

DATE (MM/DD/YYYY) 10/31/2023

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.

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TO E Browned Blvd. Suite 1700 Fort Lauderdake, PL 93391 Fort Lauderda						CONTA NAME:	ст Kandace	e Kalin				
For Lauderdale, FL 33301 RESIDENCY PROPRIESS TO GROCES portains urance corresponds on the product of the produ		•				PHONE	Fyt): 1-855-	351-0202	FAX (A/C, No	n: 1-85	5-984-2379	
Majesta Maje		· · · · · · · · · · · · · · · · · · ·				E-MAIL	:	sportsinsurar		,-		
RESURER A: Certain Underwriters at Lloyd's of London AA-1120157								URER(S) AFFOR	RDING COVERAGE		NAIC #	
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AUTHORIZED REPRESENTATIVE	195	51 Pony Place / P.O. Box 255				THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL			
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Entity (Additional Insured):

Pony Baseball/Softball, Inc. 1951 Pony Place / P.O. Box 255 Washington, PA 15301

Name of Insured: La Canada Baseball Softball Association

- A. Section II Who Is An Insured is amended to include as an additional insured the person or entity shown in the Schedule, but only with respect to liability arising in that part of the designated premises leased, licensed, or otherwise available to you and subject to the following additional exclusions:
 - This insurance does not apply to any loss, claim, "suit", cost, expense or liability for damages directly or indirectly based on, attributable to, arising out of, involving, resulting from, or in any way related to:
 - a. Any "occurrence" which takes place prior to your occupancy or after you cease to be a tenant in that premises or;
 - b. Structural conditions, alterations, construction, demolition, maintenance or other operations performed by or on behalf of the person or entity shown in the Schedule.
 - 2. Coverage (including defense) is provided only to the extent that liability is created for an additional insured by the negligent acts, errors, or omissions of the Named Insured. If liability for injury or damage is imposed or sought to be imposed on any additional Insured because of the acts, errors, or omissions of any additional insured or any person or entity under the direction or control

of any additional insured, this insurance does not apply.

Coverage for an additional insured under this endorsement shall be excess. Any other insurance the additional insured has shall be primary with respect to this insurance.

Except as provided herein, all other terms, conditions, provisions, exclusions, and endorsements of this policy remain the same and applicable.

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DATE (MM/DD/YYYY) 10/31/2023

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	DUCER				CONTAC NAME:	ст Kandace	Kalin					
ı	Sports Insurance E Broward Blvd, Suite 1700				PHONE (A/C, No	o, Ext): 1-000-	351-0202	FAX (A/C, No):	1-855	5-984-2379		
ı	t Lauderdale, FL 33301				E-MAIL ADDRES	ss: info@o2	sportsinsuran					
							URER(S) AFFOR	RDING COVERAGE		NAIC#		
					INSURE	RA: Certain	Underwriters	at Lloyd's of London		AA-1120157		
INSU					INSURE	RB: QBE Ins	surance Corp	oration		39217		
	Canada Baseball Softball Association 9 Crown Ave.				INSURE	R C :						
	Canada, CA 91011				INSURE	R D :						
					INSURE	INSURER E :						
ΑN	lember of O2 Program Management Inc	., Ath	ıletic /	Association	INSURE	INSURER F:						
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:				
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INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 }			
<u> </u>	COMMERCIAL GENERAL LIABILITY	INSD	WVD	T OLIO I NOMBLIX		(MIM/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE		\$1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$300,000		
	, , , , , , , , , , , , , , , , , , , ,					10/29/2023	10/29/2024	MED EXP (Any one person)		T ,		
Α		Υ		220B6410-778		10/29/2023 12:00 AM	10/29/2024 11:59 PM	PERSONAL & ADV INJURY		\$1,000,000		
•	GEN'L AGGREGATE LIMIT APPLIES PER:	ļ .				12.00		GENERAL AGGREGATE		\$3,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$1,000,000		
	OTHER:							PARTICIPANT LEGAL LIAB.		\$1,000,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)				
	ANY AUTO							BODILY INJURY (Per person)				
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)				
	EXCLUDING HAWAII							(i oi doordon)				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE				
	DED RETENTION \$											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT				
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
	Excess Accident Medical			JAH000584		10/29/2023 12:00 AM	10/29/2024 11:59 PM	Benefit Maximum		\$100,000		
В	I	Υ				12.00 AW	11.59 FW	Deductible Per Claim		\$250		
The Leg	exprision of operations / Locations / VEHICI certificate holder is added as an additional Liability to Participants (LLP) limit as ort(s): Baseball (Association), Softball (Lual Abuse or Sexual Molestation Liability	onal ii a per eagu	nsured occur e and	ed, but only for liability caus urrence limit. Claims by athl d/or Club)	ed, in w letic par	whole or in par rticipants are	rt, by the acts included.	or omissions of the name	d insu	ed.		
CEI	RTIFICATE HOLDER				CANC	CELLATION						
201	ional Championship Sports 1 E. Lamar Blvd, Suite 120 ngton, TX 76006				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		-		
						RIZED REPRESEI						
I					Kandace Kalin							

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Entity (Additional Insured):

