

DATE(MM/DD/YYYY)
1/10/2019

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

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this certificate does not comer rights to the certificate holder in fled of such	i endoisement(s).
PRODUCER	CONTACT NAME:
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#
#809840	INSURER A: Lexington Insurance Company 19437
INSURED St Joseph's Pony Baseball	INSURER B:
P.O. Box 3599	INSURER C:
Crest Hill, IL 60434	INSURER D :
	INSURER E:
	INSURER F:

				INSURER F:				
COVERAGES CER	TIFICA	λΤΕ	NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation A	Y		GSL2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY	\$ 1, \$ \$ 1,	000,000
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1,	000,000
AUTOMOBILE LIABILITY ANYAUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY AUTOS ONLY AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1 , \$ \$ \$ \$ \$ \$	000,000
AUTOS ONLT UMBRELLA LIAB X OCCUR CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE	Ψ -	000,000
DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					PER OTH- STATUTE ER	\$	
OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
A Accident Medical GAH0400			GAH040001	1/1/2019	1/1/2020	Limit	-	0,000 ,000 0
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	D	- h -	all Inc	CANCELLATION				i

CENTIFICATE HOLDEN	CANCELLATION
Ballpark Sports Baseball, Inc.	
P.O. Box 595	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
Bourbonnais, IL. 60914	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Dannal Santing
	(a) house () action as



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PRODUCER	CONTACT NAME:					
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): $1(800) - 995 - 9768$ FAX (A/C, No): $(408) 414 - 8199$					
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#					
#809840	INSURER A: Lexington Insurance Company 19437					
INSURED St Joseph's Pony Baseball	INSURER B:					
P.O. Box 3599	INSURER C:					
Crest Hill, IL 60434	INSURER D:					
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	INSURER F:									
C	OVE	RAGES CER	TIFIC/	ATE	NUMBER:			REVISION NUMBER:		
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	Х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY	-	000,000
	X	3201						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1,	,000,000
	ΑU	OTHER: TOMOBILE LIABILITY						COMBINED SINGLE LIMIT		000,000
	Т	ANYAUTO						(Ea accident) BODILY INJURY (Per person)	\$	
A		OWNED SCHEDULED AUTOS			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$	
	X							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	_	UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE	Ψ	000,000
A	X	EXCESS LIAB CLAIMS-MADE				_, _, _,	_, _,	AGGREGATE	\$ 4 ,	,000,000
_	1410	DED RETENTION \$						DED OTH	\$	
	AND	RKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
	OFF	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
		ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
_	DÉS	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	0.000
١,	١,	ccident Medical			GAH040001	1 /1 /2010	1 /1 /2020	Limit	-	0,000 ,000
A	A	ccident Medical			GAHU40001	1/1/2019	1/1/2020			-
Deductible \$250 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										
		ect to the liability								
	_	policy terms and con			_	negrigence	or the	named insured.	•	
AT	_ 1	policy cerms and con	IGI	-10.	ns appry.					
		IOATE LIGIDED				04110517.5500				
CE	₹TIF	CATE HOLDER Benedictine Univ	020	-i +	,	CANCELLATION				 -
l	benearchine university									

Benedictine University
5700 College Road
Lisle, IL 60532

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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P.O. Box 3599	INSURER C:
Crest Hill, IL 60434	INSURER D:
	INSURER E:
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INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1 ,	,000,000
A	X	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY		,000,000
	X	POLICY PRO- POLICY PRO- JECT LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	,000,000
	ΑU٦	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1 ,	,000,000
A	┝	ANYAUTO OWNED SCHEDULED AUTOS ONLY AUTOS			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	\$ 4 ,	,000,000
Α	A X EXCESS LIAB CLAIMS-MADE				G5A2019040001	1/1/2019	1/1/2020	AGGREGATE	\$4 ,	,000,000
		DED RETENTION\$							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	II, A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
								Limit		0,000
Α	Ac	ccident Medical			GAH040001	1/1/2019	1/1/2020	AD&D	\$10	,000
								Deductible	\$250	0
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CEF	RTIFI	CATE HOLDER			 	CANCELLATION				
	Bolingbrook Youth Baseball League									

<u>CERTIFICATE HOLDER</u>	CANCELLATION
Bolingbrook Youth Baseball League	
P.O. Box 1695 Bolingbrook, IL 60440	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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P.O. Box 3599	INSURER C:				
Crest Hill, IL 60434	INSURER D:				
	INSURER E:				
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					INSURER F:				
CO	VERAGES CERT	ΠFICA	ΛΤΕ	NUMBER:			REVISION NUMBER:		
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP ER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS				
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT PRODUCT LOCUMEN:	Y		GSL2019040001	1/1/2019		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1, \$ 2, \$ 1,	000,000 000,000 0 000,000 000,000 000,000
A	ANY AUTO ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT \$ 1,000,0 BODILY INJURY (Per person) \$		
A	WIMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE	Ψ	000,000
	DED								
	DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ Limit \$100,000							,000	
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CER	CERTIFICATE HOLDER Burroughs & Chapin Company, Inc.								

CERTIFICATE HOLDER	CANCELLATION
Burroughs & Chapin Company, Inc. 3051 Ripken Way Blvd. Myrtle Beach, SC. 29577	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 COSCHOLLE



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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1 ,	000,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,	000,000		
	X Abuse & Molestation			GSL2019040001	1/1/2019	1 /1 /2020	MED EXP (Anyone person)	\$	0		
Α	LJ	Y		G5L2019040001	1/1/2019	1/1/2020	PERSONAL & ADV INJURY		000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		000,000		
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG		000,000		
	OTHER:						Participant Legal Liab		000,000		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,	000,000		
	ANYAUTO			GSL2019040001	1 /1 /2010	1/1/2020	BODILY INJURY (Per person)	\$			
А	OWNED SCHEDULED AUTOS ONLY				1/1/2019		BODILY INJURY (Per accident)	\$			
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
								\$			
	UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	Ψ	000,000		
Α	X EXCESS LIAB CLAIMS-MADE		GSA	3372013040001	1/1/2019	1/1/2020	AGGREGATE	\$4 ,	000,000		
	DED RETENTION\$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			
							Limit		0,000		
Α	Accident Medical			GAH040001	1/1/2019	1/1/2020	AD&D	\$10,			
							Deductible	\$250)		
re	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.										
					0.110=11.4=16::						
CEF	RTIFICATE HOLDER Caputo's Fresh M	ark	<u>+</u>	<u> </u>	CANCELLATION						
I	Capaco a Fresh M	ar ve									

Caputo's Fresh Market
3115 111th Street
Naperville, IL 60564

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
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INS LTR	TYPE OF INSURANCE	ADDL SU INSD W		POLICY EFF POLICY EXI (MM/DD/YYYY) (MM/DD/YYY	Y) LIMIT	rs .						
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation	_ Y	GSL2019040001	1/1/20191/1/202	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person)	\$ 1,000,000 \$ 1,000,000 \$ 0 \$ 1,000,000 \$ 2,000,000 \$ 1,000,000 \$ 1,000,000						
A	AUTOMOBILE LIABILITY ANYAUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X AUTOS ONLY AUTOS ONLY		GSL2019040001	1/1/20191/1/202	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$						
A	WIMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-M DED RETENTION \$	ADE.	GSX2019040001	1/1/20191/1/202	20 EACH OCCURRENCE AGGREGATE	\$ 4,000,000 \$ 4,000,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	/N N/A			PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$						
A			GAH040001	1/1/20191/1/202	Limit	\$100,000 \$10,000 \$250						
Th re Al	Deductible \$\frac{1}{2}\$\$ DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACCORD 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 CANCELLATION											
	Chaney Monge S	chool										

Chaney Monge School
400 Elsie Avenue
Crest Hill, IL. 60403

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



DATE(MM/DD/YYYY) 1/10/2019

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this certificate does not comer rights to the certificate holder in fied of suc	n endorsement(s).						
PRODUCER	CONTACT NAME:						
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): $1(800) - 995 - 9768$ (A/C, No): (408) 414-8199						
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#						
#809840	INSURER A: Lexington Insurance Company 19437						
INSURED St Joseph's Pony Baseball	INSURER B:						
P.O. Box 3599	INSURER C:						
Crest Hill, IL 60434	INSURER D:						
	INSURER E:						
	INSURER F:						

	INSURER F:											
C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:											
IN CI	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	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	X	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		000,000		
	X	Abuse & Molestation			GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person)	\$	0		
A	_]	Y			_, _, _,	_, _, _,_,	PERSONAL & ADV INJURY		000,000		
	X	POLICY PRO- LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1 ,	000,000		
		OTHER:						Participant Legal Liab		,000,000		
	ΑU٦	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1 ,	,000,000		
		ANYAUTO			GSL2019040001	1 /1 /2010	1/1/2020	BODILY INJURY (Per person)	\$			
A		OWNED SCHEDULED AUTOS ONLY				1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$			
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
									\$			
		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE		,000,000		
Α	X	EXCESS LIAB CLAIMS-MADE			GDAZOIJOTOOT	1/1/2019	1/1/2020	AGGREGATE	\$4 ,	,000,000		
		DED RETENTION \$							\$			
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
	(Mai	ndatory in NH)	"/ "					E.L. DISEASE - EA EMPLOYEE	\$			
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			
								Limit	-	0,000		
Α	A	ccident Medical			GAH040001	1/1/2019	1/1/2020	AD&D		,000		
								Deductible	\$250	0		
Th re Al	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.											
CE	RTIFI	CATE HOLDER		1 7	17	CANCELLATION						
		Channahon PONY B	ase	ba.	LI	SHOULD ANY OF THE ABOVE DESCRIBED BOLICIES BE CANCELLED BEFORE						

CERTIFICATE HOLDER
Channahon PONY Baseball
P.O. Box 402
Channahon, IL 60410

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



DATE(MM/DD/YYYY) 1/10/2019

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PRODUCER CONTACT NAME:							
Gagliardi Insurance Services, Inc. PHONE (A/C, No. Ext): 1(800) -995-9768 (A/C, No): (408) 414	4-8199						
1315 Walnut Street, Suite 1101 E-MAIL Sales@gsportsinsurance.com							
Philadelphia, PA 19107 INSURER(S) AFFORDING COVERAGE	NAIC#						
#809840 INSURER A: Lexington Insurance Company 1	19437						
INSURED St Joseph's Pony Baseball INSURER B:							
P.O. Box 3599							
Crest Hill, IL 60434 INSURER D:							
INSURER E:							
INSURER F:							

	INSURER F:										
C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
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INS LTR	R	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	īs		
	Х	COMMERCIAL GENERAL LIABILITY	T				,,	EACH OCCURRENCE	s 1.	,000,000	
l		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000	
l	х	Abuse & Molestation						MED EXP (Anyone person)	s	0	
l a	Ħ		- _Y		GSL2019040001	1/1/2019	1/1/2020	PERSONAL & ADV INJURY	s 1,	,000,000	
	GE	N'L AGGREGATE LIMIT APPLIES PER:	- -					GENERAL AGGREGATE		,000,000	
l	X	. — —						PRODUCTS - COMP/OP AGG	s 1.	,000,000	
l	Г	OTHER:						Participant Legal Liab		,000,000	
	ΑU	TOMOBILE LIABILITY	\top					COMBINED SINGLE LIMIT (Ea accident)	\$1 ,	,000,000	
l	Г	ANYAUTO						BODILY INJURY (Per person)	\$		
A		OWNED SCHEDULED AUTOS			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$		
^	х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
l		AUTOS ONET						(i el accident)	\$		
		UMBRELLA LIAB X OCCUR	十一					EACH OCCURRENCE	_{\$} 4,	,000,000	
A	x		DE		GSX2019040001	1/1/2019	1/1/2020	AGGREGATE	_{\$} 4,	,000,000	
l	Ħ	DED RETENTION\$	Ī						\$		
		RKERS COMPENSATION	十一					PER OTH- STATUTE ER	Ψ		
l	ANY	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE Y	<u>۱</u>					E.L. EACH ACCIDENT	\$		
l		FICER/MEMBER EXCLUDED?	J N/A	1				E.L. DISEASE - EA EMPLOYEE	\$		
l	If ye	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
			\top	1				Limit	\$100	0,000	
Α	Α	ccident Medical			GAH040001	1/1/2019	1/1/2020	AD&D		,000	
l								Deductible	\$250	0	
		TION OF OPERATIONS / LOCATIONS / VEH									
ı		arking Services, LLC, Chicagoland S									
ı		liated companies and their respect									
ı		s, receivers, successors and assign			-			_			
ı	_	out of the negligence of the named					_				
ı		nis insurance shall be primary and	non-con	ntribu	tory, wavier of subrogation is	s also included whe	re required by	y written			
cont	ract	:-									
CEF	RTIF	CATE HOLDER			(CANCELLATION					
	XIII	Chicagoland Spe	edw	av	1	JAN TOLLLATION					

