



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED **Mars Baseball Association**  
124 Granite Ridge Circle  
Mars, PA 16046  
412-925-4906  
(412)327-7962

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.

INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Anyone person) \$ <b>0</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500 Ded \$250
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	Limit \$1mil DED \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.**

CERTIFICATE HOLDER <b>Adams Township</b> 690 Valencia Road Mars, PA. 16046	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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	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>New York Marine &amp; General Ins.</b>	NAIC# <b>16608</b>
	INSURER B: <b>Great American Insurance</b>	NAIC# <b>16691</b>
	INSURER C:	
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP (Anyone person) \$ <b>0</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	Inlande Marine			PK201800012200	4/23/2018	4/23/2019	E.L. DISEASE - EA EMPLOYEE \$
B	Directors & Officers			EPP9712261	4/23/2018	4/23/2019	E.L. DISEASE - POLICY LIMIT \$
							Limit \$10,500 Ded \$250
							Limit \$1mil DED \$500

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

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER <b>Atlantic Coast Baseball</b> 9100 Commerce Circle Trafford, PA. 15085	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 <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>New York Marine &amp; General Ins.</b>	NAIC# <b>16608</b>
	INSURER B: <b>Great American Insurance</b>	NAIC# <b>16691</b>
	INSURER C:	
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Anyone person) \$ <b>0</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> Participant Legal Liab \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	<b>Limit \$10,500</b>
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	<b>Limit \$1mil</b> <b>DED \$500</b>

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

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CERTIFICATE HOLDER <b>Brickyard Park Holdings, LLC</b> 13 Dewey Lane Gibsonia, PA 16059	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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	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED **Mars Baseball Association**  
124 Granite Ridge Circle  
Mars, PA 16046  
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Anyone person) \$ <b>0</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	BODILY INJURY (Per person) \$						
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	Ded \$250 Limit \$1mil DED \$500

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CERTIFICATE HOLDER <b>Cal Ripken Sr. Foundation, Inc.</b> 873 Long Drive Aberdeen, Maryland 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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INSURED	<b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962
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	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Anyone person) \$ <b>0</b>
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							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		PK201800012200	4/23/2018	4/23/2019	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500 Ded \$250
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	Limit \$1mil DED \$500

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CERTIFICATE HOLDER <b>Callery Field</b> 1309 Mars Evans City Road Evans City, PA. 16033	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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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>New York Marine &amp; General Ins.</b>	NAIC# <b>16608</b>
	INSURER B: <b>Great American Insurance</b>	NAIC# <b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP (Anyone person) \$ <b>0</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	Inlande Marine			PK201800012200	4/23/2018	4/23/2019	E.L. DISEASE - EA EMPLOYEE \$
B	Directors & Officers			EPP9712261	4/23/2018	4/23/2019	E.L. DISEASE - POLICY LIMIT \$
							Limit \$10,500 Ded \$250
							Limit \$1mil DED \$500

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

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER <b>Cedar Fair L.P.</b> 1 Cedar Point Dr. Sandusky, OH 44870	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)  
4/19/2018

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PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
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	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED	<b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962
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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.

INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Anyone person) \$ <b>0</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	Ded \$250 Limit \$1mil DED \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.**

CERTIFICATE HOLDER <b>Cedar Point Park, LLC</b> 1 Cedar Point Dr. Sandusky, OH 44870	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 <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Anyone person) \$ <b>0</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	BODILY INJURY (Per person) \$						
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500 Ded \$250
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	Limit \$1mil DED \$500

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

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CERTIFICATE HOLDER <b>City of Aberdeen</b> 873 Long Drive Aberdeen, 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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PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>		
INSURER(S) AFFORDING COVERAGE		NAIC#
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INSURER B:	<b>Great American Insurance</b>	<b>16691</b>
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED **Mars Baseball Association**  
124 Granite Ridge Circle  
Mars, PA 16046  
412-925-4906  
(412)327-7962

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Anyone person) \$ <b>0</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	BODILY INJURY (Per person) \$						
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	Ded \$250 Limit \$1mil DED \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.**

CERTIFICATE HOLDER <b>County of Erie, OH</b> 2900 Columbus Avenue Sandusky, OH 44870	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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	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
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	INSURER E:	
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Anyone person) \$ <b>0</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	BODILY INJURY (Per person) \$						
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500 Ded \$250
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	Limit \$1mil DED \$500

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CERTIFICATE HOLDER <b>CRJ, Inc.</b> 873 Long Drive Aberdeen, 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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/19/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>New York Marine &amp; General Ins.</b>	NAIC# <b>16608</b>
	INSURER B: <b>Great American Insurance</b>	NAIC# <b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Anyone person) \$ <b>0</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	BODILY INJURY (Per person) \$						
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	Ded \$250 Limit \$1mil DED \$500

