<u>ACORD</u> ™ (ERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 2/4/2024	
CE BE	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.												
IMI If S	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).												
			HOL CO	mer rights to tr	le cer	unca		uch endorsem	eni(s).				
K&K INSURANCE GROUP, INC.								CONTACT Hollie Lamle					
1712 MAGNAVOX WAY PO BOX 2338								PHONE (A/C, No. Ext): 800-736-7358 FAX (A/C, No): 847-953-2873					
FORT WAYNE IN 46801								E-MAIL ADDRESS: hollie.lamle@kandkinsurance.com					
INSURED MEMBER NO:								INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: New Hampshire Insurance Company 23841					
TREASURE COAST ATHLETIC ASSOCIATION BABE RUTH LEAGUE DBA: Treasure Coast Athletic Association								INSURER B: National Union Fire Ins Co of Pittsburgh 19445 INSURER C:					
P.O. Box 547								INSURER D: INSURER E:					
J	Jensen Beach,FL, 34958								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 O	F INSUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	Х	COMMERCIAL GENERAL LIABILITY					AIL0003450194702	02/04/2024 12:01 AM	02/01/2025 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	E TO RENTED		
										MED EXP (Any one person)	\$ 5,000		
										PERSONAL & ADV INJURY	\$1,000,000		
	GEN									GENERAL AGGREGATE PRODUCTS-COMP/OP AGG	\$5,000,000		
	POLICY PROJECT LOC									PARTICIPANT LEGAL LIABILITY	\$1,000,000 \$1,000,000		
								02/04/2024	02/01/2025 12:01 AM	COMBINED SINGLE LIMIT	IED SINGLE LIMIT		
										(Ea Accident) BODILY INJURY (Per person)	ψ1,0	00,000	
A		OWNED SCHEDULED AUTOS					AIL0003450194702			BODILY INJURY (Per accident)			
	х	HIRED AUTOS ONLY	HRED V NON-OWNE					12:01 AM	12.017.00	PROPERTY DAMAGE (Per accident)			
		UMBRELLA LIAB # OCCUR							EACH OCCURRENCE				
		EXCESS LIAB # CLAIMS-MADE							AGGREGATE				
		DED RE	ETENTIO	N									
	AND	RKERS COMPENS	ABILITY	Y/N						PER STATUTE OTHER	\square		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N / A					E.L. EACH ACCIDENT	──			
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below										<u> </u>		
						02/04/2024	02/01/2025	E.L. DISEASE – POLICY LIMIT Excess Medical	\$250	000			
В	B PARTICIPANT ACCIDENT AID0003450195202						AID0003450195202	12:01 AM	12:01 AM	AD&D	\$ 15		
DESC	PIP			CATIONS / VEHICLE	S (ACC	10 19	1, Additional Remarks Sch	edule, may be attac	hed if more snace		φισ	,,000	
					•					. ,			
		AL INSURED: AN'			OR EN	TITY W	HO IS ENGAGED IN PROV	DING THE PREMIS	ES, IS A SPONSOR	R OR CO-PROMOTER, BUT SOLEL	YWITH	I RESPECT TO	
SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE													
CERTIFICATE HOLDER CANCELLATION													
	Evidence of Coverage								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					
									Scott hundred				
								1					