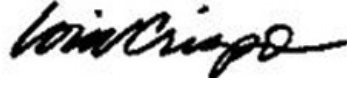


**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**POLICY CHANGES**

Policy Change  
Number ASA2018210655

POLICY NUMBER 3602AH230069	POLICY CHANGES EFFECTIVE 12/1/2020	COMPANY Markel Insurance Company
NAMED INSURED USA Softball and Members of the JO CA - Northern California Individual Registration Program		 Authorized Representative Signature
COVERAGE PARTS AFFECTED: COMMERCIAL GENERAL LIABILITY COVERAGE PART		

**CHANGES**

**CERTIFICATE OF INSURANCE**

This certificate represents insurance provided in accordance with THE FOLLOWING POLICY NUMBER:3602AH230069

**NAMED INSURED**

Castro Valley Girls Softball League  
Victoria Erichsen  
4061 E Castro Valley Blvd #428  
Castro Valley, CA 94552  
510-206-9707

Effective Date: 12/1/2020 at 12:01 a.m. Standard Time at your mailing address shown above.  
Expiration Date: 9/1/2021 **Termination of the policy does not amend the expiration date of this certificate.**

**Plan Administered By:**

RPS Bollinger, Inc. 150 JFK Parkway ShortHills, NJ 07078-5000

**TO REPORT A CLAIM, CALL 1-800-446-5311**

**Commercial General Liability Limits of Insurance**

General Aggregate Limit	\$5,000,000	
Products-Completed Operations Aggregate Limit	\$2,000,000	
Personal and Advertising Injury Limit	\$2,000,000	
Sexual Abuse and Molestation per Occurrence Limit	\$2,000,000	
Sexual Abuse and Molestation Aggregate Limit	\$2,000,000	
Each Occurrence Limit	\$2,000,000	
Damage to Premises Rented to You Limit	\$1,000,000	Any One Premise
Medical Expense Limit	\$10,000	Any One Person - applies to non-participants

**This Certificate only provides evidence of insurance and does not amend, expand or alter any terms or conditions of the Policy.**

**Premium**

Commercial General Liability Premium:	Included
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**MARKEL INSURANCE COMPANY****Glen Allen, VA.**USA Softball and Members of the JO CA - Northern  
California Individual Registration Program  
Castro Valley Girls Softball League

Victoria Erichsen

4061 E Castro Valley Blvd #428  
Castro Valley, CA 94552  
510-206-9707**Accident Only Proof Of Insurance  
Blanket Accident Policy**

4102AH220317

Effective Date: 12/1/2020

Expiration Date: 9/1/2021

**YOU ARE INSURED UNDER AN ACCIDENT-ONLY POLICY. THE POLICY DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.**

We, the Markel Insurance Company, have issued a Blanket Accident-Only Policy to the Policyholder:

**USA SOFTBALL**

You are covered by the Blanket Accident Policy while you are a member of the class of Covered Persons described below. You should read this Certificate with care in order to understand the coverages provided.

SCOPE OF COVERAGE: Accident policy benefits are outlined below:

Accidental Death Benefit	Accidental Dismemberment Benefit Principal Sum	Medical/Dental Expense Benefits	
		Maximum Limit	Deductible
\$5,000	\$10,000	\$250,000	\$250.00

Additional benefits and conditions of coverage:

- a. **52-week benefit period:** Eligible expenses for treatment are covered for 52 weeks from the date of injury. Any expenses incurred beyond the benefit period are not covered by this policy.
- b. 90/10 Coinsurance.
- c. Medical and Dental services must begin within 60 days from the date of injury.
- d. Claim must be submitted to RPS Bollinger up to one year from the date of injury to be eligible for payment.
- e. Deductible is a "corridor" deductible, which applies regardless of payments by other primary insurance.
- f. Claims are paid based on a Usual and Customary Basis which means Expenses (a) charged for treatment, supplies or medical services which are Medically Necessary to treat the Insured's condition; and (b) which do not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where incurred.
- g. Physical Therapy/Chiropractic limit: \$2,500 limit per injury, limited to \$100 maximum per visit
- h. Durable Medical Equipment limit: \$1,000 per injury
- i. Prescription Drug Limit: \$1,000 per injury

Covered Injuries: We will pay the benefits described for injuries to the body:

- a) Caused by an accident which happens while you are a covered person under the policy; and
- b) Which directly, and from no other cause, result in a covered loss.

Covered Persons: All persons who are currently registered as participants or adult supervisors of the USA Softball and all persons added to the team/league during the policy term are Covered Persons.

Covered Events: We will cover injuries to a Covered Person while taking part in:

- a) A regularly scheduled game or practice of the Policyholder's team or league; and
- b) Authorized tournaments, Post Season or Exhibition games or practice; and
- c) Group travel as a team under the supervision of team authorities directly to or from such games or practices held away from the teams' home field.
- d) Other incidental activities sponsored by and usual to the operation of a team or league, such as banquets and non-hazardous fundraisers.

*This certificate is a summary of benefits provided under this policy. Nothing contained herein shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations or Terms of the actual Policy.*