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| <p>PRODUCER</p> <p style="text-align: right;">1-804-733-2020</p> <p>CHAPPELL INSURANCE AGENCY 25807-A COX ROAD PETERSBURG, VA 23803</p> | <p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <hr/> <p style="text-align: center;">INSURERS AFFORDING COVERAGE</p> <p>INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY</p> <p>INSURER B: HARTFORD LIFE AND ACCIDENT INSURANCE CO</p> <p>INSURER C:</p> <p>INSURER D:</p> <p>INSURER E:</p> |
| <p>INSURED</p> <p>SOFTBALL NATION INC DBA SPORTS NATION 210 HUDDERSFIELD DR RICHMOND, VA 23236</p> | |

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|---|-------------------|----------------------------------|-----------------------------------|---------------------------|--------------|
| A | GENERAL LIABILITY | RPG-285652-00 | 01/01/18 | 01/01/19 | EACH OCCURRENCE | \$ 2,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE(any one fire) | \$ 300,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (any one person) | \$ |
| | <input checked="" type="checkbox"/> PLL-\$2,000,000 | | | | GENERAL AGGREGATE | \$ 5,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES: | | | | PERSONAL ADV INJURY | \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| B | OTHER | OFE-0360020641403 | 01/01/18 | 01/01/19 | \$100,000 LIMIT | |
| | SECONDARY PARTICIPANT ACCIDENT | | | | \$500 Deductible | |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR | | | | AGGREGATE | \$ |
| | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

COVERAGE INCLUDES AMATEUR PLAY AND PRACTICE IN THE INSURED SPORT. TEAM OR LEAGUE LISTED BELOW IS A NAMED INSURED UNDER ABOVE REFERENCED SPORTS NATION SPORTS POLICIES.

COVERAGE IS EFFECTIVE 2/15/2018.

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| CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER _____ | CANCELLATION |
| <p>OAK GROVE ATHLETIC ASSOCIATION (1)Teams 345 HEGWOOD RD HATTIESBUG, MS 39402</p> <p>CERTIFICATE #: SN SB-12-66</p> | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Scott ...</i></p> | |