

CERTIFICATE OF LIABILITY INSURANCE

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).

		CONTACT NAME:			
	SportsInsurance.com	PHONE (A/C, No, Ext):	1-866-889-4763	FAX (A/C No):	-
	P.O. Box 1155,	E-MAIL ADDRESS: PRODUCER CUSTOMERID:	info@sportsinsurance.com		
	Lake Placid, NY, 12946	OOSTOMERIE.	INSURER(S) AFFORDING COVERAGE		NAIC#
INSURED	Sports Marketing Program Management Inc.	INSURER A: Accelerant Specialty Insurance Company			16890
	Thunder Baseball League, Inc.	INSURER B:			
	4201 W 105th Way	INSURER C:			
	Westminster, CO, 80031	INSURER D:			
	Westminster, 66, 66661	INSURER E :			
		INSURER F:			
		INSURER F:			

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.

		MS, EXCLUSIONS	AND CC	NOITION	S OF SUCH PO			IOWN MAY HAVE BEEN REDUCED BY PA	ID CLAIMS.			
INSR LTR	NSR TYPE OF INSURANCE					ADDL	SUBR	POLICY NUMBER	POLICY EFF (MIWDDYYYYY)	POLICY EXP (MIM/DD/YYYY)	LIMITS	
A	GEN	GENERAL LIABILITY				Y	N	S0019GL000001-03	01/01/2024	01/01/2025	EACH OCCURRENCE	\$ 1,000,000.00
	X COMMERICAL GENERAL LIABILITY					ľ	IN	G0013GE000001-03	01/01/2024	01/01/2023	DAMAGE TO PREMISES RENTED (Any one premises)	\$ 300,000.00
	CLAIMS-MADE X OCCUR										MED EXP (any one person)	\$ 5,000.00
	X	X INCLUDES ATHLETIC PARTICIPANTS									PERSONAL & ADV INJURY	\$ 1,000,000.00
									GENERAL AGGREGATE	\$ 3,000,000.00		
	GENERAL AGGREGATE LIMIT APPLIES PER:									PRODUCTS - COMP/OP AGG	\$ 2,000,000.00	
	×	POLICY	PR	ROJECT	LO							\$
	ANY AUTO HIRED AUTOS									COMBINED SINGLE LIMIT (Ea accident)	\$	
		ALL OWNED		NON-0	OWNED AUT	0					BODILY INJURY (Per person)	\$
		AUTOS]							BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS									PROPERTY DAMAGE (Per accident)	\$
		UMBRELLA LIA	AΒ		CCUR						EACH OCCURRENCE	\$
	CLAIMS-MADE		-					AGGREGATE	\$			
	DEDUCTIBLE									\$		
		RETENTION \$									\$	
	AND	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY								WC STATU- OTH- TORY LIMITS ER		
OFFICERMENBER EXCLUDED? (Mandatory in NH) If yes, describe under				N / A	L				E.L. EACH ACCIDENT	\$		
SPECIAL PROVISIONS below								E.L. DISEASE - EA EMPLOYEE	\$			
										E.L. DISEASE - POLICY LIMIT	\$	
A A						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

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: 01/01/2024 - 01/01/2025 (continued on next page)

CERTIFICATE HOLDER	CANCELLATION
Gameday Inc	

540 Sapphire, Suite 100 Castle Rock, CO, 80108 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 Perso

Mark Di Perno

AGENCY	NAMED INSURED				
SportsInsurance.com		Thunder Baseball League, Inc.			
POLICY NUMBER	4201 W 105th Way				
S0019GL000001-03		Westminster,			
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								
egistered 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;								