National Championship Sports 2011 E. Lamar Blvd, Suite 120 Arlington, TX 76006

Name of Insured: La Canada Baseball Softball Association

- A. Section II Who Is An Insured is amended to include as an additional insured the person or entity shown in the Schedule, but only with respect to liability arising in that part of the designated premises leased, licensed, or otherwise available to you and subject to the following additional exclusions:
 - This insurance does not apply to any loss, claim, "suit", cost, expense or liability for damages directly or indirectly based on, attributable to, arising out of, involving, resulting from, or in any way related to:
 - a. Any "occurrence" which takes place prior to your occupancy or after you cease to be a tenant in that premises or;
 - b. Structural conditions, alterations, construction, demolition, maintenance or other operations performed by or on behalf of the person or entity shown in the Schedule.
 - 2. Coverage (including defense) is provided only to the extent that liability is created for an additional insured by the negligent acts, errors, or omissions of the Named Insured. If liability for injury or damage is imposed or sought to be imposed on any additional Insured because of the acts, errors, or omissions of any additional insured or any person or entity under the direction or control

of any additional insured, this insurance does not apply.

Coverage for an additional insured under this endorsement shall be excess. Any other insurance the additional insured has shall be primary with respect to this insurance.

Except as provided herein, all other terms, conditions, provisions, exclusions, and endorsements of this policy remain the same and applicable.

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	DUCER				CONTA NAME:	ст Kandace	Kalin					
	Sports Insurance				PHONE (A/C, No	1-855-	351-0202	FAX (A/C, No):	1-855	-984-2379		
	DE Broward Blvd, Suite 1700 rt Lauderdale, FL 33301				E-MAIL ADDRE	:	sportsinsurar					
							URER(S) AFFOR	DING COVERAGE		NAIC#		
					INSURE			at Lloyd's of London		AA-1120157		
	IRED				INSURE	RB: QBE Ins	surance Corp	oration		39217		
	Canada Baseball Softball Association 19 Crown Ave.				INSURE	RC:						
	Canada, CA 91011				INSURER D :							
					INSURE	RE:						
A۱	Member of O2 Program Management Inc	., Ath	nletic	Association	INSURE	RF:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPEC	OT T	WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3			
	COMMERCIAL GENERAL LIABILITY					,	,,	EACH OCCURRENCE		\$1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$300,000		
						10/29/2023	10/29/2024	MED EXP (Any one person)				
Α		Υ		220B6410-778		12:00 AM	11:59 PM	PERSONAL & ADV INJURY		\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$3,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$1,000,000		
	OTHER:							PARTICIPANT LEGAL LIAB.		\$1,000,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)				
	ANY AUTO							BODILY INJURY (Per person)				
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)				
	EXCLUDING HAWAII							,				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE				
	DED RETENTION \$											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT				
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
	Excess Accident Medical			JAH000584		10/29/2023 12:00 AM	10/29/2024 11:59 PM	Benefit Maximum		\$100,000		
В		Υ				12.00 AW	11.59 FW	Deductible Per Claim		\$250		
The Leg Spo Sez	Deductible Per Claim \$250 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured. Legal Liability to Participants (LLP) limit as a per occurrence limit. Claims by athletic participants are included. Sport(s): Baseball (Association), Softball (League and/or Club) Sexual Abuse or Sexual Molestation Liability - \$1,000,000 each incident (included above) / \$1,000,000 aggregate (included above).											
	RTIFICATE HOLDER				CANO	CELLATION						
P.0	A Softball and Members of USA Softbal D. Box 5028 eanside, CA 92052	l of S	oCal	Indiv. Reg Program	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.				
					AUTHO	RIZED REPRESE	NTATIVE					
					Ka	endace	Kalis	ı				

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Entity (Additional Insured):

USA Softball and Members of USÁ Softball of SoCal Indiv. Rég Program P.O. Box 5028 Oceanside, CA 92052

Name of Insured: La Canada Baseball Softball Association

- A. Section II Who Is An Insured is amended to include as an additional insured the person or entity shown in the Schedule, but only with respect to liability arising in that part of the designated premises leased, licensed, or otherwise available to you and subject to the following additional exclusions:
 - This insurance does not apply to any loss, claim, "suit", cost, expense or liability for damages directly or indirectly based on, attributable to, arising out of, involving, resulting from, or in any way related to:
 - **a.** Any "occurrence" which takes place prior to your occupancy or after you cease to be a tenant in that premises or;
 - b. Structural conditions, alterations, construction, demolition, maintenance or other operations performed by or on behalf of the person or entity shown in the Schedule.
 - 2. Coverage (including defense) is provided only to the extent that liability is created for an additional insured by the negligent acts, errors, or omissions of the Named Insured. If liability for injury or damage is imposed or sought to be imposed on any additional Insured because of the acts, errors, or omissions of any additional insured or any person or entity under the direction or control

of any additional insured, this insurance does not apply.

Coverage for an additional insured under this endorsement shall be excess. Any other insurance the additional insured has shall be primary with respect to this insurance.

Except as provided herein, all other terms, conditions, provisions, exclusions, and endorsements of this policy remain the same and applicable.

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DATE (MM/DD/YYYY) 10/31/2023

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.

