

## 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		CONTACT NAME:				
	SportsInsurance.com	PHONE (A/C, No, Ext):	1-866-889-4763	FAX (A/C No):		
	D O D. 4455	E-MAIL ADDRESS: info@sportsinsurance.com				
	P.O. Box 1155,	PRODUCER				
	Lake Placid, NY, 12946	CUSTOMER ID _:				
			INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED	Sports Marketing Program Management Inc.	INSURER A: To	exas Insurance Company		16543	
	Thunder Baseball League, Inc.	INSURER B :				
	4204 W 405th Way	INSURER C: INSURER D:				
	4201 W 105th Way Westminster, CO, 80031					
	1700ammotor, 00, 00001	INSURER E :				
		INSURER F:				

## COVERAGES CERTIFICATE NUMBER: A-FC-SI-24-11-02-323726 328319

## **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						SUBR			POLICY EXP (MIM/DD/YYYY)	LIMITS		
		GENERAL LIABILITY			Υ	N	BESGLPTNV011301 170012 02	'	01/01/2026	EACH OCCURRENCE	\$ 1,000,000.00		
A	X	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		ľ	IN	BESSEF 111/01/1301_1/00/12_02	01/01/2023	01/01/2020	FIRE DAMAGE TO PREMISES RENTED (Any one premises)	\$ 300,000.00			
				OCCUR						MED EXP (any one person)	\$ 5,000.00		
	X	INCLUDES	ATHLE	ETIC P	ARTI	CIPANTS						PERSONAL & ADV INJURY	\$ 1,000,000.00
	-	_										GENERAL AGGREGATE	\$ 3,000,000.00
	GE	NERAL AGGR	EGATE	LIMIT	APPL	LIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
	X	POLICY	PI	ROJEC	т [	LOC							\$
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO		HIR	ED A	UTOS						(La accident)	•
		ALL OWNED AUTOS		NON	I-OV	VNED AUTO	)ŧ					BODILY INJURY (Per person)	\$
				4								BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS										PROPERTY DAMAGE (Per accident)	\$
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE				
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
		DEDUCTIBLE								\$			
		RETENTION \$								\$			
		KERS COMPENSA EMPLOYERS' LIAE										WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			N/A					E.L. EACH ACCIDENT	\$			
	SPECIAL PROVISIONS below							E.L. DISEASE - EA EMPLOYEE	\$				
												E.L. DISEASE - POLICY LIMIT	\$
A A		IER se/Molestatio al online trai		oachin	g/ins	struction	Y	N N	BESGLPTNV011301_170012_02 BESGLPTNV011301_170012_02		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)

Gameday, Inc. 540 Sapphire, Suite 100 Castle Rock, CO, 80108

## 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

The Si Person

Mark Di Perno

AGENCY		NAMED INSURED			
SportsInsurance.com	Thunder Baseball League, Inc.				
POLICY NUMBER	4201 W 105th Way				
BESGLPTNV011301_170012_02		Westminster,			
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;					