CERTIFICATE HOLDER	CANCELLATION
Chicagoland Speedway	
500 Speedway Blvd Joliet, IL 60433	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 Cachendi



DATE(MM/DD/YYYY) 1/10/2019

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PRODUCER	CONTACT NAME:						
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800) -995-9768 FAX (A/C, No): (408) 41	L 4-8199					
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840	INSURER A: Lexington Insurance Company	19437					
INSURED St Joseph's Pony Baseball	INSURER B:						
P.O. Box 3599	INSURER C:						
Crest Hill, IL 60434	INSURER D:						
	INSURER E:						
	INSURER F:						

								INSURER E :				
C	OVE	RAGES		CER	TIFIC	ATE	NUMBER:			REVISION NUMBER:		
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INS LTR	R	TYPE OF IN	ISUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X	CLAIMS-MADE Abuse & Mo	E [OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person)		000,000
A					Y		GSL2019040001	1/1/2019	1/1/2020	PERSONAL & ADV INJURY	\$ 1,	,000,000
	GE X	N'L AGGREGATE LIM POLICY PRO POLICY PRO JEC		PPLIES PER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1 ,	,000,000
	ΑU	OTHER:								Participant Legal Liab COMBINED SINGLE LIMIT (Ea accident)	_	000,000
		ANYAUTO								BODILY INJURY (Per person)	\$	
A		OWNED AUTOS ONLY		SCHEDULED AUTOS			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$	
**	Х	LUDED	Х	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		7.0100 01.21									\$	
		UMBRELLA LIAB		OCCUR			GSX2019040001	1 /1 /2010	1 /1 /2020	EACH OCCURRENCE	Ψ	,000,000
Α	X	EXCESS LIAB		CLAIMS-MADE		GSX2019040001		. 1/1/20191/1/2020	AGGREGATE	\$ 4 ,	,000,000	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSAT DEMPLOYERS' LIABIL			l					PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PART	NER/	EXECUTIVE Y/N	N/A					E.L. EACH ACCIDENT	\$	
	(Ma	ndatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under SCRIPTION OF OPER	ATIO	NS below	_					E.L. DISEASE - POLICY LIMIT	\$	
			_							Limit	-	0,000
Α	A	ccident M	ed:	ical			GAH040001	1/1/2019	1/1/2020			,000
										Deductible	\$250)
Th re	Deductible \$250 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.											
CEF	RTIF	CATE HOLDER						CANCELLATION				
l		Chicac	റവ	land Sund	lav	Bas	seball	Ĭ				

Chicagoland Sunday Baseball
c/o Anthony Belmonte
P.O. Box 532
Palos Heights, IL 60463

Authorized Representative



DATE (MM/DD/YYYY) 1/10/2019

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this certificate does not confer rights to the certificate holder in fleu of suc	endorsement(s).						
PRODUCER	CONTACT NAME:						
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199						
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#						
#809840	INSURER A: Lexington Insurance Company 19437						
INSURED St Joseph's Pony Baseball	INSURER B:						
P.O. Box 3599	INSURER C:						
Crest Hill, IL 60434	INSURER D:						
	INSURER E:						
	INSURER F:						

				INSURER E:					
				INSURER F:					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
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INSI LTR	TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		000,000	
7	X Abuse & Molestation	Y	GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person)	\$	000,000	
A	GEN'L AGGREGATE LIMIT APPLIES PER:	Y				PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 2,	000,000	
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1,	000,000	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,	000,000	
	ANYAUTO		GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY AUTOS ONLY					(Per accident)	\$		
	UMBRELLA LIAB X OCCUR		GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	_{\$} 4,	000,000	
A	X EXCESS LIAB CLAIMS-MADE DED RETENTION \$		G5X2019040001	1/1/2019	1/1/2020	AGGREGATE	\$ 4 ,	000,000	
	WORKERS COMPENSATION					PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$		
A	Accident Medical		GAH040001	1/1/2019	1/1/2020	Limit AD&D	\$100 \$10,	0,000 .000	
						Deductible	\$250)	
The	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.								
	OANOELLATION								

Crestwood Professional Baseball, LLC DBA Windy City Thunderbolts, Villiage of Crestwood

> 14011 South Kenton Avenue Crestwood, IL 60445

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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P.O. Box 3599	INSURER C:						
Crest Hill, IL 60434	INSURER D:						
	INSURER E:						
	INSURER F:						

	INSURER F:											
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INS LTR	R	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A	_	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Abuse & Molestation N'L AGGREGATE LIMIT APPLIES PER:	Y		GSL2019040001	1/1/2019		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1, \$ \$ 1, \$ 2,	000,000		
	X	POLICY PRO- OTHER: LOC						PRODUCTS - COMP/OP AGG Participant Legal Liab	•	,000,000		
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1 ,	,000,000		
A		ANYAUTO OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED					GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	Х	AUTOS ONLY X AUTOS ONLY						(Per accident)	\$			
_									\$	000 000		
١.	<u> </u>	UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE	Ψ	,000,000		
A	Х	EXCESS LIAB CLAIMS-MADE	4					AGGREGATE	AGGREGATE \$ 4,00			
_	WO	DED RETENTION \$ RKERS COMPENSATION						PER OTH-	\$			
	AND	D EMPLOYERS' LIABILITY Y/N							—			
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
		ndatory in NH) s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$			
	DÉS	SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT Limit	\$ 0.00	0,000		
A	١,,	ccident Medical			GAH040001	1/1/2019	1 /1 /2020			,000		
^	l A	ccident Medical			GAHUTUUUI	1/1/2019	1/1/2020	Deductible	\$250	-		
DEO		TION OF OPERATIONS /LOCATIONS /L/ELIIO	FO (A	0000	404 A LEG I B I - O - I - I			Deductible	\$450	<u>J</u>		
Th re	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.											
CEF	RTIF	ICATE HOLDER			- i	CANCELLATION						
	Diocese of Joliet											

CENTIFICATE HOLDEN	CANCELLATION
Diocese of Joliet 16555 Weber Road Crest Hill, IL 60403	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



DATE(MM/DD/YYYY)
1/10/2019

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this certificate does not comer rights to the certificate holder in fied of suc	in endorsement(s).						
PRODUCER	CONTACT NAME:						
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199						
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#						
#809840	INSURER A: Lexington Insurance Company 19437						
INSURED St Joseph's Pony Baseball	INSURER B:						
P.O. Box 3599	INSURER C:						
Crest Hill, IL 60434	INSURER D:						
	INSURER E:						
	INSURER F:						

INSURER F:									
C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:								
IN CI	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		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	CLAIMS-MADE X OCCUI X Abuse & Molestatic GEN'L AGGREGATE LIMIT APPLIES PER X POLICY PRO- JECT LOC	Y On Y		GSL2019040001	1/1/2019		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ \$ 1, \$ 2, \$ 1,	000,000 000,000 0 000,000 000,000
A	OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ON	ED		GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		000,000
A	WINDERELLA LIAB X OCCUI X EXCESS LIAB CLAIMS DED RETENTION \$	R S-MADE		GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE	÷	000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A					PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
A	Accident Medical			GAH040001	1/1/2019	1/1/2020	Limit AD&D Deductible	-	0,000 ,000 0
Th re po	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.								
<u> </u>	RTIFICATE HOLDER				<u>ANCELLATION</u>				

CERTIFICATE HOLDER	CANCELLATION
Extra Bases LLC	
3051 Ripken Way Blvd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
Myrtle Beach SC 29577	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	(Dune Cachardi



DATE(MM/DD/YYYY) 1/10/2019

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this certificate does not comer rights to the certificate holder in fied of suc	in endorsement(s).						
PRODUCER	CONTACT NAME:						
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199						
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#						
#809840	INSURER A: Lexington Insurance Company 19437						
INSURED St Joseph's Pony Baseball	INSURER B:						
P.O. Box 3599	INSURER C:						
Crest Hill, IL 60434	INSURER D:						
	INSURER E:						
	INSURER F:						

	INSURER F:									
CC	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)	LIMIT	s		
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1 ,	000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1 ,	000,000	
	X Abuse & Molestation			gg= 001 00 40001			MED EXP (Anyone person)	\$	0	
Α		Y		GSL2019040001	1/1/2019	1/1/2020	PERSONAL & ADV INJURY	\$ 1,	000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,	000,000	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG		000,000	
	OTHER:						Participant Legal Liab		000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1 ,	000,000	
	ANYAUTO			GGT 201 00 4 0 0 0 1	1 /1 /2010	1 /1 /2020	BODILY INJURY (Per person)	\$		
A	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB X OCCUR			GGV2010040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	Ψ	000,000	
Α	X EXCESS LIAB CLAIMS-MADE		1/1/2019	1/1/2020	AGGREGATE	\$4 ,	000,000			
	DED RETENTION\$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
							Limit		0,000	
Α	Accident Medical			GAH040001	1/1/2019	1/1/2020	AD&D	-	,000	
							Deductible	\$250)	
re	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.									
CEF	RTIFICATE HOLDER				CANCELLATION					
<u> </u>	Frankfort Baseba	11								

Frankfort Baseball
P.O.Box 261
Frankfort, IL 60423

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



DATE(MM/DD/YYYY) 1/10/2019

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tilis certi	neate does not come rights to the certificate notice in hea of st	ich endorsemends).						
PRODUCER		CONTACT NAME:						
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800) -995-9768 FAX (A/C, No): (408) 414-8199						
	Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#8098	40	INSURER A: Lexington Insurance Company	19437					
INSURED	St Joseph's Pony Baseball	INSURER B:						
	P.O. Box 3599	INSURER C:						
	Crest Hill, IL 60434	INSURER D:						
		INSURER E:						
		INSURER F:						
·	· · · · · · · · · · · · · · · · · · ·							

						INSURER F:					
C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
IN C	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	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				,,,,,,		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000	
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY		000,000 ,000,000	
	X	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	,000,000	
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		,000,000	
	Т	ANYAUTO			GSL2019040001			BODILY INJURY (Per person)	\$		
A		OWNED SCHEDULED AUTOS ONLY				1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$		
**	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
		7.0.100 0.121							\$		
		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	Ψ -	,000,000	
Α	X	EXCESS LIAB CLAIMS-MADE					1/1/2020	AGGREGATE	\$ 4 ,	,000,000	
		DED RETENTION \$							\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY	N/A					PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$		
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
١.	١.				gr *** 40001			Limit	-	0,000	
A	A	ccident Medical			GAH040001	1/1/2019	1/1/2020			,000	
DES	CRIP ⁻	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule, m	ay be attached if more space	e is required)	Deductible	\$25	0	
re	spe	Certificate holder i	aı	cis	ing out of the		-	-	•		
Αl		policy terms and con	ialt	-10	ns appiy.						
CEI	RTIF	CATE HOLDER				CANCELLATION					
		Game Day USA									

