**ACORD™** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/30/2018

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

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

**PRODUCER** CONTACT K&K INSURANCE GROUP, INC. Cheryl Pettibone NAME 1712 MAGNAVOX WAY PHONE FAX (A/C, No): 800-736-7358 847-953-2873 (A/C, No. Ext): E-MAIL PO BOX 2338 FORT WAYNE IN 46801 Chervl.Pettibone@kandkinsurance.com ADDRESS: INSURED INSURER(S) AFFORDING COVERAGE NAIC # MEMBER NO: INSURER A: Nationwide Mutual Insurance Company 23787 INSURER B: Nationwide Life Insurance Company 66869 TREASURE COAST ATHLETIC ASSOCIATION BABE RUTH LEAGUE INSURER C DBA: Treasure Coast Athletic Association, Inc INSURER D: 244 NE Acacia Trail INSURER E: Jensen Beach.FL. 34957 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.

INSR LTR	TYPE OF INSURANCE	addl Insd	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
Α	CLAIMS-MADE X OCCUR				02/01/2018	02/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		Υ		RPG-284825-00	12:01 AM		MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
	POLICY PROJECT LOC						PRODUCTS-COMP/OP AGG	\$1,000,000
	OTHER:						PARTICIPANT LEGAL LIABILITY	\$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
	ANY AUTO				02/01/2018		BODILY INJURY (Per person)	
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			RPG-284825-00	12:01 AM	02/01/2019 12:01 AM	BODILY INJURY (Per accident)	
	X HIRED X NON-OWNED AUTOS ONLY				12:01 AW		PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB # OCCUR						EACH OCCURRENCE	
	EXCESS LIAB # CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION Y/N						PER STATUTE OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. DISEASE – EA EMPLOYEE	
	Îf yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
D	PARTICIPANT ACCIDENT			JXS-284826-00	02/01/2018	02/01/2019 12:01 AM	Excess Medical	\$250,000
B	PARTICIPANT ACCIDENT			JAS-204826-UU	12:01 AM		AD&D	\$ 15,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

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

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, BUT SOLELY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED.

Owner, manager or lessor of the premises where you conduct practices or games

SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Martin County Board of County Commissioners 2401 SE Monterey Road	AUTHORIZED REPRESENTATIVE
Stuart, FL 34996	Statt hunhard