



# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                 |                                                                                                                                                                |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ballpark Sports Baseball, Inc.</b><br>P.O. Box 595<br>Bourbonnais, IL. 60914 | 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<br>                                             |

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

## COVERAGES

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                     |                                                                                                                                                                |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Benedictine University</b><br><b>5700 College Road</b><br><b>Lisle, IL 60532</b> | 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<br>                                              |

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

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

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

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## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                    |                                                                                                                                                                |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bolingbrook Youth Baseball League</b><br>P.O. Box 1695<br>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<br>                                              |

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|                                                                                                                              | PHONE (A/C No. Ext): <b>1(800)-995-9768</b>   | FAX (A/C No.): <b>(408) 414-8199</b> |              |
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|                                                                                                                              | INSURER(S) AFFORDING COVERAGE                 |                                      | NAIC #       |
|                                                                                                                              | INSURER A: <b>Lexington Insurance Company</b> |                                      | <b>19437</b> |
|                                                                                                                              | INSURER B:                                    |                                      |              |
|                                                                                                                              | INSURER C:                                    |                                      |              |
|                                                                                                                              | INSURER D:                                    |                                      |              |
| INSURER E:                                                                                                                   |                                               |                                      |              |
| INSURER F:                                                                                                                   |                                               |                                      |              |

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB                                             |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE                                                                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                 |                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Burroughs &amp; Chapin Company, Inc.</b><br>3051 Ripken Way Blvd.<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                           |                                                                                                                                                                |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Caputo's Fresh Market</b><br>3115 111th Street<br>Naperville, IL 60564 | 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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                          | ADDL INSD                           | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Abuse & Molestation<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y                                   |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>1,000,000</b>                                  |
|         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | MED EXP. (Anyone person) \$ <b>0</b>                                                                                                                                                                                                                                                                                                                                       |                                     |          |               |                         |                         |                                                                      |
|         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                                                  |                                     |          |               |                         |                         |                                                                      |
| A       | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANYAUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                      |                                     |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|         | BODILY INJURY (Per person) \$                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | BODILY INJURY (Per accident) \$                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
|         | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                                                                                          |                                     |          |               |                         |                         |                                                                      |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                               |                                     |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>4,000,000</b>                                  |
|         | AGGREGATE \$ <b>4,000,000</b>                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         |                                                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
|         |                                                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                     | Y/N<br><input type="checkbox"/> N/A |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|         | E.L. EACH ACCIDENT \$                                                                                                                                                                                                                                                                                                                                                      |                                     |          |               |                         |                         |                                                                      |
|         | E.L. DISEASE - EA EMPLOYEE \$                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                                                                                             |                                     |          |               |                         |                         |                                                                      |
| A       | Accident Medical                                                                                                                                                                                                                                                                                                                                                           |                                     |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit \$100,000<br>AD&D \$10,000<br>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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                         |                                                                                                                                                                |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Chaney Monge School</b><br>400 Elsie Avenue<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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1/10/2019

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

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                                                                                                      | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                                                                                       | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>1,000,000</b>                                  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                                                                         |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>        |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                                                                                                |           |          |               |                         |                         | MED EXP. (Anyone person) \$ <b>0</b>                                 |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                            |
|         | OTHER:                                                                                                                                                                                 |           |          |               |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>                                |
|         |                                                                                                                                                                                        |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG Participant Legal Liab \$ <b>1,000,000</b>    |
| A       | AUTOMOBILE LIABILITY                                                                                                                                                                   |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|         | <input type="checkbox"/> ANYAUTO                                                                                                                                                       |           |          |               |                         |                         | BODILY INJURY (Per person) \$                                        |
|         | <input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                                                      |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|         | <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|         |                                                                                                                                                                                        |           |          |               |                         |                         | \$                                                                   |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                                                                                                |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>4,000,000</b>                                  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                                                                   |           |          |               |                         |                         | AGGREGATE \$ <b>4,000,000</b>                                        |
|         | DED <input type="checkbox"/> RETENTION \$                                                                                                                                              |           |          |               |                         |                         | \$                                                                   |
|         | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |           | N/A      |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|         |                                                                                                                                                                                        |           |          |               |                         |                         | E.L. EACH ACCIDENT \$                                                |
|         |                                                                                                                                                                                        |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
|         |                                                                                                                                                                                        |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| A       | Accident Medical                                                                                                                                                                       |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit \$100,000<br>AD&D \$10,000<br>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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                     |                                                                                                                                                                |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Channahon PONY Baseball</b><br><b>P.O. Box 402</b><br><b>Channahon, IL 60410</b> | 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<br>                                              |