CERTIFICATE HOLDER

Game Day USA

603 E Diehl Rd #103

Naperville, IL. 60563

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



DATE(MM/DD/YYYY) 1/10/2019

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r endorsement(s).						
CONTACT NAME:						
E-MAIL ADDRESS: sales@gsportsinsurance.com						
INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURER A: Lexington Insurance Company	19437					
INSURER B:						
INSURER C:						
INSURER D:						
INSURER E:						
INSURER F:						
	CONTACT NAME: PHONE (A/C, No. Exh): 1(800) -995-9768 E-MAIL ADDRESS: sales@gsportsinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:					

_					INSURER E:					
					INSURER F:					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
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INS LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		000,000	
Α	X Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY	\$ \$ 1,	000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1 ,	,000,000	
	OTHER:						Participant Legal Liab		,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1 ,	,000,000	
	ANYAUTO		GGT 001 00 400	GGT 201 00 4 0 0 0 1	1 /1 /0010	1/1/2020	BODILY INJURY (Per person)	\$		
A	OWNED SCHEDULED AUTOS ONLY			GSL2019040001	1/1/2019		BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB X OCCUR			GGW2010040001	1 /1 /0010	1 /1 /0000	EACH OCCURRENCE	Ψ	,000,000	
Α	X EXCESS LIAB CLAIMS-MADE		GSX20190400	GSX2019040001	1/1/2019	1/1/2020	AGGREGATE	\$4 ,	,000,000	
	DED RETENTION\$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
							Limit	-	0,000	
Α	Accident Medical			GAH040001	1/1/2019	1/1/2020	AD&D	\$10,	,000	
							Deductible	\$250	0	
Th re	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.									
CFF	RTIFICATE HOLDER CANCELLATION									

CERTIFICATE HOLDER

I-80 League / Homer Athletic Club
Box 181, 14007 S. Bell Road
Homer Glen, IL 60491

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



DATE(MM/DD/YYYY) 1/10/2019

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this certificate does not come rights to the certificate holder in ned of suc	ii endorsement(s).
PRODUCER	CONTACT NAME:
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): $1(800) - 995 - 9768$ (A/C, No): (408) 414-8199
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#
#809840	INSURER A: Lexington Insurance Company 19437
INSURED St Joseph's Pony Baseball	INSURER B:
P.O. Box 3599	INSURER C:
Crest Hill, IL 60434	INSURER D:
	INSURER E:
	INSURER F:

					INSURER F:					
C	OVE	RAGES CER	TIFIC/	ATE	NUMBER:			REVISION NUMBER:		
IN CI EX	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	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X X GEI	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Abuse & Molestation VL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:	Y		GSL2019040001	1/1/2019		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1, \$ 2, \$ 1,	000,000 000,000 0 000,000 000,000 000,000
AUTOMOBILE LIABILITY ANYAUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY AUTOS ONLY X AUTOS ONLY					GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1, \$ \$ \$	000,000
A	х	UMBRELLA LIAB EXCESS LIAB RETENTION \$ CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE	Ψ -	000,000
		RKERS COMPENSATION						PER OTH- STATUTE ER	Φ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
								Limit	\$100	0,000
Α	A	ccident Medical			GAH040001	1/1/2019	1/1/2020	AD&D	\$10	,000
								Deductible	\$250	0
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CE	CERTIFICATE HOLDER CANCELLATION Table 1 Control Contr									

CERTIFICATE HOLDER	CANCELLATION
Illinois Sparks Baseball Club 16921 Steeplechase Parkway Orland Park, IL 60467	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



DATE(MM/DD/YYYY)
1/10/2019

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this certificate does not confer rights to the certificate holder in fleu of suc	n endorsement(s).
PRODUCER	CONTACT NAME:
Gagliardi Insurance Services, Inc.	PHONE (A/C, No. Ext): $1(800) - 995 - 9768$ (A/C, No. (408) 414-8199
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#
#809840	INSURER A: Lexington Insurance Company 19437
INSURED St Joseph's Pony Baseball	INSURER B:
P.O. Box 3599	INSURER C:
Crest Hill, IL 60434	INSURER D:
	INSURER E:
	INSURER F:

	INSURER F:									
C	OVE	RAGES CER ^T	TIFIC	ATE	NUMBER:			REVISION NUMBER:		
IN CI	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	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Abuse & Molestation						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person)		000,000
A	GEI	V'L AGGREGATE LIMIT APPLIES PER:	Y		GSL2019040001	1/1/2019	1/1/2020	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1, \$ 2,	000,000
	Х	POLICY PRO- DOTHER: LOC						PRODUCTS - COMP/OP AGG Participant Legal Liab COMBINED SINGLE LIMIT	\$ 1,	000,000
	AU1	OMOBILE LIABILITY ANYAUTO			GSL2019040001	1/1/2019	91/1/2020	(Ea accident) BODILY INJURY (Per person)	\$,000,000
A	X	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X AUTOS ONLY			3512013010001			BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	F	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ \$ 4,	000,000
Α	х			GSX201904		0001 1/1/2019	1/1/2020	AGGREGATE	\$ 4,	000,000
		DED RETENTION\$							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	Ν/ Α					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A Accident Medical GAH040001				GAH040001	1/1/2019	1/1/2020	Limit AD&D Deductible	-	,000 ,000	
DEO		SION OF OBERATIONS /LOCATIONS /VEHICL	FO (A	0000	404 A 1177 1 D 1 - 0 - 1 - 1		' N	Deductible	Ş25	U
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.										
CEF	RTIFI	CATE HOLDER	3			CANCELLATION				
ı	Joliet Catholic Academy									

Joliet Catholic Academy 1200 N. Larkin Avenue Joliet, IL 60435	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE June Cochardi



DATE(MM/DD/YYYY) 1/10/2019

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

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this certificate does not comer rights to the certificate holder in fied of such	· ondoroomonic(o):	
PRODUCER	CONTACT NAME:	
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 41	14-8199
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com	
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#
#809840	INSURER A: Lexington Insurance Company	19437
INSURED St Joseph's Pony Baseball	INSURER B:	
P.O. Box 3599	INSURER C:	
Crest Hill, IL 60434	INSURER D:	
	INSURER E:	
	INSURER F:	

	INSURER F:									
CC	VEI	RAGES CERT	ΓIFIC	ATE	NUMBER:			REVISION NUMBER:		
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INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS		
	X	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	_	,000,000
	Х	Abuse & Molestation			GSL2019040001	1 /1 /2010	1 /1 /2020	MED EXP (Anyone person)	\$	0
A			Y		G5L2019040001	1/1/2019	1/1/2020	PERSONAL & ADV INJURY		,000,000
		N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	_	,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG Participant Legal Liab		000,000
	AUT	OTHER: OMOBILE LIABILITY				+		COMBINED SINGLE LIMIT (Ea accident)		,000,000
		ANYAUTO			gg= 001 00 40 001			BODILY INJURY (Per person)	\$	
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE	ų.	,000,000
Α	A X EXCESS LIAB CLAIMS-MADE				GBAZO19010001	1,1,2013		AGGREGATE	\$ 4 ,	,000,000
		DED RETENTION\$				-		DED OTH	\$	
	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
	OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$	
	If ves	ndatory in NH) s, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT Limit	\$100	0,000
Α	Ac	ccident Medical			GAH040001	1/1/2019	1/1/2020		-	,000
								Deductible	\$250	0
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.										
CEF	TIFI	CATE HOLDER			CAN	CELLATION				

<u>CERTIFICATE HOLDER</u>	CANCELLATION
Joliet Columbian Club 100 S 129th Infantry Drive Joliet, IL. 60436	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



DATE(MM/DD/YYYY)
1/10/2019

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this certificate does not confer rights to the certificate holder in fleu of suc	n endorsement(s).
PRODUCER	CONTACT NAME:
Gagliardi Insurance Services, Inc.	PHONE (A/C, No. Ext): $1(800) - 995 - 9768$ (A/C, No. (408) 414-8199
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#
#809840	INSURER A: Lexington Insurance Company 19437
INSURED St Joseph's Pony Baseball	INSURER B:
P.O. Box 3599	INSURER C:
Crest Hill, IL 60434	INSURER D:
	INSURER E:
	INSURER F:

	INSURER F:							
C	OVERAGES CER	ΓΙFΙCΑΤ	TE NUMBER:		REVISION NUMBER:			
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INS LTR	TYPE OF INSURANCE	ADDL S INSD V		POLICY EFF POLICY EXF (MM/DD/YYYY) (MM/DD/YYY	Y) LIMIT	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC	Y	GSL2019040001	1/1/20191/1/202	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person)	\$ 1,000,000 \$ 1,000,000 \$ 0 \$ 1,000,000 \$ 2,000,000 \$ 1,000,000 \$ 1,000,000		
A	OTHER: AUTOMOBILE LIABILITY ANYAUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY		GSL2019040001	1/1/20191/1/202	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$		
A	WINDERELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		GSX2019040001	1/1/20191/1/202	0 EACH OCCURRENCE AGGREGATE	\$ 4,000,000 \$ 4,000,000		
	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							
A	Limit \$100,000							
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 CANCELLATION								
	Joliet Junior College							

CERTIFICATE HOLDER	CANCELLATION
Joliet Junior College 1215 Houbolt Road Joliet, IL 60431	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE



DATE(MM/DD/YYYY) 1/10/2019

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tilis certi	neate does not come rights to the certificate notice in hea of st	ich endorsemends).								
PRODUCER		CONTACT NAME:								
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199								
	Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com								
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAI								
#809840		INSURER A: Lexington Insurance Company	19437							
INSURED	St Joseph's Pony Baseball	INSURER B:								
	P.O. Box 3599	INSURER C:								
	Crest Hill, IL 60434	INSURER D:								
		INSURER E:								
		INSURER F:								
·	· · · · · · · · · · · · · · · · · · ·									

	INSURER F:									
C	OVE	RAGES CER	TIFIC/	ATE	NUMBER:			REVISION NUMBER:		
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INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	Х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY	-	000,000
	GEI X	3201						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1,	,000,000
	AU	OTHER: TOMOBILE LIABILITY						COMBINED SINGLE LIMIT		,000,000
		ANYAUTO						(Ea accident) BODILY INJURY (Per person)	\$	000,000
A		OWNED SCHEDULED AUTOS			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$	
	X							PROPERTY DAMAGE (Per accident)	\$	
									\$	
_		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE	Ψ	,000,000
A	X	EXCESS LIAB CLAIMS-MADE				_, _, _,	_, _,	AGGREGATE	\$ 4 ,	,000,000
┝	WO	DED RETENTION \$ RKERS COMPENSATION		\vdash				PER OTH-	\$	
	AND	EMPLOYERS' LIABILITY V/N	N/A						<u> </u>	
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	
		ndatory in NH) s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT Limit	\$100	0,000
A	A	ccident Medical			GAH040001	1/1/2019	1/1/2020		-	,000
						-, -,	_, _,	Deductible	\$250	-
re	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.									
CEI	RTIF	CATE HOLDER			-	CANCELLATION				
	Joliet Park District									

Joliet Park District
3000 W. Jefferson Street
Joliet, IL 60431

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



DATE(MM/DD/YYYY) 1/10/2019

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PRODUCER		CONTACT NAME:								
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199								
	Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com								
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAI								
#809840		INSURER A: Lexington Insurance Company	19437							
INSURED	St Joseph's Pony Baseball	INSURER B:								
	P.O. Box 3599	INSURER C:								
	Crest Hill, IL 60434	INSURER D:								
		INSURER E:								
		INSURER F:								
·	· · · · · · · · · · · · · · · · · · ·									

