



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2024

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|   |  |                                      |
|---|--|--------------------------------------|
| <b>PRODUCER</b><br>O2 Sports Insurance<br>110 E Broward Blvd, Suite 1700<br>Fort Lauderdale, FL 33301   | <b>CONTACT NAME:</b> Kandace Kalin<br><b>PHONE (A/C. No. Ext):</b> 1-855-351-0202<br><b>E-MAIL ADDRESS:</b> info@o2sportsinsurance.com | <b>FAX (A/C. No):</b> 1-855-984-2379 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                      |
| <b>INSURED</b><br>La Canada Baseball Softball Association<br>4919 Crown Ave.<br>La Canada, CA 91011<br><br>A Member of O2 Program Management Inc., Athletic Association | <b>INSURER A:</b> Certain Underwriters at Lloyd's of London  | <b>NAIC #</b><br>AA-1120157          |
|   | <b>INSURER B:</b> QBE Insurance Corporation  | 39217                                |
|   | <b>INSURER C:</b>  |                                      |
|   | <b>INSURER D:</b>  |                                      |
|   | <b>INSURER E:</b>  |                                      |
|   | <b>INSURER F:</b>  |                                      |

**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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | 22B06410-1737 | 10/29/2024<br>12:00 AM  | 10/29/2025<br>12:00 AM  | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea Occurrence) \$300,000<br>MED EXP (Any one Person)<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$3,000,000<br>PRODUCTS-COMP/OP AGG \$1,000,000<br>PARTICIPANT LEGAL LIAB. \$1,000,000 |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> EXCLUDING HAWAII<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> <b>EXCESS LIAB</b><br>DED RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | PER STATUTE<br>OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT   |
| B        | Excess Accident Medical   | Y         |          | JAH000584     | 10/29/2024<br>12:00 AM  | 10/29/2025<br>12:00 AM  | Benefit Maximum \$100,000<br>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).

**CERTIFICATE HOLDER****CANCELLATION**

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

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

*Kandace Kalin*

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**ADDITIONAL INSURED – MANAGERS OR LESSORS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

|  |
|--|
| <p><b>Name Of Person Or Entity (Additional Insured):</b><br/> Pony Baseball/Softball, Inc.<br/> 1951 Pony Place / P.O. Box 255<br/> Washington, PA 15301</p> <p>Name of Insured: La Canada Baseball Softball Association</p> |
|--|

**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:

1. 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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|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                       | <b>NAIC #</b> |
| <b>INSURED</b><br>La Canada Baseball Softball Association<br>4919 Crown Ave.<br>La Canada, CA 91011<br><br>A Member of O2 Program Management Inc., Athletic Association | <b>INSURER A:</b> Certain Underwriters at Lloyd's of London  |                                       | AA-1120157    |
|   | <b>INSURER B:</b> QBE Insurance Corporation  |                                       | 39217         |
|   | <b>INSURER C:</b>  |                                       |               |
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|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> EXCLUDING HAWAII   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> <b>EXCESS LIAB</b><br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT  |
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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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).

**CERTIFICATE HOLDER****CANCELLATION**

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

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AUTHORIZED REPRESENTATIVE

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### **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

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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.

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|   | <b>INSURER C:</b>  |                                      |
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|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> <b>EXCESS LIAB</b><br>DED RETENTION \$  |           |          |               |                         |                         | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE  |
|          | <input type="checkbox"/> PER STATUTE<br><input type="checkbox"/> OTH-ER   |           |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE  |
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**CERTIFICATE HOLDER****CANCELLATION**

Babe Ruth League, Inc.  
1670 Whitehorse-Mercerville Road  
Hamilton Township, NJ 08619

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### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

#### **SCHEDULE**

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| <p><b>Name Of Person Or Entity (Additional Insured):</b><br/> Babe Ruth League, Inc.<br/> 1670 Whitehorse-Mercerville Road<br/> Hamilton Township, NJ 08619</p><br><br><p>Name of Insured: La Canada Baseball Softball Association</p> |
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| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | 22B06410-1737 | 10/29/2024<br>12:00 AM  | 10/29/2025<br>12:00 AM  | EACH OCCURRENCE \$1,000,000  |
|          | DAMAGE TO RENTED PREMISES (Ea Occurrence) \$300,000   |           |          |               |                         |                         |  |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> EXCLUDING HAWAII<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                                |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> <b>EXCESS LIAB</b><br>DED RETENTION \$  |           |          |               |                         |                         | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | <input type="checkbox"/> Y / <input type="checkbox"/> N<br><input type="checkbox"/> N / <input type="checkbox"/> A   |
| B        | Excess Accident Medical   | Y         |          | JAH000584     | 10/29/2024<br>12:00 AM  | 10/29/2025<br>12:00 AM  | PER STATUTE<br>OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT<br>Benefit Maximum \$100,000<br>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).