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

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                                                               | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                                                | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>1,000,000</b>                                  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                                  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>        |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                                                         |           |          |               |                         |                         | MED EXP. (Anyone person) \$ <b>0</b>                                 |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                            |
|         | OTHER:                                                                                                                                          |           |          |               |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>                                |
|         |                                                                                                                                                 |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>                           |
|         |                                                                                                                                                 |           |          |               |                         |                         | Participant Legal Liab \$ <b>1,000,000</b>                           |
| A       | AUTOMOBILE LIABILITY                                                                                                                            |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|         | <input type="checkbox"/> ANYAUTO                                                                                                                |           |          |               |                         |                         | BODILY INJURY (Per person) \$                                        |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                                                       |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                                                            |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                                                        |           |          |               |                         |                         | \$                                                                   |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                                                         |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>4,000,000</b>                                  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                            |           |          |               |                         |                         | AGGREGATE \$ <b>4,000,000</b>                                        |
|         | DED <input type="checkbox"/> RETENTION \$                                                                                                       |           |          |               |                         |                         |                                                                      |
|         |                                                                                                                                                 |           |          |               |                         |                         |                                                                      |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                                   | Y/N       | N/A      |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                                                     |           |          |               |                         |                         | E.L. EACH ACCIDENT \$                                                |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                          |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
|         |                                                                                                                                                 |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| A       | Accident Medical                                                                                                                                |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit \$100,000<br>AD&D \$10,000<br>Deductible \$250                 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Event Parking Services, LLC, Chicagoland Speedway Corporation, Route 66 Raceway LLC, their parent, subsidiary, limited liability and affiliated companies and their respective shareholders, officers, directors, members, agents, employees, subsidiaries, trustees, receivers, successors and assigns are 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. For Event September 15-18 2016. This insurance shall be primary and non-contributory, waiver of subrogation is also included where required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                      |                                                                                                                                                                |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Chicagoland Speedway</b><br>500 Speedway Blvd<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB                                             |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE                                                                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                       |                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Chicagoland Sunday Baseball</b><br>c/o Anthony Belmonte<br>P.O. Box 532<br>Palos Heights, IL 60463 | 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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                          | ADDL INSD                           | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Abuse & Molestation<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y                                   |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>1,000,000</b>                                  |
|         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | MED EXP. (Anyone person) \$ <b>0</b>                                                                                                                                                                                                                                                                                                                                       |                                     |          |               |                         |                         |                                                                      |
|         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                                                  |                                     |          |               |                         |                         |                                                                      |
| A       | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANYAUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                      |                                     |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|         | BODILY INJURY (Per person) \$                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | BODILY INJURY (Per accident) \$                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
|         | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                                                                                          |                                     |          |               |                         |                         |                                                                      |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                               |                                     |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>4,000,000</b>                                  |
|         | AGGREGATE \$ <b>4,000,000</b>                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         |                                                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
|         |                                                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                     | Y/N<br><input type="checkbox"/> N/A |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|         | E.L. EACH ACCIDENT \$                                                                                                                                                                                                                                                                                                                                                      |                                     |          |               |                         |                         |                                                                      |
|         | E.L. DISEASE - EA EMPLOYEE \$                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                                                                                             |                                     |          |               |                         |                         |                                                                      |
| A       | Accident Medical                                                                                                                                                                                                                                                                                                                                                           |                                     |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit \$100,000<br>AD&D \$10,000<br>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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                                                                    |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crestwood Professional Baseball, LLC DBA Windy City Thunderbolts, Villiage of Crestwood</b><br>14011 South Kenton Avenue<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                      |                                                                                                                                                                |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diocese of Joliet</b><br>16555 Weber Road<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                          |                                                                                                                                                                |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Extra Bases LLC</b><br>3051 Ripken Way Blvd.<br>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<br>                                             |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                 |                                                                                                                                                                |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Frankfort Baseball</b><br>P.O.Box 261<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                          | ADDL INSD                           | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Abuse & Molestation<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y                                   |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>1,000,000</b>                                  |
|         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | MED EXP. (Anyone person) \$ <b>0</b>                                                                                                                                                                                                                                                                                                                                       |                                     |          |               |                         |                         |                                                                      |
|         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                                                  |                                     |          |               |                         |                         |                                                                      |
| A       | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                     |                                     |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|         | BODILY INJURY (Per person) \$                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | BODILY INJURY (Per accident) \$                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
|         | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                                                                                          |                                     |          |               |                         |                         |                                                                      |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                               |                                     |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>4,000,000</b>                                  |
|         | AGGREGATE \$ <b>4,000,000</b>                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         |                                                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
|         |                                                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                     | Y/N<br><input type="checkbox"/> N/A |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|         | E.L. EACH ACCIDENT \$                                                                                                                                                                                                                                                                                                                                                      |                                     |          |               |                         |                         |                                                                      |
|         | E.L. DISEASE - EA EMPLOYEE \$                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                                                                                             |                                     |          |               |                         |                         |                                                                      |
| A       | Accident Medical                                                                                                                                                                                                                                                                                                                                                           |                                     |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit \$100,000<br>AD&D \$10,000<br>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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                     |                                                                                                                                                                |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Game Day USA</b><br>603 E Diehl Rd #103<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                          | ADDL INSD                           | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Abuse & Molestation<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y                                   |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>1,000,000</b>                                  |
