperstown, NY 13326

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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BRID-15 OP ID: BL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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PRODUCER
RPS Bollinger Sports & Leisure
PO Box 390
Short Hills, NJ 07078
Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			8502AH027228	06/15/2017	06/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
	Sexual Abuse & Mo			$1,000,000/$2,000,000	06/15/2017	06/15/2018	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH240784	06/15/2017	06/15/2018	Med Max:	100,000
	Full Excess						Ded:	$50/claim

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

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CERTIFICATE HOLDER

WARRCOU

Warren County A.S.A.
Attn: Bill Lunger
119 Port Colden Road
Washington, NJ 07882

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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CERTIFICATE OF LIABILITY INSURANCE

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PO Box 390
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Brenda Lodato Ext. 8051

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
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INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
Somerst Hunterdon Babe Ruth Le
C/O Diane Bellinger
P.O. Box 6222
Bridgewater, NJ 08807

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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB / CLAIMS-MADE			4602AH024719	06/15/2017	06/15/2018	AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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	Full Excess						Ded:	$50/claim

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CERTIFICATE HOLDER **CANCELLATION**

WARRTOW

Warren Township
46 Mountain Boulevard
Warren, NJ 07059

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AUTHORIZED REPRESENTATIVE

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INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Bridgewater Baseball, etal
Bridgwater National Little Lea
Bridgewater American LL
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C/O Diane Bellinger
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Bridgewater, NJ 08807

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	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
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A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			8502AH027228	06/15/2017	06/15/2018	BODILY INJURY (Per person)	$
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	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
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CERTIFICATE HOLDER

WCWARR-

WC Warriors
Attn: Wintersteen
70 Bowerstown Road
Washington, NJ 07882

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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