

# CERTIFICATE OF LIABILITY INSURANCE

DATE **11/18/10**

**Keystone Risk Managers, LLC**  
**1995 Point Township Drive**  
**Northumberland, PA 17867**

CERTIFICATE # **2211007-1**

**2 21 10**

ADDITIONAL NAMED INSURED:

**NEWTON NORTH LL**  
**STEPHEN MASTROMATTEI**  
**60 CHURCHILL ST**

**NEWTONVILLE MA 02460**

**INSURERS AFFORDING COVERAGE:**

**INSURER A: LEXINGTON INSURANCE COMPAN**

**INSURER B: NATIONAL UNION FIRE INSURANC**  
**(Non-Liability) COMPANY OF PITTSBURGH, PA**

**INSURER C: CHARTIS SPECIALTY**  
**INSURANCE COMPANY**

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE MM/DD/YYYY	POLICY EXPIRATION DATE MM/DD/YYYY	LIMITS
A	X	GENERAL LIABILITY	9471908	1/01/2011	1/01/2012	EACH OCCURRENCE <b>\$1,000,000</b>
		X OCCURRENCE				GENERAL AGGREGATE <b>\$2,000,000</b>
		X INCL. PARTICIPANTS				PRODUCTS/COMP OPS AGGREGATE <b>\$1,000,000</b>
		X SEXUAL ABUSE				SEXUAL ABUSE OCCURRENCE <b>\$1,000,000</b>
						SEXUAL ABUSE AGGREGATE <b>\$2,000,000</b>
		DIRECTORS & OFFICERS	24214367	1/01/2011	1/01/2012	EACH LOSS <b>\$1,000,000</b>
						AGGREGATE <b>\$1,000,000</b>
A	X	CRIME COVERAGE	010008405	1/01/2011	1/01/2012	EACH LOSS <b>\$35,000</b>
			Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE <b>NONE</b>
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	1/01/2011	1/01/2012	As in Master Policy Med. Max. \$100,000 Ded. \$50 <b>As in Master Policy Excess</b>

**"X" INDICATES COVERAGE SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

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

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

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

**1. CITY OF NEWTON**

**INSURED**

**Little League Baseball Risk Purchasing Group, Inc.**  
**539 U.S. RT. 15 HIGHWAY**  
**South Williamsport, PA 17702**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES TO THE ABOVE NAMED LITTLE LEAGUE BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER OR THEIR REPRESENTATIVE WILL MAIL 30 DAYS WRITTEN NOTICE TO THE DESIGNATED PERSON OR ORGANIZATION AT THEIR LAST KNOWN ADDRESS TO US.

*[Signature]*  
 AUTHORIZED REPRESENTATIVE