|         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | MED EXP. (Anyone person) \$ <b>0</b>                                                                                                                                                                                                                                                                                                                                       |                                     |          |               |                         |                         |                                                                      |
|         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                                                  |                                     |          |               |                         |                         |                                                                      |
| A       | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANYAUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                      |                                     |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|         | BODILY INJURY (Per person) \$                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | BODILY INJURY (Per accident) \$                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
|         | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                                                                                          |                                     |          |               |                         |                         |                                                                      |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                               |                                     |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>4,000,000</b>                                  |
|         | AGGREGATE \$ <b>4,000,000</b>                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         |                                                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
|         |                                                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                     | Y/N<br><input type="checkbox"/> N/A |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|         | E.L. EACH ACCIDENT \$                                                                                                                                                                                                                                                                                                                                                      |                                     |          |               |                         |                         |                                                                      |
|         | E.L. DISEASE - EA EMPLOYEE \$                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                                                                                             |                                     |          |               |                         |                         |                                                                      |
| A       | Accident Medical                                                                                                                                                                                                                                                                                                                                                           |                                     |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit \$100,000<br>AD&D \$10,000<br>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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                 |                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I-80 League / Homer Athletic Club</b><br>Box 181, 14007 S. Bell Road<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                             |                                                                                                                                                                |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Illinois Sparks Baseball Club</b><br>16921 Steeplechase Parkway<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP (Anyone person)                   | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                             |                                                                                                                                                                |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Joliet Catholic Academy</b><br>1200 N. Larkin Avenue<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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1/10/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                 |                                                                                                                                                                |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Joliet Columbian Club</b><br>100 S 129th Infantry Drive<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                       |                                                                                                                                                                |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Joliet Junior College</b><br>1215 Houbolt Road<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                             |                                                                                                                                                                |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Joliet Park District</b><br>3000 W. Jefferson Street<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD                                                | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y                                                        |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                                                      | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |                                                          |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                            | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |                                                          |          |               |                         |                         | MED EXP (Anyone person)                                              | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |                                                          |          |               |                         |                         | PERSONAL & ADV INJURY                                                | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                                          |          |               |                         |                         | GENERAL AGGREGATE                                                    | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |                                                          |          |               |                         |                         | PRODUCTS - COMP/OP AGG                                               | \$ 1,000,000 |  |
|         |                                                                                                           |                                                          |          |               |                         |                         | Participant Legal Liab                                               | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |                                                          |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)                                  | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANYAUTO                                                                          |                                                          |          |               |                         |                         | BODILY INJURY (Per person)                                           | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 | <input type="checkbox"/> SCHEDULED AUTOS                 |          |               |                         |                         | BODILY INJURY (Per accident)                                         | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |          |               |                         |                         | PROPERTY DAMAGE (Per accident)                                       | \$           |  |
|         | <input type="checkbox"/> AUTOS ONLY                                                                       |                                                          |          |               |                         |                         |                                                                      | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |                                                          |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                                                      | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |                                                          |          |               |                         |                         | AGGREGATE                                                            | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |                                                          |          |               |                         |                         |                                                                      | \$           |  |
|         | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             |                                                          |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |              |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | <input type="checkbox"/> Y/N                             | N/A      |               |                         |                         | E.L. EACH ACCIDENT                                                   | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |                                                          |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                                           | \$           |  |
|         |                                                                                                           |                                                          |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT                                          | \$           |  |
| A       | Accident Medical                                                                                          |                                                          |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                                                | \$100,000    |  |
|         |                                                                                                           |                                                          |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                 |                                                                                                                                                                |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Joliet Public School District</b><br>420 N. Raynor Drive<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                                                               | ADDL INSD                    | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                                                | Y                            |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>1,000,000</b>                                  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                                  |                              |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>        |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                                                         |                              |          |               |                         |                         | MED EXP. (Anyone person) \$ <b>0</b>                                 |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                              |          |               |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                            |
|         | OTHER:                                                                                                                                          |                              |          |               |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>                                |
|         |                                                                                                                                                 |                              |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>                           |
|         |                                                                                                                                                 |                              |          |               |                         |                         | Participant Legal Liab \$ <b>1,000,000</b>                           |
| A       | AUTOMOBILE LIABILITY                                                                                                                            |                              |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|         | <input type="checkbox"/> ANYAUTO                                                                                                                |                              |          |               |                         |                         | BODILY INJURY (Per person) \$                                        |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                                                       |                              |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                                                            |                              |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                                                        |                              |          |               |                         |                         |                                                                      |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                                                         |                              |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>4,000,000</b>                                  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                            |                              |          |               |                         |                         | AGGREGATE \$ <b>4,000,000</b>                                        |
|         | DED <input type="checkbox"/> RETENTION \$                                                                                                       |                              |          |               |                         |                         |                                                                      |
|         | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                                   |                              |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                                                     | Y/N <input type="checkbox"/> | N/A      |               |                         |                         | E.L. EACH ACCIDENT \$                                                |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                          |                              |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
| A       | Accident Medical                                                                                                                                |                              |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit \$ <b>100,000</b>                                              |
|         | AD&D \$ <b>10,000</b>                                                                                                                           |                              |          |               |                         |                         |                                                                      |
|         | Deductible \$ <b>250</b>                                                                                                                        |                              |          |               |                         |                         |                                                                      |

