


Certificate of General Liability Insurance		DATE (MM/DD/YYYY) 11/25/2025
PRODUCER Phone: (800) 747-9573 Fax: (303) 422-1276 <b>The Camp Team</b> 9035 Wadsworth Pkwy., Suite 3820 Westminster, CO 80021		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
		INSURERS AFFORDING COVERAGE
INSURED Sports and Recreation Providers Assoc. (purchasing group) and its members. <b>Thunder Baseball League, Inc. DBA CBPA Indoor Facility</b> 4201 W 105 <sup>th</sup> Way Westminster, CO 80031		NAIC #
		INSURER A: Sirius Point Ins Co.. 38776
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	PLH01GL00005279	01/01/2026	01/01/2027	EACH OCCURRENCE \$ 1,000,000
	X	COMMERCIAL GENERAL LIABILITY				DAMAGE TO PREMISES \$ 300,000
		CLAIMS MADE X OCCUR				RENTED \$ 5,000
	X	INC ATHLETIC PARTICIPANTS				MED. EXP (Any one person) \$ 1,000,000
						PERSONAL & ADV INJURY \$ 3,000,000
						GENERAL AGGREGATE \$ 1,000,000
						PRODUCTS-COMP/OP AGG. \$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		ANY AUTO				
		ALL OWNED AUTOS				BODILY INJURY (Per person) \$
		SCHEDULED AUTOS				
		HIRED AUTOS				BODILY INJURY (Per accident) \$
		NON-OWNED AUTOS				
						PROPERTY DAMAGE (Per accident) \$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
		OCCUR CLAIMS MADE				AGGREGATE \$
						\$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
A		OTHER: Sexual Abuse & Molestation	PLH01GL00005279	01/01/2026	01/01/2027	EACH OCCURRENCE \$ 25,000 GENERAL AGGREGATE \$ 100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS
Sports Facility / Baseball / Softball
Additional Insured(s): Certificate holder(s) are/is added as additional insured in regards to the operations of the insured.

CERTIFICATE HOLDER	CANCELLATION
CABA – Colorado Amateur Baseball Association 6657 W Ottawa Ave., A-11 Littleton, CO 80128	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  Harold Leid