A	CORD CERT	IFI		TE OF LIABIL	LITY INS	URAN	CE	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).									
PRC	DUCER	. ,		CONTACT NAME:					
5	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_:				
						INSURER(S) AFFORDING COVERAGE NAIC #			
INSURED Sports Marketing Program Management Inc. Thunder Baseball League, Inc.								16890	
						INSURER B :			
4	4201 W 105th Way					INSURER C :			
V	Vestminster, CO, 80031			-	INSURER E :				
				-	INSURER F :				
cov	ERAGES CER	TIFIC		NUMBER: A-FC-SI-23-11-	06-290452 REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LI								
	F ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC (CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS					JRANCE AFFORDE	D BY THE POLICIES DESCRIBED HEREIN	IS SUBJECT TO ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MIM/DD/YYYY)	LIMIT	s	
А	GENERAL LIABILITY	N	N	S0019GL000001-03	01/01/2024	01/01/2025	EACH OCCURRENCE	\$ 1,000,000.00	
	X COMMERICAL GENERAL LIABILITY						DAMAGE TO PREMISES RENTED (Any one premises)	\$ 300,000.00	
	CLAIMS-MADE X OCCUR						MED EXP (any one person)	\$ 5,000.00	
							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000.00 \$ 3,000,000.00	
	GENERAL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00	
								\$	
							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO HIRED AUTOS						BODILY INJURY (Per person)	\$	
	ALL OWNED NON-OWNED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUR							\$	
	EXCESS LIAB CLAIMS-MADE	-					EACH OCCURRENCE AGGREGATE	s	
	DEDUCTIBLE	-						\$	
	RETENTION \$							\$	
							WC STATU- OTH- TORY LIMITS ER		
1	ANY PROPRIETOR/PARTNER/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	\$	
	OTHER						E.L. DISEASE - POLICY LIMIT	\$	
A A	Abuse/Molestation Virtual online training/coaching/instruction	N N	N N	S0019GL000001-03 S0019GL000001-03	01/01/2024 01/01/2024		Each Occurrence: \$ 1,000,000.00 Under the GL Limits	Aggregate: \$ 1,000,000.00	
Liab	CRIPTION OF OPERATIONS / LOCATIONS / VEH lity Policy Deductible: \$\$0.00 Deductible for Bodily I lity requires that every participant signs a waiver/rele	njury a	and \$ 100	00.00 per Property Damage Claim.	ISO Occurrence form	n CG 00 01 04 13	and company's specific forms. Cove		
CERTIFICATE HOLDER CANCELLATION									
	⁻ hunder Baseball League, Inc.			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	201 W 105th Way			AUTHORIZED REPRESENTATIVE					
	Vestminster, CO, 80031			Mark Di Perno					

AGENCY CUSTOMER ID: A-FC-SI-23-11-06-290452

LOC#



ADDITIONAL REMARKS SCHEDULE Page 1 of 1

AGENCY		NAMED INSURED		
SportsInsurance.com		Thunder Baseball League, Inc.		
POLICY NUMBER				
S0019GL000001-03		4201 W 105th Way Westminster, CO, 80031		
CARRIER	NAIC CODE	Westminster, CO, 60051		
Accelerant Specialty Insurance Company 16890		EFFECTIVE DATE: 01/01/2024		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,FORM NUMBER:25FORM TITLE:Certificate of Liability Insurance

RE: Insured Facilities: Loc1-Colorado Ball Players Academy: 6900 W 117th Ave Unit 500E, Broomfield, CO 80020;