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

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply. 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<br>201 E. Jefferson St.<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                |                                                                                                                                                                |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>JP Sports</b><br>2620 38th Street<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                          | ADDL INSD                           | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Abuse & Molestation<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y                                   |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>1,000,000</b>                                  |
|         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | MED EXP. (Anyone person) \$ <b>0</b>                                                                                                                                                                                                                                                                                                                                       |                                     |          |               |                         |                         |                                                                      |
|         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                                                  |                                     |          |               |                         |                         |                                                                      |
| A       | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANYAUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                      |                                     |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|         | BODILY INJURY (Per person) \$                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | BODILY INJURY (Per accident) \$                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
|         | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                                                                                          |                                     |          |               |                         |                         |                                                                      |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                               |                                     |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>4,000,000</b>                                  |
|         | AGGREGATE \$ <b>4,000,000</b>                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         |                                                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
|         |                                                                                                                                                                                                                                                                                                                                                                            |                                     |          |               |                         |                         |                                                                      |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                     | Y/N<br><input type="checkbox"/> N/A |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|         | E.L. EACH ACCIDENT \$                                                                                                                                                                                                                                                                                                                                                      |                                     |          |               |                         |                         |                                                                      |
|         | E.L. DISEASE - EA EMPLOYEE \$                                                                                                                                                                                                                                                                                                                                              |                                     |          |               |                         |                         |                                                                      |
|         | E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                                                                                             |                                     |          |               |                         |                         |                                                                      |
| A       | Accident Medical                                                                                                                                                                                                                                                                                                                                                           |                                     |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit \$100,000<br>AD&D \$10,000<br>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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                              |                                                                                                                                                                |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Judson Memorial Baptist Church</b><br>2800 Black Road<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                  |                                                                                                                                                                |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Knights of Columbus</b><br>100 South 129th Infantry Drive<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                |                                                                                                                                                                |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Laraway CCSD 70C</b><br>275 Laraway Rd.<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                            |                                                                                                                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Lenz Field and Sports Complex</b><br>5 Kelly<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                            |                                                                                                                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Lockport Boys Baseball</b><br>927 E. First Street<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                               |                                                                                                                                                                |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Minooka Community High School</b><br>301 S Wabena Ave<br>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. |
|                                                                               | AUTHORIZED REPRESENTATIVE<br>                                             |