	DUCER				CONTA NAME:	ст Kandace	Kalin					
ı	Sports Insurance E Broward Blvd, Suite 1700				PHONE (A/C, No	. Fxt): 1-855-	351-0202	FAX (A/C, No):	1-855	-984-2379		
ı	t Lauderdale, FL 33301				E-MAIL ADDRE	ss: info@o2	sportsinsuran	, , ,				
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#		
					INSURE	RA: Certain	Underwriters	at Lloyd's of London		AA-1120157		
INSU					INSURE	RB: QBE Ins	surance Corp	oration		39217		
	Canada Baseball Softball Association 9 Crown Ave.				INSURE	RC:						
	Canada, CA 91011				INSURE	R D :						
					INSURE	RE:						
ΑN	Member of O2 Program Management Inc.	., Ath	nletic	Association	INSURE	RF:						
				NUMBER:	REVISION NUMBER:							
IN CI	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC HEREIN IS SUBJECT TO	T TO	WHICH THIS		
INSR LTR		POLICY EXP (MM/DD/YYYY)	LIMITS	i								
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MIM/DD/TTTT)	EACH OCCURRENCE		\$1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$300.000		
	SE MING NI SEL PT SOCIA					40/00/0000	40/00/0004	MED EXP (Any one person)		4000,000		
ΙA		Υ		220B6410-778		10/29/2023 12:00 AM	10/29/2024 11:59 PM	PERSONAL & ADV INJURY		\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$3,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$1,000,000		
	OTHER:							PARTICIPANT LEGAL LIAB.		\$1,000,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		¥ 1,000,000		
	ANY AUTO							BODILY INJURY (Per person)				
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)				
	EXCLUDING HAWAII							(Fer accident)				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE				
	DED RETENTION \$											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE TO I	N/A						E.L. EACH ACCIDENT				
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
	Excess Accident Medical			JAH000584		10/29/2023 12:00 AM	10/29/2024 11:59 PM	Benefit Maximum		\$100,000		
В		Y				12.00 AW	11.591 W	Deductible Per Claim		\$250		
The Leg	ceription of operations / Locations / vehicle certificate holder is added as an additional Liability to Participants (LLP) limit as a cort(s): Baseball (Association), Softball (Le	nal ir a per	nsure occu	ed, but only for liability caus irrence limit. Claims by athl	ed, in v	vhole or in pa	rt, by the acts	•	d insu	red.		
	cual Abuse or Sexual Molestation Liability				ed abov	e) / \$1,000,00	00 aggregate	(included above).				
	RTIFICATE HOLDER				CANC	ELLATION						
					CAN	LLLATION						
200	Francis High School) Foothill Blvd. Canada Flintridge, CA 91011				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.				
					AUTHO	RIZED REPRESE	NTATIVE					
					Kandace Kalin							

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Entity (Additional Insured):

St. Francis High School 200 Foothill Blvd. La Canada Flintridge, CA 91011

Name of Insured: La Canada Baseball Softball Association

- A. Section II Who Is An Insured is amended to include as an additional insured the person or entity shown in the Schedule, but only with respect to liability arising in that part of the designated premises leased, licensed, or otherwise available to you and subject to the following additional exclusions:
 - This insurance does not apply to any loss, claim, "suit", cost, expense or liability for damages directly or indirectly based on, attributable to, arising out of, involving, resulting from, or in any way related to:
 - **a.** Any "occurrence" which takes place prior to your occupancy or after you cease to be a tenant in that premises or;
 - b. Structural conditions, alterations, construction, demolition, maintenance or other operations performed by or on behalf of the person or entity shown in the Schedule.
 - 2. Coverage (including defense) is provided only to the extent that liability is created for an additional insured by the negligent acts, errors, or omissions of the Named Insured. If liability for injury or damage is imposed or sought to be imposed on any additional Insured because of the acts, errors, or omissions of any additional insured or any person or entity under the direction or control

of any additional insured, this insurance does not apply.

Coverage for an additional insured under this endorsement shall be excess. Any other insurance the additional insured has shall be primary with respect to this insurance.

Except as provided herein, all other terms, conditions, provisions, exclusions, and endorsements of this policy remain the same and applicable.