**CERTIFICATE HOLDER**

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

**CANCELLATION**

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

*Kandace Kalin*

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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**

|   |
|---|
| <p><b>Name Of Person Or Entity (Additional Insured):</b><br/>         St. Francis High School<br/>         200 Foothill Blvd.<br/>         La Canada Flintridge, CA 91011</p> <p>Name of Insured: La Canada Baseball Softball Association</p> |
|---|

**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:

1. 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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2024

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

|   |  |                                       |
|---|--|---------------------------------------|
| <b>PRODUCER</b><br>O2 Sports Insurance<br>110 E Broward Blvd, Suite 1700<br>Fort Lauderdale, FL 33301   | <b>CONTACT NAME:</b> Kandace Kalin<br><b>PHONE (A/C. No. Ext):</b> 1-855-351-0202<br><b>E-MAIL ADDRESS:</b> info@o2sportsinsurance.com | <b>FAX (A/C. No.):</b> 1-855-984-2379 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                       |
| <b>INSURED</b><br>La Canada Baseball Softball Association<br>4919 Crown Ave.<br>La Canada, CA 91011<br><br>A Member of O2 Program Management Inc., Athletic Association | <b>INSURER A:</b> Certain Underwriters at Lloyd's of London  | <b>NAIC #</b><br>AA-1120157           |
|   | <b>INSURER B:</b> QBE Insurance Corporation  | 39217                                 |
|   | <b>INSURER C:</b>  |                                       |
|   | <b>INSURER D:</b>  |                                       |
|   | <b>INSURER E:</b>  |                                       |
|   | <b>INSURER F:</b>  |                                       |

**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.

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| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | 22B06410-1737 | 10/29/2024<br>12:00 AM  | 10/29/2025<br>12:00 AM  | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea Occurrence) \$300,000<br>MED EXP (Any one Person)<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$3,000,000<br>PRODUCTS-COMP/OP AGG \$1,000,000<br>PARTICIPANT LEGAL LIAB. \$1,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> EXCLUDING HAWAII                  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> <b>EXCESS LIAB</b><br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      |               |                         |                         | PER STATUTE<br>OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT   |
| B        | Excess Accident Medical   | Y         |          | JAH000584     | 10/29/2024<br>12:00 AM  | 10/29/2025<br>12:00 AM  | Benefit Maximum \$100,000<br>Deductible Per Claim \$250   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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Sexual Abuse or Sexual Molestation Liability - \$1,000,000 each incident (included above) / \$1,000,000 aggregate (included above).

**CERTIFICATE HOLDER****CANCELLATION**

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

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

*Kandace Kalin*

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## **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 USA Softball of SoCal Indiv. Reg 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:

1. 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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|   |  |                                      |               |
|---|--|--------------------------------------|---------------|
| <b>PRODUCER</b><br>O2 Sports Insurance<br>110 E Broward Blvd, Suite 1700<br>Fort Lauderdale, FL 33301   | <b>CONTACT NAME:</b> Kandace Kalin<br><b>PHONE (A/C. No. Ext):</b> 1-855-351-0202<br><b>E-MAIL ADDRESS:</b> info@o2sportsinsurance.com | <b>FAX (A/C. No):</b> 1-855-984-2379 |               |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                      | <b>NAIC #</b> |
| <b>INSURED</b><br>La Canada Baseball Softball Association<br>4919 Crown Ave.<br>La Canada, CA 91011<br><br>A Member of O2 Program Management Inc., Athletic Association | <b>INSURER A:</b> Certain Underwriters at Lloyd's of London  |                                      | AA-1120157    |
|   | <b>INSURER B:</b> QBE Insurance Corporation  |                                      | 39217         |
|   | <b>INSURER C:</b>  |                                      |               |
|   | <b>INSURER D:</b>  |                                      |               |
|   | <b>INSURER E:</b>  |                                      |               |
|   | <b>INSURER F:</b>  |                                      |               |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         |          | 22B06410-1737 | 10/29/2024<br>12:00 AM  | 10/29/2025<br>12:00 AM  | EACH OCCURRENCE \$1,000,000  |
|          | DAMAGE TO RENTED PREMISES (Ea Occurrence) \$300,000  |           |          |               |                         |                         |  |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> EXCLUDING HAWAII<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                        |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> <b>EXCESS LIAB</b><br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |               |                         |                         | <input type="checkbox"/> PER STATUTE<br><input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT |
| B        | Excess Accident Medical  | Y         |          | JAH000584     | 10/29/2024<br>12:00 AM  | 10/29/2025<br>12:00 AM  | Benefit Maximum \$100,000<br>Deductible Per Claim \$250  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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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).

