1	CORD CERT	ΊF	ICA	TE OF LIABI	LITY IN	SURA	NCE	DAT	e (MM/DD/YYYY) 01/01/2024	
E	CHIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL URA	Y OR	NEGATIVELY AMEND	, EXTEND OR	ALTER T	HE COVERAGE AFFORD	ED BY TH	OLDER. THIS HE POLICIES	
t	MPORTANT: If the certificate holder he terms and conditions of the polic he certificate holder in lieu of such er	y, ce	ertain	policies may require ar	policy(ies) mu n endorsement	ust be end . A statem	orsed. If SUBROGATION ent on this certificate do	IS WAIVE es not co	D, subject to nfer rights to	
PRC	DUCER				CONTACT NAME:					
	SportsInsurance.com				PHONE 1 966 990 4763 FAX					
				E-MAIL info @ on orthology and a company and a						
	P.O. Box 1155,			PRODUCER						
	Lake Placid, NY, 12946				CUSTOMER ID _:					
INC	JRED Sports Marketing Program Management Inc.			INSURER(S) AFFORDING COVERAGE NAIC #						
11130	Thunder Baseball League, Inc.							16890		
	munder Baseban League, me.			INSURER B :						
	4201 W 105th Way			INSURER C :						
	Westminster, CO, 80031			INSURER D :						
				INSURER E :						
					INSURER F :					
cov	/ERAGES CER	TIFIC	CATE	NUMBER: A-FC-SI-23-1	1-06-290452		REVISION NUMBE	R:		
т	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE	LISTE	D BELOW	HAVE BEEN ISSUED TO THE INSU	JRED NAMED ABOVE	FOR THE POLIC	Y PERIOD INDICATED. NOTWITHSTANE	ING ANY REQ	UIREMENT, TERM OR	
	ONDITION OF ANY CONTRACT OR OTHER DOCUMENT WI					AIN, THE INSUR	ANCE AFFORDED BY THE POLICIES DES	CRIBED HERE	IN IS SUBJECT TO ALL	
	HE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POL			OWN MAY HAVE BEEN REDUCED B		POLICY EXP				
INSR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MIMDDYYYY)	POLICY EXP (MIWDD/YYYY)			00.00	
A		Y	Ν	S0019GL000001-03	01/01/2024	01/01/2025	EACH OCCURRENCE DAMAGE TO PREMISES	\$ 1,000,0	00.00	
	X COMMERICAL GENERAL LIABILITY						RENTED (Any one premises)	\$ 300,00	0.00	
	CLAIMS-MADE X OCCUR						MED EXP (any one person)	\$ 5,000.0	0	
	X INCLUDES ATHLETIC PARTICIPANTS						PERSONAL & ADV INJURY	\$ 1,000,0	00.00	
							GENERAL AGGREGATE	\$ 3,000,0	00.00	
	GENERAL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,0	00.00	
		;						\$		
							COMBINED SINGLE LIMIT			
	ANY AUTO HIRED AUTOS						(Ea accident)	\$		
	ALL OWNED NON-OWNED AUTO	DE					BODILY INJURY (Per person)	s		
	AUTOS						BODILY INJURY (Per accident)	\$		
	SCHEDULED						PROPERTY DAMAGE	\$		
	AUTOS						(Per accident)	Ψ		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE							\$		
		-					AGGREGATE	\$		
	DEDUCTIBLE							\$		
	RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER			
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
	If yes, describe under									
	SPECIAL PROVISIONS below						E.L. DISEASE - EA EMPLOYEE	\$		
	OTHER						E.L. DISEASE - POLICY LIMIT	\$		
A A	Abuse/Molestation Virtual online training/coaching/instruction	Y Y	N N	S0019GL000001-03 S0019GL000001-03	01/01/2024 01/01/2024	01/01/2025 01/01/2025	Each Occurrence: \$ 1,000,000.00 Under the GL Limits	Aggregate:	\$ 1,000,000.00	
	ESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	-S (Attac	h ACORD 101 Additional Remai	rks Schedule, if more	snace is requi	red)			
L	iability Policy Deductible: \$ 0.00 per each bodily inju very participant signs a waiver/release. The certifica isured during the coverage period. RE: Registered	ry or p te hold	roperty d ler is nan	amage claim. ISO Occurrence fo ned as Additional Insured with res	orm CG 00 01 04 13 a spect to negligent ac	and company's ts or omissions	specific forms. Coverage for Particip	•	• •	
CEF	RTIFICATE HOLDER			CANCELLATION						
CAI 665	CABA - Colorado Amateur Baseball Association 6657 W Ottawa Ave A-11					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Littl	eton , CO, 80128			AUTHORIZED REPR	AUTHORIZED REPRESENTATIVE					
1					Jan J.					
1					1 - Jan).	1 here	Mark [Di Perno		

AGENCY		NAMED INSURED				
SportsInsurance.com		Thunder Baseball League, Inc.				
POLICY NUMBER		4201 W 105th Way Westminster,				
S0019GL000001-03						
CARRIER	NAIC CODE	CO, 80031				
Accelerant Specialty Insurance Company	16890	EFFECTIVE DATE: 01/01/2024				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Registered Softball participants: 01/01/2024 - 01/01/2025; RE: Insured Facilities: Loc1-Colorado Ball Players Academy: 6900 W 117th Ave Unit 500E, Broomfield, CO 80020;