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	DUCER				CONTA NAME:	ст Kandace	Kalin					
ı	Sports Insurance E Broward Blvd, Suite 1700				PHONE (A/C, No	. Fxt): 1-855-	351-0202	FAX (A/C, No):	1-855	-984-2379		
ı	t Lauderdale, FL 33301				E-MAIL ADDRE	ss: info@o2	sportsinsuran	, , ,				
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#		
					INSURE	RA: Certain	Underwriters	at Lloyd's of London		AA-1120157		
INSU					INSURE	RB: QBE Ins	surance Corp	oration		39217		
	Canada Baseball Softball Association 9 Crown Ave.				INSURE	RC:						
	Canada, CA 91011				INSURE	R D :						
					INSURE	RE:						
ΑN	Member of O2 Program Management Inc.	., Ath	nletic /	Association	INSURE	RF:						
				NUMBER:	REVISION NUMBER:							
IN CI	DICATED. NOTWITHSTANDING ANY RE	QUIR PERT	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ROBED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, VE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR		LIMITS	·									
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	•	\$1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$300.000		
	SE MING NI SEL PT SOCIA					40/00/0000	40/00/0004	MED EXP (Any one person)		+++++++++++++++++++++++++++++++++++++		
ΙA		Υ		220B6410-778		10/29/2023 12:00 AM	10/29/2024 11:59 PM	PERSONAL & ADV INJURY		\$1,000,000		
``	GEN'L AGGREGATE LIMIT APPLIES PER:					12.00 7	11.001111	GENERAL AGGREGATE		\$3,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$1,000,000		
	OTHER:							PARTICIPANT LEGAL LIAB.		\$1,000,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		+ 1,000,000		
	ANY AUTO							BODILY INJURY (Per person)				
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)				
	EXCLUDING HAWAII							(Fer accident)				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE				
	DED RETENTION \$											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE TO I	N/A						E.L. EACH ACCIDENT				
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
	Excess Accident Medical			JAH000584		10/29/2023 12:00 AM	10/29/2024 11:59 PM	Benefit Maximum		\$100,000		
В		Y				12.00 AW	11.591 W	Deductible Per Claim		\$250		
The Leg	cription of operations / Locations / Vehicle certificate holder is added as an additional Liability to Participants (LLP) limit as a cort(s): Baseball (Association), Softball (Le	onal ir a per eagu	nsure occu e and	d, but only for liability caus irrence limit. Claims by athl l/or Club)	ed, in v letic par	vhole or in pa rticipants are	rt, by the acts included.	or omissions of the name	d insu	red.		
Sex	kual Abuse or Sexual Molestation Liability	y - \$1	1,000,	,000 each incident (include	ed abov	e) / \$1,000,00	00 aggregate	(included above).				
CEI	RTIFICATE HOLDER				CANO	CELLATION						
131	YB (North Valley Youth Baseball) 00 Balboa Blvd nada Hills, CA 91344				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.				
					AUTHO	RIZED REPRESE	NTATIVE		· · ·			
					Kandace Kalin							

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Entity (Additional Insured):

NVYB (North Valley Youth Baseball) 13100 Balboa Blvd Granada Hills, CA 91344

Name of Insured: La Canada Baseball Softball Association

- A. Section II Who Is An Insured is amended to include as an additional insured the person or entity shown in the Schedule, but only with respect to liability arising in that part of the designated premises leased, licensed, or otherwise available to you and subject to the following additional exclusions:
 - This insurance does not apply to any loss, claim, "suit", cost, expense or liability for damages directly or indirectly based on, attributable to, arising out of, involving, resulting from, or in any way related to:
 - a. Any "occurrence" which takes place prior to your occupancy or after you cease to be a tenant in that premises or;
 - b. Structural conditions, alterations, construction, demolition, maintenance or other operations performed by or on behalf of the person or entity shown in the Schedule.
 - 2. Coverage (including defense) is provided only to the extent that liability is created for an additional insured by the negligent acts, errors, or omissions of the Named Insured. If liability for injury or damage is imposed or sought to be imposed on any additional Insured because of the acts, errors, or omissions of any additional insured or any person or entity under the direction or control

of any additional insured, this insurance does not apply.

Coverage for an additional insured under this endorsement shall be excess. Any other insurance the additional insured has shall be primary with respect to this insurance.

Except as provided herein, all other terms, conditions, provisions, exclusions, and endorsements of this policy remain the same and applicable.

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PRO	DUCER				CONTACT Kandace Kalin								
02	Sports Insurance				NAME: PHONE	1 055	351-0202		FAX	1 955	-984-2379		
	DE Broward Blvd, Suite 1700				(A/C, No E-MAIL	; <u></u> (0-0	sportsinsurar	nce com	(A/C, No):	1-000	-904-2379		
[0	rt Lauderdale, FL 33301				ADDRE	<u> </u>	•						
					INSURE			rance Company			16691		
INSU					INSURE	RB:							
	Canada Baseball Softball Association 19 Crown Ave.				INSURER C:								
	Canada, CA 91011				INSURER D:								
	,				INSURER E :								
					INSURER F :								
co	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUI	MBER:	'			
IN C	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DN OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, VE BEEN REDUCED BY PAID CLAIMS.								
INSR		ADDL	SUBR	R	DLLINI	POLICY EFF	POLICY EXP		1 18417				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	8			
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED				
								MED EXP (Any one	person)				
								PERSONAL & ADV	INJURY				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE				
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG				
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	ELIMIT				
	ANY AUTO							(Ea accident) BODILY INJURY (P	er person)				
	OWNED SCHEDULED							BODILY INJURY (P					
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	- 1				
	AUTOS ONLY AUTOS ONLY EXCLUDING HAWAII							(Per accident)					
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE					
	DED RETENTION \$												
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT				
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT				
	Directors & Officers			EPPE452396		10/29/2023	10/29/2024	D&O Limit / Ded	ductible	\$1,00	0,000 / \$1000		
Α						12:00 AM	11:59 PM	Cyber Liability			\$100,000		
<u> </u>													
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	ACORD	0 101, Additional Remarks Schedu	le, may b	a attached if mor	e space is requir	ed)					
CE	RTIFICATE HOLDER				CANC	ELLATION							
	dence of Coverage			SHO THE ACC	ULD ANY OF	N DATE THI TH THE POLIC	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.						
					l								
l					Kandace Kalin								



