

## CERTIFICATE OF LIABILITY INSURANCE

01/01/2025

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 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							
	SportsInsurance.com	PHONE (A/C, No, Ext):	1-866-889-4763	FAX (A/C No):			
	P.O. Box 1155,	E-MAIL ADDRESS: info@sportsinsurance.com					
	Lake Placid, NY, 12946	PRODUCER CUSTOMER ID :					
	24.6 1 14.514, 11.7, 12.6 10		INSURER(S) AFFORDING COVERAGE		NAIC#		
	Sports Marketing Program Management Inc.	INSURER A: To	16543				
	Thunder Baseball League, Inc.	INSURER B:					
	4201 W 105th Way	INSURER C:					
	Westminster, CO, 80031	INSURER D :					
	770001111101017, 000, 00001	INSURER E :					
		INSURER F:					

## COVERAGES CERTIFICATE NUMBER: A-FC-SI-24-11-02-323726 328324 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.

		MS, EXCLUSIONS	AND CO	NOITION	NS OF SU	UCH POLI			OWN MAY HAVE BEEN REDUCED BY PAIL	D CLAIMS.			
INSR LTR	INSR LTR TYPE OF INSURANCE						ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MIM/DD/YYYY)	LIMITS	
Α	GEN	GENERAL LIABILITY					Υ	Ν	BESGLPTNV011301 170012 02	, ,	01/01/2026	EACH OCCURRENCE	\$ 1,000,000.00
_	X				ļ	IN	B20021 1111011_110012_02	0110112020	0 1/0 1/2020	FIRE DAMAGE TO PREMISES RENTED (Any one premises)	\$ 300,000.00		
		CLAIMS-MADE X OCCUR		CCUR						MED EXP (any one person)	\$ 5,000.00		
	X INCLUDES ATHLETIC PARTICIPANTS			ANTS						PERSONAL & ADV INJURY	\$ 1,000,000.00		
									GENERAL AGGREGATE	\$ 3,000,000.00			
	GENERAL AGGREGATE LIMIT APPLIES PER:			S PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00		
			LOC							\$			
	ANY AUTO HIRED AUTOS			os						COMBINED SINGLE LIMIT (Ea accident)	\$		
		ALL OWNED		NON-	-OWNE	D AUTO						BODILY INJURY (Per person)	\$
		AUTOS										BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS										PROPERTY DAMAGE (Per accident)	\$
		UMBRELLA LIA	В		OCCUR							EACH OCCURRENCE	\$
					JLAIMS	S-MADE						AGGREGATE	\$
		DEDUCTIBLE	•										\$
		RETENTION	\$										\$
	AND	KERS COMPENSAT EMPLOYERS' LIABIL	JΤΥ			Y/N						WC STATU- OTH- TORY LIMITS ER	
	OFFICERMENDER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A					E.L. EACH ACCIDENT	\$				
	SPE	CIAL PROVISIO	NS bel	ow								E.L. DISEASE - EA EMPLOYEE	\$
												E.L. DISEASE - POLICY LIMIT	\$
A A		<b>IER</b> se/Molestatior al online train		aching	g/instru	iction	Y	ZZ	BESGLPTNV011301_170012_02 BESGLPTNV011301_170012_02	01/01/2025 01/01/2025	01/01/2026 01/01/2026	Each Occurrence: \$ 1,000,000.00 Under the GL Limits	Aggregate: \$ 1,000,000.00

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

Liability Policy Deductible: \$ 0.00 per each bodily injury or property damage claim. ISO Occurrence form CG 00 01 04 13 and company's specific forms. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. The certificate holder is named as Additional Insured with respect to negligent acts or omissions of the Named Insured and only with respect to the Operations of the Insured during the coverage period. RE: Registered Baseball participants: 01/01/2025 - 01/01/2026 (continued on next page)

## 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

The Si Pero

Mark Di Perno

AGENCY		NAMED INSURED			
SportsInsurance.com		Thunder Baseball League, Inc.			
POLICY NUMBER		4201 W 105th Way Westminster,			
BESGLPTNV011301_170012_02					
CARRIER	NAIC CODE	CO, 80031			
Texas Insurance Company	16543	<b>EFFECTIVE DATE</b> : 01/01/2025			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance							
	/01/2025 - 01/01/2026; RE: Insured Facilities: Loc1-Colorado Ball Players Academy: 6900 W 117th Ave Unit 500E,Broomfield,CO 80020;						