	INSURER F:										
C	OVE	RAGES CER	TIFIC/	ATE	NUMBER:			REVISION NUMBER:			
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INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LICY EXP //DD/YYYY) LIMITS			
	Х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000	
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY	-	000,000	
	X	1.05101 [GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1,	,000,000	
	ΑU	OTHER: TOMOBILE LIABILITY						COMBINED SINGLE LIMIT		000,000	
	Т	ANYAUTO						(Ea accident) BODILY INJURY (Per person)	\$		
A		OWNED SCHEDULED AUTOS			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$		
[X							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	_	UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE	Ψ	000,000	
A	X	EXCESS LIAB CLAIMS-MADE				_, _, _,	_, _,	AGGREGATE	\$ 4 ,	,000,000	
_	1410	DED RETENTION \$						DED OTH	\$		
	AND	RKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER			
	OFF	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
		ndatory in NH)	'					E.L. DISEASE - EA EMPLOYEE	\$		
_	DÉS	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	0.000	
١,	١,	ccident Medical			GAH040001	1 /1 /2010	1 /1 /0000	Limit	-	0,000 ,000	
A	A	ccident Medical			GAH040001	1/1/2019	1/1/2020			-	
DES	CRIP	TION OF OPERATIONS/LOCATIONS/VEHICL Certificate holder i	ES (A	CORD	101, Additional Remarks Schedule, ma	ay be attached if more space	is required)	Deductible	\$250	<u>)</u>	
	_	ect to the liability			~	negligence	or the	named insured.	•		
AT	Ι]	policy terms and con	adıt	:10	ns apply.						
CE	RTIF	ICATE HOLDER				CANCELLATION					
	Joliet Public School District										

Joliet Public School District
420 N. Raynor Drive
Joliet, IL 60435

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



COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
1/10/2019

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1315 Walnut Street, Suite 1101	CONTACT NAME: PHONE (A/C, No. Ext): 1(800)-995-9768 FAX (A/C, No. Ext): 1(800)-995-9768 (A/C, No.)(408) 4 E-MAIL ADDRESS: sales@gsportsinsurance.com	14-8199				
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE					
#809840	INSURER A: Lexington Insurance Company	19437				
INSURED St Joseph's Pony Baseball	INSURER B:					
P.O. Box 3599	INSURER C:					
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	INSURER E:					
	INSURER F:					

CERTIFICATE NUMBER:

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	RTIFICATE MAY BE ISSUED OR MAY PERTAIN					EIN IS SUBJEC	T TO ALL THE TERMS,		
INS LTR	CLUSIONS AND CONDITIONS OF SUCH POLICIE	ADDL	SUBR	1		POLICY EXP		_	
LTR		INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000	
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 1,000,000	
	X Abuse & Molestation			GSL2019040001	1/1/2019	1 /1 /2020	MED EXP (Anyone person)	\$ 0	
Α		Y		GDD2019040001	1/1/2019	1/1/2020	PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	OTHER:						Participant Legal Liab	\$ 1,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ANYAUTO			ggt 0010040001	1 /1 /0010		BODILY INJURY (Per person)	\$	
A	OWNED AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$	
**							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS GNET						(i oi dooldoin)	\$	
	UMBRELLA LIAB X OCCUR			GGW0010040001	1/1/2019	1/1/2020	EACH OCCURRENCE	_{\$} 4,000,000	
Α	X EXCESS LIAB CLAIMS-MADE			GSX2019040001			AGGREGATE	s 4,000,000	
	DED RETENTION\$	1						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
							Limit	\$100,000	
Α	Accident Medical	ent Medical GAH040001 1		1/1/2019	1/1/2020	AD&D	\$10,000		
							Deductible	\$250	
							•		

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.

Joliet Township High School District 204 is added to our liability insurance as additional insured on a primary-noncontributory basis.

CERTIFICATE HOLDER	CANCELLATION
Joliet Township High School District 204	
201 E. Jefferson St. Joliet, IL 60432	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE JOHN COCCUPANTI
1	

REVISION NUMBER:



DATE(MM/DD/YYYY) 1/10/2019

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 liquid such endorsement(s)

this cert	incate does not confer i	ights to the certificate holder in it	eu or such e	endorsement(s).								
PRODUCER		_		CONTACT NAME:								
_		e Services, Inc.	P	PHONE (A/C, No, Ext): 1(800)-995-9768 (A/C, No): (408) 414-8199								
1315 Walnut Street, Suite 1101				-MAIL DDRESS: sales@gspor	tsinsuranc	e.com						
Philadelphia, PA 19107				INSURER	(S) AFFORDING COV	ERAGE	NAIC#					
#809840		IN	NSURER A: Lexington	Insurance	Company	19437						
INSURED	St Joseph's	Pony Baseball	IN	NSURER B:								
	P.O. Box 359		IN	NSURER C :								
	Crest Hill,		IN	NSURER D :								
			IN	NSURER E :								
			IN	NSURER F :								
COVERA	GES	CERTIFICATE NUMBER:			REVISION NU	MBER:						

C	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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 1,000,000	
A	Abuse & Molestation GEN'L AGGREGATE LIMIT APPLIES PER:	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 2,000,000	
	X POLICY PRO- OTHER:						PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1,000,000 \$ 1,000,000	
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ANYAUTO		GSL2019040001	GST.2019040001	1/1/2019	1 /1 /2020	BODILY INJURY (Per person)	\$	
				G5H2019040001	1, 1, 2013	1/1/2020	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB X OCCUR	\dashv					EACH OCCURRENCE	\$ 4,000,000	
A				GSX2019040001	1/1/2019	1/1/2020	AGGREGATE	\$ 4,000,000	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	.,,,					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	Accident Medical			GAH040001	1/1/2019	1/1/2020		\$100,000 \$10,000	
DES Th	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE							\$250	

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	CANCELLATION
JP Sports 2620 38th Street Rock Island, IL. 61201	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



DATE(MM/DD/YYYY) 1/10/2019

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).

this certificate does not comer rights to the certificate holder in fied of suc	in endorsement(s).							
PRODUCER	CONTACT NAME:							
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199							
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com							
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#							
#809840	INSURER A: Lexington Insurance Company 19437							
INSURED St Joseph's Pony Baseball	INSURER B:							
P.O. Box 3599	INSURER C:							
Crest Hill, IL 60434	INSURER D:							
	INSURER E:							
	INSURER F:							

	INSURER F:									
C	OVE	RAGES CER	TIFIC/	ATE	NUMBER:			REVISION NUMBER:		
IN C	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	R	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		000,000
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY		000,000
	GEI X	1 02.01						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	000,000
	AU	OTHER: TOMOBILE LIABILITY						COMBINED SINGLE LIMIT		000,000
		ANYAUTO						(Ea accident) BODILY INJURY (Per person)	\$	000,000
A		OWNED SCHEDULED AUTOS			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$	
	X							PROPERTY DAMAGE (Per accident)	\$	
									\$	
_		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE	Ψ	000,000
A	X	EXCESS LIAB CLAIMS-MADE				_, _, _,	_, _,	AGGREGATE	\$ 4 ,	000,000
┝	WO	DED RETENTION \$ RKERS COMPENSATION		\vdash				PER OTH-	\$	
	AND	EMPLOYERS' LIABILITY V/N								
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
		ndatory in NH) s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT Limit	\$100	0,000
A	A	ccident Medical			GAH040001	1/1/2019	1/1/2020		-	,000
					G0 - 0 0 0 -	_, _, _,	_, _,	Deductible		-
re	Deductible \$250 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.									
CEI	RTIF	CATE HOLDER				CANCELLATION				
		Judson Memorial	Bap	tis	st Church					

Judson Memorial Baptist Church
2800 Black Road
Joliet, IL 60435

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



DATE(MM/DD/YYYY)
1/10/2019

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this certificate does not comer rights to the certificate holder in fied of such	· ondoroomonic(o):					
PRODUCER	CONTACT NAME:					
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 41	14-8199				
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#				
#809840	INSURER A: Lexington Insurance Company	19437				
INSURED St Joseph's Pony Baseball	INSURER B:					
P.O. Box 3599	INSURER C:					
Crest Hill, IL 60434	INSURER D:					
	INSURER E:					
	INSURER F:					

					INSURER F:				
CC	VERAGES CER	TIFIC	ATE	NUMBER:			REVISION NUMBER:		
INE CE EX	IS IS TO CERTIFY THAT THE POLICIES OF INSI DICATED. NOTWITHSTANDING ANY REQUIREM RTIFICATE MAY BE ISSUED OR MAY PERTAIN CLUSIONS AND CONDITIONS OF SUCH POLICIES	ENT, 1 I, THE	ERM INSU	OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO	ACT OR OTHER DOCUM LICIES DESCRIBED HER	IENT WITH RESI	PECT TO WHICH THIS		
INSI LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PECT LOC	Y		GSL2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1, \$ 2, \$ 1,	000,000 000,000 000,000 000,000
Α	OTHER: AUTOMOBILE LIABILITY ANYAUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1 , \$ \$ \$ \$ \$	000,000
Α	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION\$			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE		000,000
	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 OTH- STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
A	Accident Medical			GAH040001	1/1/2019	1/1/2020	Limit	\$10	0,000 ,000 0
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.									

Knights of Columbus	ANCELLATION
100 SOuth 129th Infantry Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
TO 1104 TT 60/136	ACCORDANCE WITH THE POLICY PROVISIONS.
AUT	Dune Cachardi



DATE(MM/DD/YYYY) 1/10/2019

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this certificate does not confer rights to the certificate no	older in fieu of such endorsement(s).						
PRODUCER	CONTACT NAME:						
Gagliardi Insurance Services, Inc	PHONE (A/C, No, Ext): $1(800) - 995 - 9768$ FAX (A/C, No): (408) 414-819	9					
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAI	IC#					
#809840	INSURER A: Lexington Insurance Company 1943	37					
INSURED St Joseph's Pony Baseball	INSURER B:						
P.O. Box 3599	INSURER C:						
Crest Hill, IL 60434	INSURER D:						
	INSURER E:						
	INSURER F:						
00/504050							

	INSURER F:							
CC	OVERAGES CERT	TFICATE	NUMBER:			REVISION NUMBER:		
IN CE	HIS IS TO CERTIFY THAT THE POLICIES OF INSU DICATED. NOTWITHSTANDING ANY REQUIREME ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, ICLUSIONS AND CONDITIONS OF SUCH POLICIES	NT, TERI	M OR CONDITION OF ANY CONTR SURANCE AFFORDED BY THE PO	ACT OR OTHER DOCUM LICIES DESCRIBED HER	MENT WITH RES	PECT TO WHICH THIS		
INS LTR	TYPE OF INSURANCE	ADDL SUB INSD WV		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED		000,000
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$ 1 ,	000,000
Ι_	X Abuse & Molestation		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person)	\$	0
Α	⊢/	Y				PERSONAL & ADV INJURY	· ·	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	_	000,000
	X POLICY PRO- JECT LOC OTHER:					PRODUCTS - COMP/OP AGG Participant Legal Liab		000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1 ,	000,000
	ANYAUTO					BODILY INJURY (Per person)	\$	
A	OWNED SCHEDULED AUTOS ONLY AUTOS		GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$	
^	▼ HIRED ▼ NON-OWNED					PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY					(Fer accident)	\$	
	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	_{\$} 4,	000,000
Α	X EXCESS LIAB CLAIMS-MADE		GSX2019040001	1/1/2019	1/1/2020	AGGREGATE	s 4,	000,000
	DED RETENTION\$						\$	
	WORKERS COMPENSATION					PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
						Limit	\$100	0,000
Α	Accident Medical		GAH040001	1/1/2019	1/1/2020	AD&D	\$10,	,000
						Deductible \$250)
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.								
CEF	RTIFICATE HOLDER		i	CANCELLATION				
	Laraway CCSD 70C							
1	275 Laraway Pd			SHOULD ANY OF TH	HE ABOVE DESC	RIBED POLICIES BE CANCELLE	D BEFOR	₹E