DATE (MM/DD/YYYY) 10/31/2023

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	DUCER				CONTA NAME:	ст Kandace	Kalin				
	Sports Insurance E Broward Blvd, Suite 1700				PHONE (A/C, No	Fxt) 1-855-	351-0202	FAX (A/C, N	n: 1-85	5-984-2379	
	t Lauderdale, FL 33301				E-MAIL ADDRE	:	sportsinsuran		.,.		
					7,55,1	<u> </u>		DING COVERAGE		NAIC#	
					INSURE			at Lloyd's of London		AA-1120157	
INSU	RED					RB: QBE In:				39217	
	Canada Baseball Softball Association				INSURER C :						
	9 Crown Ave. Canada, CA 91011				INSURE						
۱۳۰	Sanda, SA STOTT				INSURE						
ΑM	ember of O2 Program Management Inc	., Ath	letic .	Association	INSURE						
CO	/ERAGES CER	TIFIC	CATE	E NUMBER:	INOUNE	-IX 1 ·		REVISION NUMBER			
	IIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				LICY PERIOD	
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH							D HEREIN IS SUBJECT	TO ALL	THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		<u></u>	POLICY EFF	POLICY EXP	11	MITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			\$1,000,000	
								EACH OCCURRENCE DAMAGE TO RENTED		\$300.000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)		\$300,000	
 		Υ		220B6410-778		10/29/2023	10/29/2024	MED EXP (Any one person)		£1,000,000	
Α		Ť				12:00 AM	11:59 PM	PERSONAL & ADV INJURY		\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$3,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG PARTICIPANT LEGAL LIAB	G	\$1,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		\$1,000,000	
	ANY AUTO							(Ea accident)			
	OWNED SCHEDULED							BODILY INJURY (Per persor			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accide PROPERTY DAMAGE	nt)		
	AUTOS ONLY AUTOS ONLY							(Per accident)			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
	DED RETENTION \$							DED OTH			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOY	EE		
	DÉSCRIPTION OF OPERATIONS below					40/00/0000	40/00/0004	E.L. DISEASE - POLICY LIM	Т	# 400.000	
	Excess Accident Medical			JAH000584		10/29/2023 12:00 AM	10/29/2024 11:59 PM	Benefit Maximum		\$100,000	
В		Υ				12.007111	11.001111	Deductible Per Claim		\$250	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL certificate holder is added as an addition										
	al Liability to Participants (LLP) limit as							or ornissions or the na	illeu illst	ileu.	
-				_							
	rt(s): Baseball (Association), Softball (L				d abov	(a) / £1 000 0	00 aggragata	(included above)			
Sex	ual Abuse or Sexual Molestation Liabilit	.y - ф	1,000	,000 each incluent (include	u abov	e)/\$1,000,00	oo aggregate	(iliciuded above).			
CEF	RTIFICATE HOLDER				CANO	CELLATION					
,	of Glendale				_ ا	NII D ANN OF:	THE ABOVE B		0411051		
	9 Clifton Place							ESCRIBED POLICIES BE EREOF, NOTICE WILL			
Gie	ndale, CA 91208							Y PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				
					Kandace Kalin						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Entity (Additional Insured):

City of Glendale 3529 Clifton Place Glendale, CA 91208

Name of Insured: La Canada Baseball Softball Association

- A. Section II Who Is An Insured is amended to include as an additional insured the person or entity shown in the Schedule, but only with respect to liability arising in that part of the designated premises leased, licensed, or otherwise available to you and subject to the following additional exclusions:
 - This insurance does not apply to any loss, claim, "suit", cost, expense or liability for damages directly or indirectly based on, attributable to, arising out of, involving, resulting from, or in any way related to:
 - **a.** Any "occurrence" which takes place prior to your occupancy or after you cease to be a tenant in that premises or;
 - b. Structural conditions, alterations, construction, demolition, maintenance or other operations performed by or on behalf of the person or entity shown in the Schedule.
 - 2. Coverage (including defense) is provided only to the extent that liability is created for an additional insured by the negligent acts, errors, or omissions of the Named Insured. If liability for injury or damage is imposed or sought to be imposed on any additional Insured because of the acts, errors, or omissions of any additional insured or any person or entity under the direction or control

of any additional insured, this insurance does not apply.

Coverage for an additional insured under this endorsement shall be excess. Any other insurance the additional insured has shall be primary with respect to this insurance.

Except as provided herein, all other terms, conditions, provisions, exclusions, and endorsements of this policy remain the same and applicable.

