



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2024

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 P.O. Box 1155, Lake Placid, NY, 12946	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">CONTACT NAME:</td></tr> <tr> <td style="width: 70%;">PHONE (A/C, No, Ext): 1-866-889-4763</td> <td style="width: 30%;">FAX (A/C No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: info@sportsinsurance.com</td> </tr> <tr> <td colspan="2">PRODUCER CUSTOMER ID :</td> </tr> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : Accelerant Specialty Insurance Company</td> <td style="text-align: center;">16890</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext): 1-866-889-4763	FAX (A/C No):	E-MAIL ADDRESS: info@sportsinsurance.com		PRODUCER CUSTOMER ID :		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Accelerant Specialty Insurance Company	16890	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED Sports Marketing Program Management Inc. Thunder Baseball League, Inc. 4201 W 105th Way Westminster, CO, 80031																							

COVERAGES **CERTIFICATE NUMBER:** A-FC-SI-23-11-06-290452 **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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS																
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	N	S0019GL000001-03	01/01/2024	01/01/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> <tr><td>DAMAGE TO PREMISES RENTED (Any one premises)</td><td style="text-align: right;">\$ 300,000.00</td></tr> <tr><td>MED EXP (any one person)</td><td style="text-align: right;">\$ 5,000.00</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 3,000,000.00</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000.00</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000.00	DAMAGE TO PREMISES RENTED (Any one premises)	\$ 300,000.00	MED EXP (any one person)	\$ 5,000.00	PERSONAL & ADV INJURY	\$ 1,000,000.00	GENERAL AGGREGATE	\$ 3,000,000.00	PRODUCTS - COMP/OP AGG	\$ 2,000,000.00		\$		
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below		N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="width: 10%; text-align: center;">WC STATU-TORY LIMITS</td> <td style="width: 10%; text-align: center;">OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>		WC STATU-TORY LIMITS	OTH-ER		E.L. EACH ACCIDENT			\$	E.L. DISEASE - EA EMPLOYEE			\$	E.L. DISEASE - POLICY LIMIT			\$
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A	OTHER Abuse/Molestation Virtual online training/coaching/instruction	Y	N	S0019GL000001-03	01/01/2024	01/01/2025	Each Occurrence: \$ 1,000,000.00 Aggregate: \$ 1,000,000.00 Under the GL Limits																
A		Y	N	S0019GL000001-03	01/01/2024	01/01/2025																	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Liability Policy Deductible: \$0.00 Deductible for Bodily Injury and \$ 1000.00 per 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 (continued on next page)

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

Mark Di Perno

AGENCY SportsInsurance.com		NAMED INSURED Thunder Baseball League, Inc.	
POLICY NUMBER S0019GL000001-03		4201 W 105th Way Westminster, CO, 80031	
CARRIER Accelerant Specialty Insurance Company	NAIC CODE 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**

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: 01/01/2024 - 01/01/2025; 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;