Laraway CCSD 70C
275 Laraway Rd.
Joliet, IL 60432

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



DATE(MM/DD/YYYY) 1/10/2019

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this certificate does not comer rights to the certificate holder in fied of suc	in endorsement(s).					
PRODUCER	CONTACT NAME:					
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199					
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#					
#809840	INSURER A: Lexington Insurance Company 19437					
INSURED St Joseph's Pony Baseball	INSURER B:					
P.O. Box 3599	INSURER C:					
Crest Hill, IL 60434	INSURER D:					
	INSURER E:					
	INSURER F:					

	INSURER F:									
C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
IN C	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	R	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	Х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY	-	000,000
	GEI X	1.05101 [GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1,	,000,000
	AU	OTHER: TOMOBILE LIABILITY						COMBINED SINGLE LIMIT		,000,000
		ANYAUTO						(Ea accident) BODILY INJURY (Per person)	\$	000,000
l _A		OWNED SCHEDULED AUTOS			GSL2019040001	1/1/20191/1/20	1/1/2020	BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
l _		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE	Ψ	,000,000
A	Х	EXCESS LIAB CLAIMS-MADE		_, _, _,	_, _,	AGGREGATE	\$ 4 ,	,000,000		
⊢	WO	DED RETENTION \$ RKERS COMPENSATION						PER OTH-	\$	
	AND	D EMPLOYERS' LIABILITY V/N							<u> </u>	
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
		ndatory in NH) s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
_	DES	SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT Limit	\$100	0,000
A	A	ccident Medical			GAH040001	1/1/2019	1/1/2020		-	,000
	`				00 10 0 0 1	1, 1, 2013	_, _, _,			-
Deductible \$250 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.										
CEI	RTIF	ICATE HOLDER			a 1	CANCELLATION				
	Lenz Field and Sports Complex									

Lenz Field and Sports Complex
5 Kelly
Jacksonville, IL. 62650

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



DATE(MM/DD/YYYY) 1/10/2019

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this certificate does not comer rights to the certificate holder in fied of suc	in endorsement(s).					
PRODUCER	CONTACT NAME:					
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199					
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#					
#809840	INSURER A: Lexington Insurance Company 19437					
INSURED St Joseph's Pony Baseball	INSURER B:					
P.O. Box 3599	INSURER C:					
Crest Hill, IL 60434	INSURER D:					
	INSURER E:					
	INSURER F:					

						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	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				,,,,,,		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY		000,000 ,000,000
	X	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	,000,000
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		,000,000
	Т	ANYAUTO			GSL2019040001		1/1/2020	BODILY INJURY (Per person)	\$	
A		OWNED SCHEDULED AUTOS ONLY				1/1/2019		BODILY INJURY (Per accident)	\$	
**	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		7.0.700 0.1.2.							\$	
		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	Ψ -	,000,000
Α	X	EXCESS LIAB CLAIMS-MADE			GSAZUL9U4UUUL	X2019040001 1/1/2019	1/1/2020	AGGREGATE	\$ 4 ,	,000,000
		DED RETENTION \$							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
١.	l_							Limit	-	0,000
A	A	ccident Medical			GAH040001	1/1/2019	1/1/2020			,000
<u> </u>								Deductible	\$25	υ
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.										
CE	RTIF	CATE_HOLDER				CANCELLATION				
		Lockport Boys Ba	seb	al]	L					

Lockport Boys Baseball
927 E. First Street
Lockport, IL 60441

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



DATE(MM/DD/YYYY)
1/10/2019

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PRODUCER Gagliardi Insurance Services, Inc. CONTACT NAME: PHONE (A/C, No. Ext): 1(800) - 995 - 9768 (A/C, No. Ext): 1(800) - 995 - 9768 (A/C, No. Ext): 1(800) - 995 - 9768	this certificate does not comer rights to the certificate holder in fied of suc	ii endorsement(s).					
$(A/C, N_0, Ext): \bot (OOO) = 993 = 9700 $							
		PHONE (A/C, No, Ext): 1(800) -995-9768 FAX (A/C, No): (408)	114-8199				
ADDRESS: Date Deg DP of Children Co.	1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107 INSURER(S) AFFORDING COVERAGE NAIC#		INSURER(S) AFFORDING COVERAGE	NAIC#				
#809840 Insurance Company 19437	#809840	INSURER A: Lexington Insurance Company	19437				
INSURED St Joseph's Pony Baseball INSURER B:	INSURED St Joseph's Pony Baseball	INSURER B:					
P.O. Box 3599	P.O. Box 3599	INSURER C:					
Crest Hill, IL 60434 INSURER D:	Crest Hill, IL 60434	INSURER D:					
INSURER E:		INSURER E:					
INSURER F:		INSURER F:					

	INSURER F:								
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- DECT LOC OTHER:	Y		GSL2019040001	1/1/2019		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1, \$ 2, \$ 1,	000,000
A	ANY AUTO ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1, \$ \$ \$,000,000
A	WMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE	Ψ	,000,000
	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 OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
A Accident Medical				GAH040001	1/1/2019	1/1/2020	Limit	\$10	0,000 ,000 0
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.									
CER	TIFICATE HOLDER Minooka Communit	у Н	igł	n School	CANCELLATION				

CERTIFICATE HOLDER	CANCELLATION
Minooka Community High School	
301 S Wabena Ave Minooka, IL 60447	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ı	AUTHORIZED REPRESENTATIVE JOHNNE COCCUPANTI



DATE(MM/DD/YYYY) 1/10/2019

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tilis certi	neate does not come rights to the certificate notice in hea of st	ich endorsemends).					
PRODUCER		CONTACT NAME:					
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800) -995-9768 FAX (A/C, No): (408) 414-8199					
	Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#				
#809840		INSURER A: Lexington Insurance Company	19437				
INSURED	St Joseph's Pony Baseball	INSURER B:					
	P.O. Box 3599	INSURER C:					
	Crest Hill, IL 60434	INSURER D:					
		INSURER E:					
		INSURER F:					
·	· · · · · · · · · · · · · · · · · · ·						

	INSURER F:										
C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
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INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	Х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		000,000	
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY		000,000	
	X X	1 02.01						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	000,000	
	ΑU	OTHER: FOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		000,000	
	m	ANYAUTO						BODILY INJURY (Per person)	\$		
A	m	OWNED SCHEDULED AUTOS		1	GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$		
**	Х	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
		ACTOC CIVET						(\$		
		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	Ψ	000,000	
Α	X	EXCESS LIAB CLAIMS-MADE			G5X2019040001	1/1/2019	1/1/2020	AGGREGATE	_{\$} 4,	000,000	
	╙	DED RETENTION\$	ш	$ldsymbol{ldsymbol{ldsymbol{eta}}}$					\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
	DES	s, describe under CRIPTION OF OPERATIONS below	Ш					E.L. DISEASE - POLICY LIMIT	\$		
١.	١.,				G3 770 40001			Limit	-	0,000	
A	A	ccident Medical			GAH040001	1/1/2019	1/1/2020			,000	
	<u> </u>							Deductible	\$250	J	
re	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.										
L											
CEI	RTIF	CATE HOLDER	7.0		intion 1	CANCELLATION					
l	Nations Baseball Association										

Nations Baseball Association
10801 Hammerly Blvd.
Houston, TX 77043

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PRODUCER		CONTACT NAME:					
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	Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#				
#809840		INSURER A: Lexington Insurance Company	19437				
INSURED	St Joseph's Pony Baseball	INSURER B:					
	P.O. Box 3599	INSURER C:					
	Crest Hill, IL 60434	INSURER D:					
		INSURER E:					
		INSURER F:					
·	· · · · · · · · · · · · · · · · · · ·						

	INSURER F:									
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INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY		000,000,
	X	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC OTHER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	,000,000
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		,000,000
		ANYAUTO			GSL2019040001		1/1/2020	BODILY INJURY (Per person)	\$	
A		OWNED SCHEDULED AUTOS				1/1/2019		BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	Ψ	,000,000
Α	X	EXCESS LIAB CLAIMS-MADE					1/1/2020	AGGREGATE	\$ 4 ,	,000,000
		DED RETENTION \$						1959	\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
١.	١.				ga *** 4 0 0 0 1			Limit		0,000
A	A	ccident Medical			GAH040001	1/1/2019	1/1/2020			,000
								Deductible	\$250	3
re	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.									
CEI	RTIF	ICATE_HOLDER				CANCELLATION				
	NLBA									

CERTIFICATE HOLDER

NLBA

354A W.Maple Rd.

P.O. Box 1007

New Lenox,IL 60451

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.

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Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#	
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Crest Hill, IL 60434	INSURER D:	
	INSURER E:	
	INSURER F:	
OOVED A OFO	DEVICION AN IMPED	

INSURER F:									
COVERA	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:								
INDICATED CERTIFICA	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	·S	
	OMMERCIAL GENERAL LIABILITY	INOD	WVD	1 GEIGT NOMBER	(WIW/DD/1111)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$ 1,000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
X Al	buse & Molestation						MED EXP (Anyone person)	s 0	
A		Y		GSL2019040001	1/1/2019	1/1/2020	PERSONAL & ADV INJURY	s 1,000,000	
GEN'L /	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s 2,000,000	
X PC	DLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 1,000,000	
01	THER:						Participant Legal Liab	\$ 1,000,000	
AUTOM	IOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
AN	NYAUTO			GSL2019040001	1/1/2019		BODILY INJURY (Per person)	\$	
A L AL	WNED JTOS ONLY RED SCHEDULED AUTOS NON-OWNED			GSL2019040001		1/1/2020	BODILY INJURY (Per accident)	\$	
	RED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
UN	MBRELLA LIAB X OCCUR		ء ا	GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	\$ 4,000,000	
A X E	CLAIMS-MADE			GSX2019040001		1/1/2020	AGGREGATE	_{\$} 4,000,000	
DE	ED RETENTION\$							\$	
	RS COMPENSATION MPLOYERS' LIABILITY						PER OTH- STATUTE ER		
ANY PR	ROPRIETOR/PARTNER/EXECUTIVE R/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
(Mandat	ory in NH)	.,,,					E.L. DISEASE - EA EMPLOYEE	\$	
DESCRI	escribe under PTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
							Limit	\$100,000	
A Acc	ident Medical			GAH040001	1/1/2019	1/1/2020		\$10,000	
							Deductible	\$250	
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CEDTIFICA:	TE LIOLDED			CAN					
CERTIFICA	TE HOLDER Oak Forest Baseb	al1		CAN	CELLATION				

_CERTIFICATE_HOLDER	CANCELLATION
Oak Forest Baseball	
P.O. Box 37	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
Oak Forest, IL 60452	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Danie Carolinadi
1	(a)much ochonical



DATE(MM/DD/YYYY)
1/10/2019

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this certificate does not come rights to the certificate molder in ned of such endorsement(s).								
PRODUCER	CONTACT NAME:							
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199							
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com							
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#							
#809840	INSURER A: Lexington Insurance Company 19437							
INSURED St Joseph's Pony Baseball	INSURER B:							
P.O. Box 3599	INSURER C:							
Crest Hill, IL 60434	INSURER D:							
	INSURER E:							
	INSURER F:							

