



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/11/2017

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 RPS Bollinger Sports & Leisure 150 JFK Parkway Short Hills, NJ 07078-5000	CONTACT NAME:	
	PHONE (A/C. No. Ext): 800-446-5311	FAX (A/C. No.): 973-921-2876
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED USA Softball Holmdel SB Club Holmes and McDowell, Inc. P. O. Box 348 Holmdel, NJ 07733	INSURER A: MARKEL INSURANCE COMPANY	38970
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

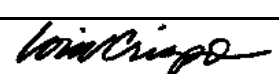
COVERAGES **POLICY CHANGE NUMBER** xLG201754938 **REVISION NUMBER:**

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 (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		3602AH230069	*SEE ATTACHED	01/01/18	EACH OCCURRENCE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.						MED EXP (Any one person)	\$10,000**
	<input checked="" type="checkbox"/> Incl. Participants						PERSONAL & ADV INJURY	\$2,000,000
	GEN'L. AGGREGATE LIMIT APPLIES PER:			**Non-participants only			GENERAL AGGREGATE	\$5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC			Sexual Abuse Molestation Liab per occurrence:	\$2,000,000		PRODUCTS - COMP/OP AGG	\$2,000,000
				Sexual Abuse Molestation Aggregate Limit:	\$2,000,000			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS							
	<input type="checkbox"/> NON-OWNED AUTOS							
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	
	EXCESS LIAB <input type="checkbox"/> CLAIMS MADE						AGGREGATE	
	DED <input type="checkbox"/> RETENTION \$							
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

COVERAGE UNDER THIS POLICY SHALL APPLY TO LIABILITY OF THE INSURED TEAM/LEAGUE ON THE ATTACHED LISTING ARISING OUT OF THE ADMINISTRATION, PLAY OR PRACTICE OF AMATEUR SOFTBALL/BASEBALL, BUT ONLY FOR INCIDENTS INVOLVING BODILY INJURY, PERSONAL INJURY OR PROPERTY DAMAGE. THE CERTIFICATE HOLDER BELOW IS NAMED AS AN ADDITIONAL INSURED TO THIS POLICY. THERE IS NO ACCIDENT INSURANCE FOR PARTICIPANTS UNDER THIS PLAN.

CERTIFICATE HOLDER	CANCELLATION
AT&T	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 

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Team Listing

Insured:

Holmdel SB Club
Holmes and McDowell, Inc.
P. O. Box 348
Holmdel, NJ 07733

Policy #: 3602AH230069

Policy Change #: xLG201754938

Policy Effective Date: See Below

Policy Expiration Date: 1/1/2018

Teams with Package (Liability & Accident)**Covered Teams**

<u>EFFECTIVE DATE / TEAM NAME</u>	<u>EFFECTIVE DATE / TEAM NAME</u>	<u>EFFECTIVE DATE / TEAM NAME</u>
04/12/2017 Black Bears	04/12/2017 Golden Nuggets	04/12/2017 High Fliers
04/12/2017 Hot Dogs	04/12/2017 Urban Outlaws	04/12/2017 Kay Honda
04/12/2017 Bilkays Bombers	04/12/2017 The Outsiders	04/12/2017 Yannigans
04/12/2017 Hebrew Nationals	04/12/2017 New D Team	04/12/2017 Screaming Chicks
04/12/2017 Stray Macs	04/12/2017 Flying Pigs	04/12/2017 Schwing & a Miss
04/12/2017 Swingers	04/12/2017 Those Guys	