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DATE (MM/DD/YYYY) 10/31/2023

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	DUCER				CONTA NAME:	ст Kandace	Kalin					
ı	Sports Insurance E Broward Blvd, Suite 1700				PHONE (A/C, No	. Fxt): 1-855-	351-0202	FAX (A/C, No):	1-855	-984-2379		
ı	t Lauderdale, FL 33301				E-MAIL ADDRE	ss: info@o2	sportsinsuran	, , ,				
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#		
					INSURE	RA: Certain	Underwriters	at Lloyd's of London		AA-1120157		
INSU					INSURE	RB: QBE Ins	surance Corp	oration		39217		
	Canada Baseball Softball Association 9 Crown Ave.				INSURE	RC:						
	Canada, CA 91011				INSURE	R D :						
					INSURE	RE:						
ΑN	Member of O2 Program Management Inc.	., Ath	nletic /	Association	INSURE	RF:						
				NUMBER:	REVISION NUMBER:							
IN CI	DICATED. NOTWITHSTANDING ANY RE	QUIR PERT	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORD	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ROBED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, VE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR		POLICY EXP (MM/DD/YYYY)	LIMITS	·								
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(WIWI/DD/TTTT)	EACH OCCURRENCE	•	\$1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$300.000		
	SE MING NI SEL PT SOCIA					40/00/0000	40/00/0004	MED EXP (Any one person)		+++++++++++++++++++++++++++++++++++++		
ΙA		Υ		220B6410-778		10/29/2023 12:00 AM	10/29/2024 11:59 PM	PERSONAL & ADV INJURY		\$1,000,000		
``	GEN'L AGGREGATE LIMIT APPLIES PER:					12.00 7	11.001111	GENERAL AGGREGATE		\$3,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$1,000,000		
	OTHER:							PARTICIPANT LEGAL LIAB.		\$1,000,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		+ 1,000,000		
	ANY AUTO							BODILY INJURY (Per person)				
	OWNED SCHEDULED							BODILY INJURY (Per accident)				
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)				
	EXCLUDING HAWAII							(Fer accident)				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE				
	DED RETENTION \$											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE TO I	N/A						E.L. EACH ACCIDENT				
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below	<u> </u>				40/00/0000	40/00/0004	E.L. DISEASE - POLICY LIMIT		0400.000		
	Excess Accident Medical			JAH000584		10/29/2023 12:00 AM	10/29/2024 11:59 PM	Benefit Maximum		\$100,000		
В		Y				12.00 / 1101	11.001 W	Deductible Per Claim		\$250		
The Leg	CERIPTION OF OPERATIONS / LOCATIONS / VEHICLE certificate holder is added as an additional Liability to Participants (LLP) limit as a cort(s): Baseball (Association), Softball (Lexual Abuse or Sexual Molestation Liability	onal ir a per eagu	nsure occu e and	d, but only for liability caus irrence limit. Claims by athl l/or Club)	ed, in v letic par	vhole or in pa rticipants are	rt, by the acts included.	or omissions of the name	d insu	red.		
	RTIFICATE HOLDER				CANO	ELLATION						
On	y of La Canada Flintridge e Civic Center Drive Canada Flintridge, CA 91011				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.				
					AUTHO	RIZED REPRESE	NTATIVE					
					Kandace Kalin							

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Entity (Additional Insured):

City of La Canada Flintridge One Civic Center Drive La Canada Flintridge, CA 91011

Name of Insured: La Canada Baseball Softball Association

- A. Section II Who Is An Insured is amended to include as an additional insured the person or entity shown in the Schedule, but only with respect to liability arising in that part of the designated premises leased, licensed, or otherwise available to you and subject to the following additional exclusions:
 - This insurance does not apply to any loss, claim, "suit", cost, expense or liability for damages directly or indirectly based on, attributable to, arising out of, involving, resulting from, or in any way related to:
 - **a.** Any "occurrence" which takes place prior to your occupancy or after you cease to be a tenant in that premises or;
 - b. Structural conditions, alterations, construction, demolition, maintenance or other operations performed by or on behalf of the person or entity shown in the Schedule.
 - 2. Coverage (including defense) is provided only to the extent that liability is created for an additional insured by the negligent acts, errors, or omissions of the Named Insured. If liability for injury or damage is imposed or sought to be imposed on any additional Insured because of the acts, errors, or omissions of any additional insured or any person or entity under the direction or control

of any additional insured, this insurance does not apply.

Coverage for an additional insured under this endorsement shall be excess. Any other insurance the additional insured has shall be primary with respect to this insurance.

Except as provided herein, all other terms, conditions, provisions, exclusions, and endorsements of this policy remain the same and applicable.