	INSURER F:										
C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
IN CI	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	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1 ,	,000,000	
A	X	Abuse & Molestation VL AGGREGATE LIMIT APPLIES PER:	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE		,000,000	
	X	POLICY PRO LOC OTHER:						PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	,000,000	
	ΑUΊ	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		,000,000	
		ANYAUTO			GGT 201 00 4 0 0 0 1		1/1/2020	BODILY INJURY (Per person)	\$		
Α		OWNED SCHEDULED AUTOS ONLY			GSL2019040001	1/1/2019		BODILY INJURY (Per accident)	\$		
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
		UMBRELLA LIAB X OCCUR			GSX2019040001	1 /1 /2019	1/1/2020	EACH OCCURRENCE	Ψ	,000,000	
Α	X	EXCESS LIAB CLAIMS-MADE			GBILLOTSOTOGOT	-, -, -, -, -, -,		AGGREGATE	\$4 ,	,000,000	
	ldash	DED RETENTION\$						LDED LOTH	\$		
	AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY V/N						PER OTH- STATUTE ER			
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	1/N N/A					E.L. EACH ACCIDENT	\$		
		ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
_	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	0.000	
١.	١.,				G3.770.400.01			Limit	-	0,000	
Α	A	ccident Medical			GAH040001	1/1/2019	1/1/2020		-	,000	
								Deductible	\$250	3	
Th re	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.										
CEF	RTIFI	CATE_HOLDER				CANCELLATION					
1		Perfect Game									

CERTIFICATE HOLDER	CANCELLATION
Perfect Game	
850 Twixt Town Rd NE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
Cedar Rapids, IA 52402	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	mune occliente



DATE(MM/DD/YYYY)
1/10/2019

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this certificate does not comer rights to the certificate holder in fied of such	· ondoroomonic(o):					
PRODUCER	CONTACT NAME:					
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 41	14-8199				
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#				
#809840	INSURER A: Lexington Insurance Company	19437				
INSURED St Joseph's Pony Baseball	INSURER B:					
P.O. Box 3599	INSURER C:					
Crest Hill, IL 60434	INSURER D:					
	INSURER E:					
	INSURER F:					

	INSURER F:									
C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
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INS LTR		ADDL S INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- DIECT LOC OTHER:	Y		GSL2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1, \$ 2, \$ 1,	000,000 000,000 0 000,000 000,000 000,000	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1, \$ \$ \$	000,000	
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE	Ψ	000,000	
	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 OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$		
A	Accident Medical			GAH040001	1/1/2019	1/1/2020	Limit	\$100	0,000 ,000)	
Th re	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.									

<u>CERTIFICATE HOLDER</u>	CANCELLATION
Plainfield Community Consolidated School	
School District 202 15732 Howard Street Plainfield, IL 60544	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
	114 HONAGE AND HONAGE AND AND HONAGE MANAGEMENT AND



DATE(MM/DD/YYYY) 1/10/2019

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tilis certi	incate does not come rights to the certificate holder in fied of st	den endorsement(s).						
PRODUCER		CONTACT NAME:						
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199						
	Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107		INSURER(S) AFFORDING COVERAGE	NAIC#					
#8098	40	INSURER A: Lexington Insurance Company	19437					
INSURED	St Joseph's Pony Baseball	INSURER B:						
	P.O. Box 3599	INSURER C:						
	Crest Hill, IL 60434	INSURER D:						
		INSURER E:						
		INSURER F:						

INS						INSURER F:				
C	OVE	RAGES CER ^T	ΠFIC	ATE	NUMBER:			REVISION NUMBER:		
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INS LTR	R	TYPE OF INSURANCE	INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X X GEN	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Abuse & Molestation VL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC	Y		GSL2019040001	1/1/2019		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1, \$ 2, \$ 1,	,000,000 ,000,000 ,000,000 ,000,000 ,000,000
A	X	OTHER: COMOBILE LIABILITY ANYAUTO OWNED AUTOS ONLY HIRED AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1, \$ \$ \$,000,000
A	х	UMBRELLA LIAB EXCESS LIAB RETENTION \$ CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE	Ψ -	,000,000
	AND ANY OFFI (Mar	RKERS COMPENSATION DEMPLOYERS' LIABILITY PROPRIETOR:/PARTNER/EXECUTIVE CERMEMBER EXCLUDED? Indatory in NH) S, describe under	N/A					PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
Α		ccident Medical			GAH040001	1/1/2019	1/1/2020	Limit	-	0,000 ,000 0
DESCRIPTION OF OPERATIONS / 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 CANCELLATION									

CERTIFICATE HOLDER

PONY Baseball/Softball Inc.

1951 PONY Place
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



DATE(MM/DD/YYYY) 1/10/2019

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PRODUCER	CONTACT NAME:						
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1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840	INSURER A: Lexington Insurance Company	19437					
INSURED St Joseph's Pony Baseball	INSURER B:						
P.O. Box 3599	INSURER C:						
Crest Hill, IL 60434	INSURER D:						
	INSURER E:						
	INSURER F:						
COVERACEC CERTIFICATE AN IMPER.	DEVICION NUMBER.						

INSURER F:									
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
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INS LTR	TYPE OF INSURANCE		INSD WVD POLICY NUMB		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILIT CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		000,000
Α	X Abuse & Molestatio	<u>n</u> Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY	_	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	000,000
	OTHER:		-				COMBINED SINGLE LIMIT		000,000
	AUTOMOBILE LIABILITY ANYAUTO						(Ea accident)		000,000
	OWNED SCHEDULE	.n		GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per person)	\$	
Α	AUTOS ONLY AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X AUTOS ONLY X AUTOS ONL						(Per accident)	\$	
_			┢					\$	000,000
١.	UMBRELLA LIAB X OCCUP			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE	Ψ	000,000
Α	X EXCESS LIAB CLAIMS	-MADE					AGGREGATE	\$ 4,	000,000
⊢	DED RETENTION \$ WORKERS COMPENSATION		┢				DER OTH	\$	
	AND EMPLOYERS' LIABILITY	Y/N	A				PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	\neg					E.L. DISEASE - EA EMPLOYEE	\$	
-	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	2 222
١.	2 2 26. 24 2						Limit		0,000
Α	Accident Medical			GAH040001	1/1/2019	1/1/2020		-	,000
							Deductible	\$250)
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.									
Al.	l policy terms and	condi	tio	ns apply.					
CANCELLATION									
CERTIFICATE HOLDER CANCELLATION Primetime Tournaments									

CERTIFICATE HOLDER

Primetime Tournaments

PO Box 1229

Plainfield, IL 60544

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



DATE(MM/DD/YYYY) 1/10/2019

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1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840	INSURER A: Lexington Insurance Company	19437					
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Crest Hill, IL 60434	INSURER D:						
	INSURER E:						
	INSURER F:						

						INSURER E :					
						INSURER F:					
C	OVE	RAGES CERT	ΓIFIC	ATE	NUMBER:			REVISION NUMBER:			
IN CI	DICA ERTIF	TED. NOTWITHSTANDING ANY REQUIREM	ENT, 1	TERM INSU	OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO	SUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS IE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, IJCED BY PAID CI AIMS					
INS LTR	R	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	LIMITS		
	X	_						EACH OCCURRENCE DAMAGE TO RENTED		000,000	
	x	CLAIMS-MADE X OCCUR Abuse & Molestation						PREMISES (Ea occurrence)		000,000	
А	^	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY	\$ \$ 1,	000,000	
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,	000,000	
	Х	1 02.01 3EC1 200						PRODUCTS - COMP/OP AGG Participant Legal Liab		000,000	
	ΑU	OTHER: TOMOBILE LIABILITY		\vdash				COMBINED SINGLE LIMIT (Ea accident)		000,000	
		ANYAUTO			gg= 0010040001	1 /1 /0010	1 /1 /0000	BODILY INJURY (Per person)	\$		
Α		OWNED SCHEDULED AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$		
	X	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
\vdash	┢	UMBRELLA LIAB X OCCUR		⊢				5.00 000UDD5N05	\$ 4.	000,000	
A	x				GSX2019040001	1/1/2019	1/1/2020	AGGREGATE	Ψ	000,000	
		DED RETENTION\$						HOGHEOME	\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
	(Ma	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
	DES	s, describe under SCRIPTION OF OPERATIONS below		<u> </u>				E.L. DISEASE - POLICY LIMIT	\$		
l _	l _							Limit	-	0,000	
Α	A	ccident Medical			GAH040001	1/1/2019	1/1/2020			,000	
								Deductible	\$250)	
DES Th	CRIP	TION OF OPERATIONS/LOCATIONS/VEHICL Certificate holder i	ES (A	CORD	101, Additional Remarks Schedule, m	ay be attachedif more space	e is required)	out only with			
		ect to the liability					_	-	_		
	_	policy terms and con			•		02 0110		•		
	- '	policy colmb and con		0.	no appry.						
CE	?TIF	ICATE HOLDER				CANCELLATION					
<u> </u>	CANCELLATION CANCELLATION										

CERTIFICATE HOLDER	CANCELLATION
Ripken Myrtle Beach Academy, LLC.	
3051 Ripken Way Blvd. Myrtle Beach, SC. 29577	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 June Cachardi



DATE(MM/DD/YYYY) 1/10/2019

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1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#					
#809840	INSURER A: Lexington Insurance Company 19437					
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P.O. Box 3599	INSURER C:					
Crest Hill, IL 60434	INSURER D:					
	INSURER E:					
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	INSURER F:										
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:											
IN C	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	R	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	Х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		000,000	
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY		000,000	
	GEI X	1 02.01						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	000,000	
	ΔΙΙ	OTHER: TOMOBILE LIABILITY						COMBINED SINGLE LIMIT		000,000	
	-	ANYAUTO						(Ea accident) BODILY INJURY (Per person)	\$	000,000	
A		OWNED SCHEDULED AUTOS			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$		
**	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
l _	_	UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE	Ψ	000,000	
A	Х	EXCESS LIAB CLAIMS-MADE				_, _, _, _,	_, _, _, _,	AGGREGATE	\$ 4 ,	000,000	
┝	WO	DED RETENTION \$ RKERS COMPENSATION		\vdash				PER OTH- STATUTE ER	\$		
	AND	D EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE									
	OFF	ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
		ndatory in NH) s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$		
	DES	SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT Limit	\$100	0,000	
A	l Ad	ccident Medical			GAH040001	1/1/2019	1/1/2020		-	,000	
						_, _, _,	_, _, _, _,	Deductible	\$250		
re	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.										
CEI	RTIF	CATE HOLDER			-	CANCELLATION					
	St. Joseph Church										

St. Joseph Church
416 N. Chicago Street
Joliet, IL 60432

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



DATE(MM/DD/YYYY)
1/10/2019

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tilis ociti	neate does not come rights to the certificate holder in hea of sac	ir endorsement(s).					
PRODUCER		CONTACT NAME:					
_	ardi Insurance Services, Inc.	PHONE $(A/C, N_0, Ext)$: 1(800)-995-9768 FAX $(A/C, N_0)$: (408) 4	14-8199				
	Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107 #809840		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Lexington Insurance Company	19437				
INSURED	St Joseph's Pony Baseball	INSURER B:					
	P.O. Box 3599	INSURER C:					
	Crest Hill, IL 60434	INSURER D:					
		INSURER E:					
		INSURER F:					