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# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                  |                                                                                                                                                                |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Nations Baseball Association</b><br>10801 Hammerly Blvd.<br>Houston, TX 77043 | 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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB                                             |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE                                                                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                          |                                                                                                                                                                |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NLBA</b><br>354A W. Maple Rd.<br>P.O. Box 1007<br>New Lenox, IL 60451 | 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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                                                               | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                                                | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>1,000,000</b>                                  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                                  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>        |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                                                         |           |          |               |                         |                         | MED EXP. (Anyone person) \$ <b>0</b>                                 |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                            |
|         | OTHER:                                                                                                                                          |           |          |               |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>                                |
|         |                                                                                                                                                 |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>                           |
|         |                                                                                                                                                 |           |          |               |                         |                         | Participant Legal Liab \$ <b>1,000,000</b>                           |
| A       | AUTOMOBILE LIABILITY                                                                                                                            |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|         | <input type="checkbox"/> ANYAUTO                                                                                                                |           |          |               |                         |                         | BODILY INJURY (Per person) \$                                        |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                                                       |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                                                            |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                                                        |           |          |               |                         |                         | \$                                                                   |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                                                         |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>4,000,000</b>                                  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                            |           |          |               |                         |                         | AGGREGATE \$ <b>4,000,000</b>                                        |
|         | DED <input type="checkbox"/> RETENTION \$                                                                                                       |           |          |               |                         |                         | \$                                                                   |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                                   | Y/N       | N/A      |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                                                     |           |          |               |                         |                         | E.L. EACH ACCIDENT \$                                                |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                          |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
|         |                                                                                                                                                 |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| A       | Accident Medical                                                                                                                                |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit \$100,000<br>AD&D \$10,000<br>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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                   |                                                                                                                                                                |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Oak Forest Baseball</b><br>P.O. Box 37<br>Oak Forest, IL 60452 | 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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                       |                                                                                                                                                                |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Perfect Game</b><br>850 Twixt Town Rd NE<br>Cedar Rapids, IA 52402 | 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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                                |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plainfield Community Consolidated School<br>School District 202<br>15732 Howard Street<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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1/10/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                               |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PONY Baseball/Softball Inc.</b><br>1951 PONY Place<br>P.O. Box 225<br>Washington, PA 15301 | 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<br>                                             |

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# CERTIFICATE OF LIABILITY INSURANCE

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                     |                                                                                                                                                                |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Primetime Tournaments</b><br>PO Box 1229<br>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<br>                                             |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                                                               | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                                                | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>1,000,000</b>                                  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                                  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>        |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                                                         |           |          |               |                         |                         | MED EXP. (Anyone person) \$ <b>0</b>                                 |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                            |
|         | OTHER:                                                                                                                                          |           |          |               |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>                                |
|         |                                                                                                                                                 |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>                           |
|         |                                                                                                                                                 |           |          |               |                         |                         | Participant Legal Liab \$ <b>1,000,000</b>                           |
| A       | AUTOMOBILE LIABILITY                                                                                                                            |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|         | <input type="checkbox"/> ANY AUTO                                                                                                               |           |          |               |                         |                         | BODILY INJURY (Per person) \$                                        |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                                                       |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                                                            |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                                                        |           |          |               |                         |                         | \$                                                                   |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                                                         |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE \$ <b>4,000,000</b>                                  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                            |           |          |               |                         |                         | AGGREGATE \$ <b>4,000,000</b>                                        |
|         | DED <input type="checkbox"/> RETENTION \$                                                                                                       |           |          |               |                         |                         | \$                                                                   |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                                   | Y/N       | N/A      |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                                                     |           |          |               |                         |                         | E.L. EACH ACCIDENT \$                                                |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                          |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
|         |                                                                                                                                                 |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| A       | Accident Medical                                                                                                                                |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit \$100,000<br>AD&D \$10,000<br>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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                              |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ripken Myrtle Beach Academy, LLC.</b><br>3051 Ripken Way Blvd.<br>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<br>                                             |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                       |                                                                                                                                                                |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>St. Joseph Church</b><br>416 N. Chicago Street<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD                    | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|------------------------------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y                            |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |                              |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |                              |          |               |                         |                         | MED EXP (Anyone person)                   | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |                              |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                              |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |                              |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |                              |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |                              |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANY AUTO                                                                         |                              |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |                              |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |                              |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |                              |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |                              |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |                              |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                        |                              |          |               |                         |                         |                                           | \$           |  |
|         | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             |                              |          |               |                         |                         |                                           |              |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | <input type="checkbox"/> Y/N | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |                              |          |               |                         |                         | 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    |  |
|         |                                                                                                           |                              |          |               |                         |                         | AD&D                                      | \$10,000     |  |
|         |                                                                                                           |                              |          |               |                         |                         | Deductible                                | \$250        |  |

