

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 G. S. NEWBORN & ASSOCIATES, INC. PO BOX 2507 FLEMINGTON, NJ 08822 IN CALIFORNIA: G.S. NEWBORN INSURANCE SERVICES LICENSE # 0122566 | CONTACT NAME: Gary Newborn | |
| | PHONE (A/C, No. Ext): 800-821-6802 | FAX (A/C, No): 908-788-9371 |
| | E-MAIL ADDRESS: gary@newborninsurance.com | |
| | PRODUCER CUSTOMER ID #: | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Premier Girls Fastpitch, Inc. Enrolled Member Teams or Umpires Monarchs 16U Gold, Western 16U (Anthony Ganino) 1848 Forest Drive Azusa, CA 91702 | INSURER A: HDI GLOBAL SPECIALTY SE | NAIC # AA-1340041 |
| | INSURER B: UNITED STATES FIRE INSURANCE CO | 21113 |
| | INSURER C: | |
| | INSURER D: | |
| | | |

COVERAGES

CERTIFICATE NUMBER:

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 | | | 18LB3360 | 09/01/2021 12:01 AM | 09/01/2022 12:01 AM | EACH OCCURRENCE | \$2,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) | N/A |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$5,000,000 |
| | | | | | | | PRODUCTS-COMP/OP AGG | \$1,000,000 |
| | | | | | | | PARTICIPANT LEGAL LIABILITY | \$1,000,000 |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | | |
| | 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"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | |
| | <input type="checkbox"/> HIRED AUTOS | | | | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | EACH OCCURRENCE | |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE | |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | | | |
| | <input type="checkbox"/> RETENTION | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | <input type="checkbox"/> Y / N | N / A | | | | WC STATU-TORY LIMITS | OTHER |
| | ANY PROPRIETORSHIP/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | |
| | | | | | | | | |
| B | PARTICIPANT ACCIDENT | | | US1557593 | 09/01/2021 12:01 AM | 09/01/2022 12:01 AM | EXCESS MEDICAL LIMIT DEDUCTIBLE: | \$100,000 \$2,500 |
| | | | | | | | | |

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

COVERAGE IS EFFECTIVE AS OF DATE OF CERTIFICATE

SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF COVERAGE

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

Gary Newborn