CC	OVERAGES CER	TIFICA	λΤΕ	NUMBER:			REVISION NUMBER:		
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CE	CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,								
	CLUSIONS AND CONDITIONS OF SUCH POLICIES	S. LIMIT		OWN MAY HAVE BEEN REDUCED BY PAI		DUI ICA EAD			
INSI LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000	
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 1,000,000	
	X Abuse & Molestation			GSL2019040001	1/1/2019	1 /1 /2020	MED EXP (Anyone person)	\$ 0	
A		Y		G512019040001	1/1/2019	1/1/2020	PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	OTHER:						Participant Legal Liab	\$ 1,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ANYAUTO			GSL2019040001	1 /1 /2010		BODILY INJURY (Per person)	\$	
A	OWNED SCHEDULED AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	AG 100 GNET						<u>, , , , , , , , , , , , , , , , , , , </u>	\$	
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	s 4,000,000	
А	X EXCESS LIAB CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	AGGREGATE	s 4,000,000	
	DED RETENTION \$	1						\$	
	WORKERS COMPENSATION						PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	¢	
	DESCRIPTION OF OPERATIONS DECOM						Limit	\$100,000	
A	Accident Medical			GAH040001	1/1/2019	1/1/2020	AD&D	\$10,000	
					_, _, _,	_, _, _,	Deductible	\$250	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (A	CORD	101 Additional Remarks Schedule may be a	tachedif more space	e is required)	Deducerbie	¥230	
	oof of coverage.	(/ (/	JONE	101, Additional Normality Sold	macricali more space	o io roquirou)			
CER	St. Joseph's Pon	37 D	200		ICELLATION				

CERTIFICATE HOLDER	CANCELLATION
St. Joseph's Pony Baseball	
P.O.Box 3599 Crest Hill, IL 60434	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



DATE(MM/DD/YYYY) 1/10/2019

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tilis ociti	neate does not come rights to the certificate holder in hea of sac	ir endorsement(s).					
PRODUCER		CONTACT NAME:					
_	ardi Insurance Services, Inc.	PHONE $(A/C, N_0, Ext)$: 1(800)-995-9768 FAX $(A/C, N_0)$: (408) 4	14-8199				
	Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107 #809840		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Lexington Insurance Company	19437				
INSURED	St Joseph's Pony Baseball	INSURER B:					
	P.O. Box 3599	INSURER C:					
	Crest Hill, IL 60434	INSURER D:					
		INSURER E:					
		INSURER F:					

	INSURER F:									
CC	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
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INSI LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation GEN'L AGGREGATE LIMIT APPLIES PER: PROPULICY PROFILE LOC	Y		GSL2019040001	1/1/2019		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1, \$ 2, \$ 1,	,000,000 ,000,000 ,000,000 ,000,000 ,000,000	
A	OTHER: AUTOMOBILE LIABILITY ANYAUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		,000,000	
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE	_{\$} 4,	,000,000	
	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 OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$		
A	Accident Medical			GAH040001	1/1/2019	1/1/2020	Limit	-	0,000 ,000 0	
The	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.									

St. Jude Parish and Diocese
of Joliet
2212 McDonough Street
Joliet, IL. 60436

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



DATE(MM/DD/YYYY) 1/10/2019

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this certificate does not comer rights to the certificate holder in fied of suc	in endorsement(s).					
PRODUCER	CONTACT NAME:					
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199					
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#					
#809840	INSURER A: Lexington Insurance Company 19437					
INSURED St Joseph's Pony Baseball	INSURER B:					
P.O. Box 3599	INSURER C:					
Crest Hill, IL 60434	INSURER D:					
	INSURER E:					
	INSURER F:					

					INSURER F:						
C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
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INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				,,,,,,		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000	
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY		000,000 ,000,000	
	X	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	,000,000	
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		,000,000	
	Т	ANYAUTO			GSL2019040001		1/1/2020	BODILY INJURY (Per person)	\$		
A		OWNED SCHEDULED AUTOS ONLY AUTOS				1/1/2019		BODILY INJURY (Per accident)	\$		
**	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	Ψ	,000,000	
Α	X	EXCESS LIAB CLAIMS-MADE					1/1/2020	AGGREGATE	\$ 4 ,	,000,000	
		DED RETENTION \$							\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
	(Mai	ndatory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE	\$		
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
								Limit		0,000	
Α	A	ccident Medical			GAH040001	1/1/2019	1/1/2020			,000	
								Deductible	\$25	0	
Th re	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.										
CE	RTIF	CATE HOLDER		_	-	CANCELLATION					
		St. Patrick's Ch	urc	h							

CERTIFICATE HOLDER

St. Patrick's Church

710 West Marion

Joliet, IL 60436

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



DATE(MM/DD/YYYY) 1/10/2019

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PRODUCER Gagliardi Insurance Services, Inc. CONTACT NAME: PHONE (A/C, No. Ext): 1(800) - 995 - 9768 (A/C, No. Ext): 1(800) - 995 - 9768 (A/C, No. Ext): 1(800) - 995 - 9768	this certificate does not comer rights to the certificate holder in fied of suc	ii endorsement(s).						
$(A/C, N_0, Ext): 1(000) - 993 - 9700$ $(A/C, N_0): 1000 - 1000 = 1000$								
		PHONE (A/C, No, Ext): 1(800) -995-9768 FAX (A/C, No): (408)	114-8199					
ADDRESS: Date Deg DP of Children Co.	1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107 INSURER(S) AFFORDING COVERAGE NAIC#		INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840 Insurance Company 19437	#809840	INSURER A: Lexington Insurance Company	19437					
INSURED St Joseph's Pony Baseball INSURER B:	INSURED St Joseph's Pony Baseball	INSURER B:						
P.O. Box 3599	P.O. Box 3599	INSURER C:						
Crest Hill, IL 60434 INSURER D:	Crest Hill, IL 60434	INSURER D:						
INSURER E:		INSURER E:						
INSURER F:		INSURER F:						

	INSURER F:											
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:												
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INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				,,,,,,		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000		
A	Х	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY		000,000 ,000,000		
	X	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	,000,000		
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		,000,000		
	Т	ANYAUTO			GSL2019040001			BODILY INJURY (Per person)	\$			
A		OWNED SCHEDULED AUTOS ONLY				1/1/2019	1/1/2020	BODILY INJURY (Per accident)	\$			
**	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
		7,67,60,61,27							\$			
		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	Ψ -	,000,000		
Α	X	EXCESS LIAB CLAIMS-MADE			G5A2019040001	1/1/2019	1/1/2020	AGGREGATE	\$ 4,	,000,000		
		DED RETENTION\$							\$			
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$			
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			
١.	l_							Limit		0,000		
A	A	ccident Medical			GAH040001	1/1/2019	1/1/2020			,000		
								Deductible	\$25	υ		
Th re	ESCRIPTION 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.											
CE	RTIF	CATE HOLDER				CANCELLATION						
		Stone City Softb	all			0.10.11 5 4411/ == =:		DIDED DOLLOISO DE 04				

Stone City Softball

22519 W Renwick Rd

Plainfield, IL 60544

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



DATE(MM/DD/YYYY)
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$(A/C, N_0, Ext): 1(000) - 993 - 9700$ $(A/C, N_0): 1000 - 1000 = 1000$								
		PHONE (A/C, No, Ext): 1(800) -995-9768 FAX (A/C, No): (408)	114-8199					
ADDRESS: Date Deg DP of Children Co.	1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107 INSURER(S) AFFORDING COVERAGE NAIC#		INSURER(S) AFFORDING COVERAGE	NAIC#					
#809840 Insurance Company 19437	#809840	INSURER A: Lexington Insurance Company	19437					
INSURED St Joseph's Pony Baseball INSURER B:	INSURED St Joseph's Pony Baseball	INSURER B:						
P.O. Box 3599	P.O. Box 3599	INSURER C:						
Crest Hill, IL 60434 INSURER D:	Crest Hill, IL 60434	INSURER D:						
INSURER E:		INSURER E:						
INSURER F:		INSURER F:						

					INSURER F:					
COV	ERAGES CERT	ΓIFIC	ATE	NUMBER:			REVISION NUMBER:			
INDIC CER	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A	CLAIMS-MADE X OCCUR Abuse & Molestation SEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DIFFER:	Y		GSL2019040001	1/1/2019		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ \$ 1, \$ 2, \$ 1,	000,000 000,000 0 000,000 000,000 000,000	
A	UTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X AUTOS ONLY AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1, \$ \$ \$	000,000	
A 2	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE	Ψ	000,000	
A A O (N	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED? flandatory in NH) yes, describe under ESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$		
A	Accident Medical			GAH040001	1/1/2019	1/1/2020	Limit AD&D Deductible	-	0,000 ,000)	
The resp All	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 CANCELLATION									

The Illinois Travel Baseball League / Lockport Boys Baseball P.O. Box 296 Lockport, IL. 60441 AUTHORIZED REPRESENTATIVE	CERTIFICATE HOLDER	CANCELLATION
	The Illinois Travel Baseball League / Lockport Boys Baseball P.O. Box 296	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



DATE(MM/DD/YYYY) 1/10/2019

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).

this certificate does not comer rights to the certificate holder in fied of suc	in endorsement(s).
PRODUCER	CONTACT NAME:
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#
#809840	INSURER A: Lexington Insurance Company 19437
INSURED St Joseph's Pony Baseball	INSURER B:
P.O. Box 3599	INSURER C:
Crest Hill, IL 60434	INSURER D:
	INSURER E:
	INSURER F:

	INSURER F:											
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:												
IN C	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	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS						
	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				,,,,,,		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000		
A	X	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY		000,000		
	X	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	,000,000 ,000,000 ,000,000		
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		,000,000		
	Г	ANYAUTO			GSL2019040001			BODILY INJURY (Per person)	\$			
A	Г	OWNED SCHEDULED AUTOS				1/1/2019	BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)	BODILY INJURY (Per accident)	\$			
^	х	HIRED X NON-OWNED AUTOS ONLY							\$			
									\$			
		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	Ψ -	,000,000		
Α	Х	EXCESS LIAB CLAIMS-MADE			GSAZUI9U4UUUI	1/1/2019	1/1/2020	AGGREGATE	_{\$} 4,	,000,000		
		DED RETENTION\$							\$			
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
	(Mai	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$			
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			
								Limit		0,000		
Α	A	ccident Medical			GAH040001	1/1/2019	1/1/2020			,000		
								Deductible	\$25	0		
Th re	ESCRIPTION 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.											
CE	RTIFI	CATE HOLDER				CANCELLATION						
		Tinley Park Base	bal	.1								

Tinley Park Baseball
P.O.Box 503
Tinley Park, IL 60477

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



DATE(MM/DD/YYYY)
1/10/2019

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this certificate does not comer rights to the certificate holder in fied of st	ach endorsement(s).							
PRODUCER	CONTACT NAME:							
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800) -995-9768 FAX (A/C, No): (408) 41	L 4-8199						
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com							
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#						
#809840	INSURER A: Lexington Insurance Company	19437						
INSURED St Joseph's Pony Baseball	INSURER B:							
P.O. Box 3599	INSURER C:							
Crest Hill, IL 60434	INSURER D:							
	INSURER E:							
	INSURER F:							

						INSURER F:					
CC	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
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INS LTR	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A	x	CLAIMS-MADE X OCCUR Abuse & Molestation N'L AGGREGATE LIMIT APPLIES PER:	Y		GSL2019040001	1/1/2019		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1, \$ 2, \$ 1,	000,000 000,000 0 000,000 000,000	
A	X	TOMOBILE LIABILITY ANYAUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1, \$ \$ \$	000,000	
A	X	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE	Ψ	000,000	
	AND ANY OFF (Mai	RKERS COMPENSATION DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE (CER/MEMBER EXCLUDED? Indatory in NH) S, describe under SCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$		
A		ccident Medical			GAH040001	1/1/2019	1/1/2020	Limit		0,000 ,000 0	
Th re	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.										
CEF	RTIF	ICATE HOLDER Triple Crown Spo	rts		i	CANCELLATION					
I		TITPIC CLOWIT BPO		•							

_CERTIFICATE HOLDER	CANCELLATION
Triple Crown Sports	
3930 Automation Way	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
Fort Collins, CO. 80525	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
1	Journe Goglandi



