Certificate of General Liability Insurance

DATE (MM/DD/YYYY): 11/25/2025

PRODUCER Phone: (800) 747-9573 Fax: (303) 422-1276
The Camp Team
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	NAIC #
INSURER A: Sirius Point Ins Co..	38776
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED Sports and Recreation Providers Assoc. (purchasing group) and its members.
Thunder Baseball League, Inc. DBA CBPA Indoor Facility
4201 W 105th Way
Westminster, CO 80031

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	ADD'L 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 RENTED	$ 300,000
		CLAIMS MADE X OCCUR				MED. EXP (Any one person)	$ 5,000
		X INC ATHLETIC PARTICIPANTS				PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 3,000,000
						PRODUCTS-COMP/OP AGG.	$ 1,000,000
		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

USA Softball
2018 W 115th Ave.
Westminster, CO 80031

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.

AUTHORIZED REPRESENTATIVE

Harold Leid

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