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

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER <b>Diesel Edge Training Academy LLC</b> 304 Warrendale Road Wexford, PA 15090	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 <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
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	INSURER B: <b>Great American Insurance</b>	NAIC# <b>16691</b>
	INSURER C:	
	INSURER D:	
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	INSURER F:	

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP (Anyone person) \$ <b>0</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	Inlande Marine			PK201800012200	4/23/2018	4/23/2019	E.L. DISEASE - EA EMPLOYEE \$
B	Directors & Officers			EPP9712261	4/23/2018	4/23/2019	E.L. DISEASE - POLICY LIMIT \$
							Limit \$10,500 Ded \$250
							Limit \$1mil DED \$500

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

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER <b>Mars Area School District</b> 545 Route 228 Mars, PA. 16046	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 <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>New York Marine &amp; General Ins.</b>	NAIC# <b>16608</b>
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP (Anyone person) \$ <b>0</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
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							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	E.L. DISEASE - EA EMPLOYEE \$
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							Limit \$10,500 Ded \$250
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CERTIFICATE HOLDER <b>Mars Borough</b> 598 Spring Avenue Mars, PA. 16046	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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INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
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	INSURER B: <b>Great American Insurance</b>	NAIC# <b>16691</b>
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP (Anyone person) \$ <b>0</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	E.L. DISEASE - EA EMPLOYEE \$
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	E.L. DISEASE - POLICY LIMIT \$
							Limit \$10,500 Ded \$250
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CERTIFICATE HOLDER <b>Middlesex Township</b> 133 Brownhill Road Valencia, PA. 16059	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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	INSURER E:	
	INSURER F:	

INSURED	<b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962
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	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	<b>Limit \$10,500</b>
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	<b>Limit \$1mil</b> <b>DED \$500</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
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CERTIFICATE HOLDER <b>Nations Baseball</b> 10801 Hammerly Blvd Houston, TX 77043	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)  
4/19/2018

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PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>New York Marine &amp; General Ins.</b>	NAIC# <b>16608</b>
	INSURER B: <b>Great American Insurance</b>	NAIC# <b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP (Anyone person) \$ <b>0</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	Inlande Marine			PK201800012200	4/23/2018	4/23/2019	E.L. DISEASE - EA EMPLOYEE \$
B	Directors & Officers			EPP9712261	4/23/2018	4/23/2019	E.L. DISEASE - POLICY LIMIT \$
							Limit \$10,500 Ded \$250
							Limit \$1mil DED \$500

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

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CERTIFICATE HOLDER <b>No Off Season Sports</b> 306 Chase Drive Tarentum, PA. 15084	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 <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Anyone person) \$ <b>0</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> Participant Legal Liab \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	<b>Limit \$10,500</b>
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	<b>Ded \$250</b> <b>Limit \$1mil</b> <b>DED \$500</b>

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

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CERTIFICATE HOLDER <b>No Off Season, LLC</b> 13 Dewey Lane Gibsonia, PA 15044	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 <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED	<b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Anyone person) \$ <b>0</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		PK201800012200	4/23/2018	4/23/2019	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Inlande Marine			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500 Ded \$250
B	Directors & Officers			EPP9712261	4/23/2018	4/23/2019	Limit \$1mil DED \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
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CERTIFICATE HOLDER <b>Northeast Tournaments Baseball</b> 111 Janet Street Beaverfalls, PA. 15010	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 <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>New York Marine &amp; General Ins.</b>	NAIC# <b>16608</b>
	INSURER B: <b>Great American Insurance</b>	NAIC# <b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP (Anyone person) \$ <b>0</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	E.L. DISEASE - EA EMPLOYEE \$
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	E.L. DISEASE - POLICY LIMIT \$
							Limit \$10,500 Ded \$250
							Limit \$1mil DED \$500

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

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CERTIFICATE HOLDER <b>Penn Glade Lions Club</b> 4500 Airport Road Butler, PA. 16002	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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	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED	<b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Anyone person) \$ <b>0</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> Participant Legal Liab \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	<b>Limit \$10,500</b>
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	<b>Limit \$1mil</b> <b>DED \$500</b>

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

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CERTIFICATE HOLDER <b>Pony Baseball/Softball, Inc.</b> P.O. Box 225 Washington, PA. 15301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/19/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C, No. Ext): <b>1(800)-995-9768</b>	FAX (A/C, No.): <b>(408) 414-8199</b>
	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED **Mars Baseball Association**  
124 Granite Ridge Circle  
Mars, PA 16046  
412-925-4906  
(412)327-7962

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.

INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP (Anyone person) \$ <b>0</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	Inlande Marine			PK201800012200	4/23/2018	4/23/2019	E.L. DISEASE - EA EMPLOYEE \$
B	Directors & Officers			EPP9712261	4/23/2018	4/23/2019	E.L. DISEASE - POLICY LIMIT \$
							Limit \$10,500 Ded \$250
							Limit \$1mil DED \$500

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

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CERTIFICATE HOLDER <b>Ripken Basebal Camps, LLC. &amp; Ripken Baseball Academy</b> 1427 Clarkview Road Baltimore, MD 21209	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 <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>1(800)-995-9768</b>	FAX (A/C, No): <b>(408) 414-8199</b>
	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED	<b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Anyone person) \$ <b>0</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> Participant Legal Liab \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Inlande Marine			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500 Ded \$250
B	Directors & Officers			EPP9712261	4/23/2018	4/23/2019	Limit \$1mil DED \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.**

CERTIFICATE HOLDER <b>Ripken Baseball Camps and Clinics LLC, Ripken Baseball Inc., Double Play Dining, LLC, Cal Ripken Sr. Foundation, Inc.</b> 3051 Ripken Way Myrtle Beach, SC, 29577	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 <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>1(800)-995-9768</b>	FAX (A/C, No): <b>(408) 414-8199</b>
	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED	<b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Anyone person) \$ <b>0</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Inlande Marine			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500
B	Directors & Officers			EPP9712261	4/23/2018	4/23/2019	Limit \$1mil DED \$500

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
Ripken Baseball Camps and Clinics, LLC; Ripken Baseball, Inc; Cal Ripken Sr. Foundation, Inc; Double Play Dining LLC 873 Long Drive Aberdeen, MD 21001	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 



# CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>New York Marine &amp; General Ins.</b>	NAIC# <b>16608</b>
	INSURER B: <b>Great American Insurance</b>	NAIC# <b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP (Anyone person) \$ <b>0</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	E.L. DISEASE - EA EMPLOYEE \$
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	E.L. DISEASE - POLICY LIMIT \$
							Limit \$10,500 Ded \$250
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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 <b>Sports Fields, Inc.</b> 3760 Sixes Rd. Suite 126-331 Canton, GA 30114	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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	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Anyone person) \$ <b>0</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> Participant Legal Liab \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	<b>Limit \$10,500</b>
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	<b>Ded \$250</b> <b>Limit \$1mil</b> <b>DED \$500</b>

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

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER <b>Sports Force Parks Sandusky, LLC</b> 3115 Cleveland Road W Sandusky, OH 44870	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)  
4/19/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED **Mars Baseball Association**  
124 Granite Ridge Circle  
Mars, PA 16046  
412-925-4906  
(412)327-7962

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.

INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP (Anyone person) \$ <b>0</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Inlande Marine			PK201800012200	4/23/2018	4/23/2019	E.L. DISEASE - POLICY LIMIT \$
B	Directors & Officers			EPP9712261	4/23/2018	4/23/2019	Limit \$10,500 Ded \$250 Limit \$1mil DED \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.**

CERTIFICATE HOLDER <b>Triple Crown Sports</b> 3930 Automation Way Fort Collins, CO. 80525	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)  
4/19/2018

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PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>New York Marine &amp; General Ins.</b>	NAIC# <b>16608</b>
	INSURER B: <b>Great American Insurance</b>	NAIC# <b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP (Anyone person) \$ <b>0</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	E.L. DISEASE - EA EMPLOYEE \$
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	E.L. DISEASE - POLICY LIMIT \$
							Limit \$10,500 Ded \$250
							Limit \$1mil DED \$500

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

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER <b>Tufton Professional Baseball</b> 873 Long Drive Aberdeen, 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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4/19/2018

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PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
	E-MAIL ADDRESS: <b>sales@gsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED <b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962	CERTIFICATE NUMBER:	REVISION NUMBER:
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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>						
	MED EXP (Anyone person) \$ <b>0</b>						
	PERSONAL & ADV INJURY \$ <b>1,000,000</b>						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	Ded \$250 Limit \$1mil DED \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.**

CERTIFICATE HOLDER <b>Valencia Borough</b> 34 Altimere Street Valencia, PA. 16059	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)  
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PRODUCER <b>Gagliardi Insurance Services, Inc.</b> 109 S. 13th St. #117B Philadelphia, PA 19107 #809840	CONTACT NAME:	
	PHONE (A/C. No. Ext): <b>1(800)-995-9768</b>	FAX (A/C. No.): <b>(408) 414-8199</b>
	E-MAIL ADDRESS: <b>sales@ggsportsinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	INSURER B: <b>Great American Insurance</b>	<b>16691</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED	<b>Mars Baseball Association</b> 124 Granite Ridge Circle Mars, PA 16046 412-925-4906 (412)327-7962
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation	X		PK201800012200	4/23/2018	4/23/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Anyone person) \$ <b>0</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							Participant Legal Liab \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PK201800012200	4/23/2018	4/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	BODILY INJURY (Per person) \$						
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>Inlande Marine</b>			PK201800012200	4/23/2018	4/23/2019	Limit \$10,500
B	<b>Directors &amp; Officers</b>			EPP9712261	4/23/2018	4/23/2019	Ded \$250 Limit \$1mil DED \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.**

CERTIFICATE HOLDER <b>West Penn Elite</b> PO Box 462 Monroeville, PA 15146	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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