**CERTIFICATE HOLDER**

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

**CANCELLATION**

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

*Kandace Kalin*

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## **ADDITIONAL INSURED – MANAGERS OR LESSORS**

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### **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

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|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                      | <b>NAIC #</b> |
| <b>INSURED</b><br>La Canada Baseball Softball Association<br>4919 Crown Ave.<br>La Canada, CA 91011<br><br>A Member of O2 Program Management Inc., Athletic Association | <b>INSURER A:</b> Certain Underwriters at Lloyd's of London  |                                      | AA-1120157    |
|   | <b>INSURER B:</b> QBE Insurance Corporation  |                                      | 39217         |
|   | <b>INSURER C:</b>  |                                      |               |
|   | <b>INSURER D:</b>  |                                      |               |
|   | <b>INSURER E:</b>  |                                      |               |
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> EXCLUDING HAWAII   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
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|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT  |
| B        | Excess Accident Medical  | Y         |          | JAH000584     | 10/29/2024<br>12:00 AM  | 10/29/2025<br>12:00 AM  | Benefit Maximum \$100,000<br>Deductible Per Claim \$250   |

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 Sexual Abuse or Sexual Molestation Liability - \$1,000,000 each incident (included above) / \$1,000,000 aggregate (included above).

**CERTIFICATE HOLDER****CANCELLATION**

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

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

*Kandace Kalin*

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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):**

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:

1. 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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2024

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 have ADDITIONAL INSURED provisions or 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).

|   |  |
|---|--|
| <b>PRODUCER</b><br>O2 Sports Insurance<br>110 E Broward Blvd, Suite 1700<br>Fort Lauderdale, FL 33301   | <b>CONTACT NAME:</b> Kandace Kalin<br><b>PHONE (A/C. No. Ext):</b> 1-855-351-0202<br><b>FAX (A/C. No.):</b> 1-855-984-2379<br><b>E-MAIL ADDRESS:</b> info@o2sportsinsurance.com  |
|   | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Certain Underwriters at Lloyd's of London<br><b>INSURER B:</b> QBE Insurance Corporation<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
| <b>INSURED</b><br>La Canada Baseball Softball Association<br>4919 Crown Ave.<br>La Canada, CA 91011<br><br>A Member of O2 Program Management Inc., Athletic Association |  |

**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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | 22B06410-1737 | 10/29/2024<br>12:00 AM  | 10/29/2025<br>12:00 AM  | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea Occurrence) \$300,000<br>MED EXP (Any one Person)<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$3,000,000<br>PRODUCTS-COMP/OP AGG \$1,000,000<br>PARTICIPANT LEGAL LIAB. \$1,000,000 |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> EXCLUDING HAWAII<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> <b>EXCESS LIAB</b><br>DED RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | PER STATUTE<br>OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT   |
| B        | Excess Accident Medical   | Y         |          | JAH000584     | 10/29/2024<br>12:00 AM  | 10/29/2025<br>12:00 AM  | Benefit Maximum \$100,000<br>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).

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| City of La Canada Flintridge<br>One Civic Center Drive<br>La Canada Flintridge, CA 91011 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br><i>Kandace Kalin</i> |
|--|---|

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## **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:

1. 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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|   |  |                                      |
|---|--|--------------------------------------|
| <b>PRODUCER</b><br>O2 Sports Insurance<br>110 E Broward Blvd, Suite 1700<br>Fort Lauderdale, FL 33301   | <b>CONTACT NAME:</b> Kandace Kalin<br><b>PHONE (A/C. No. Ext):</b> 1-855-351-0202<br><b>E-MAIL ADDRESS:</b> info@o2sportsinsurance.com | <b>FAX (A/C. No):</b> 1-855-984-2379 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                      |
| <b>INSURED</b><br>La Canada Baseball Softball Association<br>4919 Crown Ave.<br>La Canada, CA 91011<br><br>A Member of O2 Program Management Inc., Athletic Association | <b>INSURER A:</b> Certain Underwriters at Lloyd's of London  | <b>NAIC #</b><br>AA-1120157          |
|   | <b>INSURER B:</b> QBE Insurance Corporation  | 39217                                |
|   | <b>INSURER C:</b>  |                                      |
|   | <b>INSURER D:</b>  |                                      |
|   | <b>INSURER E:</b>  |                                      |
|   | <b>INSURER F:</b>  |                                      |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
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|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> EXCLUDING HAWAII<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> <b>EXCESS LIAB</b><br>DED RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | PER STATUTE<br>OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT   |
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Sexual Abuse or Sexual Molestation Liability - \$1,000,000 each incident (included above) / \$1,000,000 aggregate (included above).

**CERTIFICATE HOLDER**

City of Glendale  
3529 Clifton Place  
Glendale, CA 91208

**CANCELLATION**

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

*Kandace Kalin*

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## **ADDITIONAL INSURED – MANAGERS OR LESSORS**

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### **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

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