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	DUCER				CONTA NAME:	ст Kandace	Kalin					
	Sports Insurance E Broward Blvd, Suite 1700				PHONE (A/C, No	Fyt): 1-855-	351-0202	FAX (A/C, No):	1-855	i-984-2379		
	t Lauderdale, FL 33301				E-MAIL ADDRE	ss: info@o2	sportsinsuran	, , ,				
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#		
					INSURE	RA: Certain	Underwriters	at Lloyd's of London		AA-1120157		
INSU					INSURE	RB: QBE Ins	surance Corp	oration		39217		
	Canada Baseball Softball Association 9 Crown Ave.				INSURE	RC:						
	Canada, CA 91011				INSURE	INSURER D :						
					INSURE	RE:						
A۱	lember of O2 Program Management Inc.	., Ath	iletic <i>i</i>	Association	INSURE	RF:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:							
IN C	DICATED. NOTWITHSTANDING ANY RE	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IN OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, /E BEEN REDUCED BY PAID CLAIMS.							
INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS												
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MIM/DD/1111)	(WINDD/1111)	EACH OCCURRENCE		\$1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$300.000		
	SET WIND WINDE FY SOCIAL					40/00/0000	40/00/0004	MED EXP (Any one person)				
lΑ		Υ		220B6410-778		10/29/2023 12:00 AM	10/29/2024 11:59 PM	PERSONAL & ADV INJURY		\$1,000,000		
^`	GEN'L AGGREGATE LIMIT APPLIES PER:	•				12.00 7 (10)	11.00 1 W	GENERAL AGGREGATE		\$3,000,000		
	PRO-							PRODUCTS - COMP/OP AGG		\$1,000,000		
	OTHER:							PARTICIPANT LEGAL LIAB.		\$1,000,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		Ψ1,000,000		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)				
	OWNED SCHEDULED							BODILY INJURY (Per accident)				
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY EXCLUDING HAWAII							(Per accident)				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE				
	DED RETENTION \$											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE T / N	N/A						E.L. EACH ACCIDENT				
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
	Excess Accident Medical			JAH000584		10/29/2023	10/29/2024	Benefit Maximum		\$100,000		
В		Υ				12:00 AM	11:59 PM	Deductible Per Claim		\$250		
The Leg	cription of operations / Locations / vehicle certificate holder is added as an additional Liability to Participants (LLP) limit as a port(s): Baseball (Association), Softball (Legual Abuse or Sexual Molestation Liability	nal ii a per eagu	nsure occu e and	d, but only for liability caus irrence limit. Claims by athl l/or Club)	ed, in v letic par	vhole or in pa rticipants are	rt, by the acts included.	or omissions of the name	d insu	red.		
CE	RTIFICATE HOLDER				CANO	ELLATION						
GH 131	YRC (Granada Hills Youth Recreation C 00 Balboa Blvd Inada Hills, CA 91344	omp	lex)		SHO THE ACC	OULD ANY OF EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.				
						RIZED REPRESE						
					Kandace Kalin							

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Entity (Additional Insured):

GHYRC (Granada Hills Youth Recreation Complex) 13100 Balboa Blvd Granada Hills, CA 91344

Name of Insured: La Canada Baseball Softball Association

- A. Section II Who Is An Insured is amended to include as an additional insured the person or entity shown in the Schedule, but only with respect to liability arising in that part of the designated premises leased, licensed, or otherwise available to you and subject to the following additional exclusions:
 - This insurance does not apply to any loss, claim, "suit", cost, expense or liability for damages directly or indirectly based on, attributable to, arising out of, involving, resulting from, or in any way related to:
 - a. Any "occurrence" which takes place prior to your occupancy or after you cease to be a tenant in that premises or;
 - b. Structural conditions, alterations, construction, demolition, maintenance or other operations performed by or on behalf of the person or entity shown in the Schedule.
 - 2. Coverage (including defense) is provided only to the extent that liability is created for an additional insured by the negligent acts, errors, or omissions of the Named Insured. If liability for injury or damage is imposed or sought to be imposed on any additional Insured because of the acts, errors, or omissions of any additional insured or any person or entity under the direction or control

of any additional insured, this insurance does not apply.

Coverage for an additional insured under this endorsement shall be excess. Any other insurance the additional insured has shall be primary with respect to this insurance.

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PRODUCER				CONTA	CT _{IZ==}	. IZ - E						
O2 Sports In:	surance				NAME: PHONE	Kandace		FAX	4.055	- 004 0070		
	rd Blvd, Suite 1700				(A/C, No	o, Ext): 1-000-	351-0202	(A/C, No):	1-855	5-984-2379		
Fort Lauderd	ale, FL 33301				ADDRE	ss: info@o2	sportsinsurar	nce.com		1		
							• • •	RDING COVERAGE		NAIC #		
INCURED								at Lloyd's of London		AA-1120157		
INSURED La Canada B	aseball Softball Association					RB: QBE In:	surance Corp	oration		39217		
4919 Crown					INSURE	RC:						
La Canada, (CA 91011				INSURE	R D :						
A Mambar of	O2 Program Management Inc	. Λ+L	olotio	Accordation	INSURE	RE:						
					INSURER F:							
COVERAGE				NUMBER:	REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO							
INDICATED. CERTIFICAT	NOTWITHSTANDING ANY RE E MAY BE ISSUED OR MAY IS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS							
	MERCIAL GENERAL LIABILITY	IIIOD				\	(EACH OCCURRENCE		\$1,000,000		
CLAIMS-MADE X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)		\$300,000		
SEA WIND WAS EVA COOST						10/29/2023	10/29/2024	MED EXP (Any one person)				
A -	A -					12:00 AM	10/29/2024 11:59 PM	PERSONAL & ADV INJURY		\$1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE		\$3,000,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG		\$1,000,000		
OTHE							PARTICIPANT LEGAL LIAB.		\$1,000,000			
	ILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)				
ANY A	OTUA							BODILY INJURY (Per person)				
OWNI								BODILY INJURY (Per accident)				
HIRE	D NON-OWNED							PROPERTY DAMAGE (Per accident)				
	OS ONLY AUTOS ONLY DING HAWAII							(Fer accident)				
UMBF	RELLA LIAB OCCUR							EACH OCCURRENCE				
EXCE	SS LIAB CLAIMS-MADE							AGGREGATE				
DED	RETENTION \$							NOOKEONIE				
WORKERS	COMPENSATION							PER OTH-				
ANYPROPR	OYERS' LIABILITY HETOR/PARTNER/EXECUTIVE // N							E.L. EACH ACCIDENT				
OFFICER/M (Mandatory	EMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE				
If yes, descr								E.L. DISEASE - POLICY LIMIT				
	Accident Medical			JAH000584		10/29/2023	10/29/2024	Benefit Maximum		\$100,000		
В				S. II. 100000 1		12:00 AM	11:59 PM	Deductible Per Claim		\$250		
										Ψ200		
Legal Liability	OPERATIONS / LOCATIONS / VEHICLE OF A Participants (LLP) limit as	a per	occu	ırrence limit. Claims by athl				ed)				
Sport(s): Bas Sexual Abuse	eball (Association), Softball (L e or Sexual Molestation Liabilit	eagu y - \$	e and 1,000	d/or Club) 1,000 each incident (include	ed abov	e) / \$1,000,00	00 aggregate	(included above).				
CERTIFICAT	E HOLDER				CANO	CELLATION						
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.							
						RIZED REPRESE						
					Kandace Kalin							