DATE(MM/DD/YYYY) 1/10/2019

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this certificate does not comer rights to the certificate holder in fied of such	· ondorodinona(o).							
PRODUCER	CONTACT NAME:							
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 41	14-8199						
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com							
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#						
#809840	INSURER A: Lexington Insurance Company	19437						
INSURED St Joseph's Pony Baseball	INSURER B:							
P.O. Box 3599	INSURER C:							
Crest Hill, IL 60434	INSURER D:							
	INSURER E:							
	INSURER F:							

	INSURER F:										
C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
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INS LTR	R TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s			
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC	Υ		GSL2019040001	1/1/2019	1/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1, \$ 1, \$ 2, \$ 1,	000,000 000,000 0 000,000 000,000 000,000 000,000		
A	AUTOMOBILE LIABILITY ANYAUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			GSL2019040001	1/1/2019	1/1/2020	BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		000,000		
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION\$			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE		000,000		
	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 OTH- STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$			
A	Accident Medical			GAH040001	1/1/2019		AD&D	\$100 \$10, \$250			
re	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

Troy Community Consolidated School Distr

30-C

5800 W. Theodore Street

Plainfield, IL 60586

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



DATE(MM/DD/YYYY)
1/10/2019

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PRODUCER	CONTACT NAME:				
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 41	14-8199			
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com				
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#			
#809840	INSURER A: Lexington Insurance Company	19437			
INSURED St Joseph's Pony Baseball	INSURER B:				
P.O. Box 3599	INSURER C:				
Crest Hill, IL 60434	INSURER D:				
	INSURER E:				
	INSURER F:				

						INSURER F:				
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
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INS LTR	INST LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS									
	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Abuse & Molestation						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1 ,	,000,000
A		N'L AGGREGATE LIMIT APPLIES PER:	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE		,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1 ,	,000,000
		ANYAUTO			GSL2019040001	1 /1 /2010	1/1/2020	BODILY INJURY (Per person)	\$	
A		OWNED SCHEDULED AUTOS ONLY AUTOS				1/1/2019		BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		no received							\$	
		UMBRELLA LIAB X OCCUR			GGW0010040001	a (a (ooa o		EACH OCCURRENCE	\$4 ,	,000,000
Α	Х	EXCESS LIAB CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	AGGREGATE	\$4 ,	,000,000
		DED RETENTION\$							\$	
		RKERS COMPENSATION						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N						E.L. EACH ACCIDENT	\$	
	(Mar	CER/MEMBER EXCLUDED? Indatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
								Limit	\$100	0,000
Α	Ac	ccident Medical			GAH040001	1/1/2019	1/1/2020	AD&D	\$10	,000
								Deductible	\$250	0
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.										
CEF	RTIFI	CATE HOLDER				CANCELLATION				
		United City of Y	ork	vi]	lle & YYBSA					

CERTIFICATE HOLDER	CANCELLATION
United City of Yorkville & YYBSA 1320 Spring St. Yorkville, IL 60560	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
IOIKVIIIE, II 00300	ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



DATE(MM/DD/YYYY)
1/10/2019

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PRODUCER Gagliardi Insurance Services, Inc. CONTACT NAME: PHONE (A/C, No. Ext): 1(800) - 995 - 9768 (A/C, No. Ext): 1(800) - 995 - 9768 (A/C, No. Ext): 1(800) - 995 - 9768	this certificate does not come rights to the certificate noider in ned of such endorsement(s).						
$(A/C, N_0, Ext): 1(000) - 993 - 9700$ $(A/C, N_0): 1000 - 1000 = 1000$							
		PHONE (A/C, No, Ext): 1(800) -995-9768 FAX (A/C, No): (408)	114-8199				
ADDRESS: Date Deg DP of Children Co.	1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107 INSURER(S) AFFORDING COVERAGE NAIC#		INSURER(S) AFFORDING COVERAGE	NAIC#				
#809840 Insurance Company 19437	#809840	INSURER A: Lexington Insurance Company	19437				
INSURED St Joseph's Pony Baseball INSURER B:	INSURED St Joseph's Pony Baseball	INSURER B:					
P.O. Box 3599	P.O. Box 3599	INSURER C:					
Crest Hill, IL 60434 INSURER D:	Crest Hill, IL 60434	INSURER D:					
INSURER E:		INSURER E:					
INSURER F:		INSURER F:					

						INSURER F:				
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
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INS LTR	INSR ADDL SUBR POLICY EFF POLICY EXP LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS									
	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Abuse & Molestation						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person)		,000,000
A	GEI	V'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIES</u> PER:	Y		GSL2019040001	1/1/2019	1/1/2020	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1, \$ 2,	,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG Participant Legal Liab COMBINED SINGLE LIMIT	\$ 1 ,	,000,000
	AUI	OMOBILE LIABILITY ANYAUTO OWNED SCHEDULED			GSL2019040001	1/1/2019	1/1/2020	(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ 1 ,	000,000
A	X	AUTOS ONLY HIRED AUTOS ONLY X AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
A	x	UMBRELLA LIAB EXCESS LIAB X OCCUR CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE	Ψ	,000,000
		DED RETENTION\$							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	III, A					E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	Ac	ccident Medical			GAH040001	1/1/2019	1/1/2020	Limit AD&D Deductible		0,00 ,000 0
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.										
CEF	RTIFI	CATE HOLDER	*** -	.b. r	lebaal l	CANCELLATION				
l		Victor J Andrew	нід	n S	SCHOOT					

CERTIFICATE HOLDER	CANCELLATION
Victor J Andrew High School	
9001 171st Street Tinley Park, IL 60487	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 COCCUMALE



DATE(MM/DD/YYYY) 1/10/2019

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).

this certificate does not comer rights to the certificate noticer in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): $1(800) - 995 - 9768$ (A/C, No): (408) 414-8199					
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#					
#809840	INSURER A: Lexington Insurance Company 19437					
INSURED St Joseph's Pony Baseball	INSURER B:					
P.O. Box 3599	INSURER C:					
Crest Hill, IL 60434	INSURER D:					
	INSURER E:					
	INSURER F:					

	INSURER F:									
C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
IN C	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	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				,,,,,,		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000
A	X	Abuse & Molestation	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY		000,000 ,000,000
	X	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	,000,000
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1 ,	,000,000
	Г	ANYAUTO					1/1/2020	BODILY INJURY (Per person)	\$	
A		OWNED SCHEDULED AUTOS ONLY			GSL2019040001	1/1/2019		BODILY INJURY (Per accident)	\$	
**	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		7.0.100 0.121							\$	
		UMBRELLA LIAB X OCCUR			GSX2019040001	1/1/2019	1 /1 /2020	EACH OCCURRENCE	Ψ	,000,000
Α	X	EXCESS LIAB CLAIMS-MADE	<u>.</u>		G5X2019040001	1/1/2019	1/1/2020	AGGREGATE	\$ 4,	,000,000
		DED RETENTION \$							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH)	III, A					E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
								Limit		0,000
Α	A	ccident Medical			GAH040001	1/1/2019	1/1/2020			,000
								Deductible	\$25	0
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.										
CE	RTIF	CATE HOLDER				CANCELLATION				
		Whiteford Wareho	use	1						

Whiteford Warehouse
219 Maple
Joliet, IL 60432

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



DATE(MM/DD/YYYY)
1/10/2019

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this certificate does not comer rights to the certificate holder in fied of suc	this certificate does not come rights to the certificate moder in ned of such endorsement(s).							
PRODUCER	CONTACT NAME:							
Gagliardi Insurance Services, Inc.	PHONE (A/C, No, Ext): 1 (800) -995-9768 FAX (A/C, No): (408) 414-8199							
1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com							
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#							
#809840	INSURER A: Lexington Insurance Company 19437							
INSURED St Joseph's Pony Baseball	INSURER B:							
P.O. Box 3599	INSURER C:							
Crest Hill, IL 60434	INSURER D:							
	INSURER E:							
	INSURER F:							

						INSURER F:				
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
IN CE	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	INSR POLICY EFF POLICY EXP LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS									
	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1 ,	,000,000
A	X	Abuse & Molestation VL AGGREGATE LIMIT APPLIES PER:	Y		GSL2019040001	1/1/2019	1/1/2020	MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE		,000,000
	X	POLICY PRO- LOC OTHER:						PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1 ,	,000,000
	ΑU٦	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		,000,000
		ANYAUTO					1/1/2020	BODILY INJURY (Per person)	\$	
A		OWNED SCHEDULED AUTOS ONLY			GSL2019040001	1/1/2019		BODILY INJURY (Per accident)	\$	
**	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		ACTOS CHET						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
		UMBRELLA LIAB X OCCUR			GGW2010040001	1 /1 /0010	1 /1 /0000	EACH OCCURRENCE	Ψ	,000,000
Α	Х	EXCESS LIAB CLAIMS-MADE			GSX2019040001	1/1/2019	1/1/2020	AGGREGATE	\$4 ,	,000,000
		DED RETENTION\$							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
								Limit		0,000
Α	Ac	ccident Medical			GAH040001	1/1/2019	1/1/2020	AD&D	-	,000
								Deductible	\$250	0
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.										
CEF	RTIFI	CATE_HOLDER				CANCELLATION				
ı		Youth Nationals	Ken	tuc	cky, LLC					

<u>CERTIFICATE HOLDER</u>	CANCELLATION
Youth Nationals Kentucky, LLC	
9219 US Highway 42 Suite D-127 Prospect, KY 40059	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



DATE(MM/DD/YYYY)
1/10/2019

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PRODUCER Gagliardi Insurance Services, Inc. CONTACT NAME: PHONE (A/C, No. Ext): 1(800) - 995 - 9768 (A/C, No. Ext): 1(800) - 995 - 9768 (A/C, No. Ext): 1(800) - 995 - 9768	this certificate does not come rights to the certificate noider in ned of such endorsement(s).						
$(A/C, N_0, Ext): 1(000) - 993 - 9700$ $(A/C, N_0): 1000 - 1000 = 1000$							
		PHONE (A/C, No, Ext): 1(800) -995-9768 FAX (A/C, No): (408)	114-8199				
ADDRESS: Date Deg DP of Children Co.	1315 Walnut Street, Suite 1101	E-MAIL ADDRESS: sales@gsportsinsurance.com					
Philadelphia, PA 19107 INSURER(S) AFFORDING COVERAGE NAIC#		INSURER(S) AFFORDING COVERAGE	NAIC#				
#809840 Insurance Company 19437	#809840	INSURER A: Lexington Insurance Company	19437				
INSURED St Joseph's Pony Baseball INSURER B:	INSURED St Joseph's Pony Baseball	INSURER B:					
P.O. Box 3599	P.O. Box 3599	INSURER C:					
Crest Hill, IL 60434 INSURER D:	Crest Hill, IL 60434	INSURER D:					
INSURER E:		INSURER E:					
INSURER F:		INSURER F:					

				INSURER F:					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
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INS LTR		ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC	Y	GSL2019040001	1/1/2019		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	\$ 1, \$ 1, \$ \$ 1, \$ 2, \$ 1,	000,000 000,000 0 000,000 000,000	
A	OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY		GSL2019040001	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		000,000	
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		GSX2019040001	1/1/2019	1/1/2020	EACH OCCURRENCE AGGREGATE		000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				PER OTH- STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$		
A	Accident Medical		GAH040001	1/1/2019	1/1/2020	Limit	\$100,000 \$10,000 \$250		
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 CANCELLATION									
Youth Nationals South Carolina,									

CERTIFICATE HOLDER	CANCELLATION
Youth Nationals South Carolina,	
LLC 9210 US Highway 42 Suite D-127, Prospect, KY 40059	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
	(Dunc Cachard