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

Proof of coverage.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                           |                                                                                                                                                                |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>St. Joseph's Pony Baseball</b><br>P.O.Box 3599<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP (Anyone person)                   | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                            |                                                                                                                                                                |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>St. Jude Parish and Diocese of Joliet</b><br>2212 McDonough Street<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP (Anyone person)                   | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                    |                                                                                                                                                                |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>St. Patrick's Church</b><br>710 West Marion<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                          |                                                                                                                                                                |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Stone City Softball</b><br>22519 W Renwick Rd<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                            |                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>The Illinois Travel Baseball League / Lockport Boys Baseball</b><br>P.O. Box 296<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP (Anyone person)                   | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                     |                                                                                                                                                                |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tinley Park Baseball</b><br>P.O.Box 503<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                              |                                                                                                                                                                |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Triple Crown Sports</b><br>3930 Automation Way<br>Fort Collins, CO. 80525 | 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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP (Anyone person)                   | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                            |                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Troy Community Consolidated School Distr</b><br>30-C<br>5800 W. Theodore Street<br>Plainfield, IL 60586 | 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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                      |                                                                                                                                                                |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>United City of Yorkville &amp; YBSA</b><br>1320 Spring St.<br>Yorkville, IL 60560 | 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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP (Anyone person)                   | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                  |                                                                                                                                                                |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Victor J Andrew High School</b><br>9001 171st Street<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP. (Anyone person)                  | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                             |                                                                                                                                                                |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Whiteford Warehouse</b><br>219 Maple<br>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<br>                                                                                                                                  |

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# CERTIFICATE OF LIABILITY INSURANCE

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

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |  |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|--|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |  |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP (Anyone person)                   | \$ 0         |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |  |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |  |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |  |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |  |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |  |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |  |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |  |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |  |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |  |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |  |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |  |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |  |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |  |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |  |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                              |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Youth Nationals Kentucky, LLC</b><br>9219 US Highway 42 Suite D-127<br>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<br>                                              |

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# CERTIFICATE OF LIABILITY INSURANCE

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).

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

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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


| INS LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|---------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | Y         |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 1,000,000 |
|         | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> Abuse & Molestation                                                   |           |          |               |                         |                         | MED EXP (Anyone person)                   | \$ 0         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|         | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|         | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|         |                                                                                                           |           |          |               |                         |                         | Participant Legal Liab                    | \$ 1,000,000 |
| A       | AUTOMOBILE LIABILITY                                                                                      |           |          | GSL2019040001 | 1/1/2019                | 1/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|         | <input type="checkbox"/> ANYAUTO                                                                          |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|         | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|         | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|         | <input checked="" type="checkbox"/> AUTOS ONLY                                                            |           |          |               |                         |                         |                                           | \$           |
| A       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR                                                   |           |          | GSX2019040001 | 1/1/2019                | 1/1/2020                | EACH OCCURRENCE                           | \$ 4,000,000 |
|         | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000 |
|         | DED <input type="checkbox"/> RETENTION \$                                                                 |           |          |               |                         |                         |                                           | \$           |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER       |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|         |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A       | Accident Medical                                                                                          |           |          | GAH040001     | 1/1/2019                | 1/1/2020                | Limit                                     | \$100,000    |
|         |                                                                                                           |           |          |               |                         |                         | 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                     |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Youth Nationals South Carolina, LLC</b><br>9210 US Highway 42 Suite D-127,<br>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<br>                                              |

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