DATE (MM/DD/YYYY) 10/31/2023

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	DUCER				CONTA NAME:	ст Kandace	Kalin				
	Sports Insurance DE Broward Blvd, Suite 1700				PHONE (A/C, No	Fyt): 1-855-	351-0202	FAX (A/C, No):	1-855	-984-2379	
	rt Lauderdale, FL 33301				E-MAIL ADDRE	ss: info@o2	sportsinsuran	, , ,			
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
					INSURE	RA: Certain	Underwriters	at Lloyd's of London		AA-1120157	
INSU					INSURE	RB: QBE Ins	surance Corp	oration		39217	
	Canada Baseball Softball Association 19 Crown Ave.				INSURE	RC:					
	Canada, CA 91011				INSURE	INSURER D :					
					INSURE	RE:					
ΑN	Member of O2 Program Management Inc.	., Ath	nletic .	Association	INSURE	RF:					
CO	VERAGES CERT	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	IDICATED. NOTWITHSTANDING ANY RE	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, WE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3			
	COMMERCIAL GENERAL LIABILITY	INOD	****			(MINI/DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE		\$1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$300,000	
						10/29/2023	10/29/2024	MED EXP (Any one person)		, ,	
Α		Υ		220B6410-778		12:00 AM	10/29/2024 11:59 PM	PERSONAL & ADV INJURY		\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$3,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$1,000,000	
	OTHER:							PARTICIPANT LEGAL LIAB.		\$1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		+ 1,000,000	
	ANY AUTO							BODILY INJURY (Per person)			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)			
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
	EXCLUDING HAWAII							(Fer accident)			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
	DED RETENTION \$										
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE T	N/A						E.L. EACH ACCIDENT			
	(Mandatory in NH)	117.7						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
	Excess Accident Medical			JAH000584		10/29/2023 12:00 AM	10/29/2024	Benefit Maximum		\$100,000	
В		Υ				12.00 AW	11:59 PM	Deductible Per Claim		\$250	
The Leg	cription of operations / Locations / Vehicle certificate holder is added as an addition gal Liability to Participants (LLP) limit as a crt(s): Baseball (Association), Softball (Lexual Abuse or Sexual Molestation Liability	nal ii a per eagu	nsure occu e and	d, but only for liability caus irrence limit. Claims by athl l/or Club)	ed, in v letic par	vhole or in pa rticipants are	rt, by the acts included.	or omissions of the name	d insu	red.	
	dai Abuse of Gexual Molestation Elability	y - Ψ	1,000	,000 cach molacht (molace	a abov	C) / W1,000,00	o aggregate	(moladed above).			
	BTIEICATE HOLDER				CANC	PELL ATION					
	RTIFICATE HOLDER				CANC	ELLATION					
449	Canada Unified School District 90 Cornishon Avenue Canada, CA 91011				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				
					Kandace Kalin						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Entity (Additional Insured):

La Canada Unified School District 4490 Cornishon Avenue La Canada, CA 91011

Name of Insured: La Canada Baseball Softball Association

- A. Section II Who Is An Insured is amended to include as an additional insured the person or entity shown in the Schedule, but only with respect to liability arising in that part of the designated premises leased, licensed, or otherwise available to you and subject to the following additional exclusions:
 - This insurance does not apply to any loss, claim, "suit", cost, expense or liability for damages directly or indirectly based on, attributable to, arising out of, involving, resulting from, or in any way related to:
 - **a.** Any "occurrence" which takes place prior to your occupancy or after you cease to be a tenant in that premises or;
 - b. Structural conditions, alterations, construction, demolition, maintenance or other operations performed by or on behalf of the person or entity shown in the Schedule.
 - 2. Coverage (including defense) is provided only to the extent that liability is created for an additional insured by the negligent acts, errors, or omissions of the Named Insured. If liability for injury or damage is imposed or sought to be imposed on any additional Insured because of the acts, errors, or omissions of any additional insured or any person or entity under the direction or control

of any additional insured, this insurance does not apply.

Coverage for an additional insured under this endorsement shall be excess. Any other insurance the additional insured has shall be primary with respect to this insurance.

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