ACORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/ DD/ YYYY)
**03/14/2017**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
SADLER & COMPANY, INC.
P.O. BOX 5866
COLUMBIA, SOUTH CAROLINA 29250-5866

**CONTACT NAME:** Sports Dept
**PHONE (A/ C, No. Ext):** 800-622-7370 | **FAX (A/ C, No):** 803-256-4017
**E- MAIL ADDRESS:** amateur@sadlersports.com
**PRODUCER CUSTOMER ID#:**

**INSURED**
Slidell Bantham Baseball Association
P O Box 945
Slidell, LA 70459

Application ID: 189856
A Member of the Sports, Leisure & Entertainment RPG

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| **INSURER A:** NATIONWIDE MUTUAL INSURANCE COMPANY | |
| **INSURER B:** | |
| **INSURER C:** | |
| **INSURER D:** | |

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

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

| INSD LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/ DD/ YYYY) | POLICY EXP (MM/ DD/ YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | **GENERAL LIABILITY**<br>☑ COMMERCIAL GENERAL LIABILITY<br>☐ CLAIMS MADE ☑ OCCUR<br>☐ _____<br>☐ _____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>☐ POLICY ☐ PROJECT ☐ LOC | | | 6B RPG 60618 | 12:01AM ET 03/25/2017 | 12:01AM ET 03/25/2018 | EACH OCCURRENCE | $1,000,000 |
| | | | | | | | DAMAGE TO PREMISES RENTED TO YOU (Fire Legal Liability) | $1,000,000 |
| | | | | | | | MEDICAL EXPENSES (other than participants) | $5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | | | | | | | GENERAL AGGREGATE (other than Products- completed Operations) | $5,000,000 |
| | | | | | | | PRODUCTS- COMP/ OP AGG | $1,000,000 |
| | | | | | | | LEGAL LIAB TO PARTICIPANTS | $1,000,000 |
| | | | | | | | | |
| | **AUTOMOBILE LIABILITY**<br>☐ ANY AUTO<br>☐ ALL OWNED AUTOS<br>☐ SCHEDULED AUTOS<br>☑ HIRED AUTOS (not provided while in Hawaii)<br>☑ NON- OWNED AUTOS (not provided while in Hawaii) | | | 6B RPG 60618 | 12:01AM ET 03/25/2017 | 12:01AM ET 03/25/2018 | COMBINED SINGLE LIMIT (Ea Accident) | $1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | |
| | | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | | | | | | | |
| | ☐ UMBRELLA LIAB ☐ OCCUR<br>☐ EXCESS LIAB ☐ CLAIMS- MADE<br>☐ DEDUCTIBLE<br>☐ RETENTION | | | | | | EACH OCCURRENCE | |
| | | | | | | | AGGREGATE | |
| | | | | | | | | |
| | | | | | | | | |
| | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**<br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? Y/ N ☐<br>**(Mandatory in NH)**<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | N/ A | | | ☐ WC STATUTORY LIMITS<br>☐ OTHER | |
| | | | | | | | E.L. EACH ACCIDENT | |
| | | | | | | | E.L. DISEASE - EA EOMPLOYEE | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | |
| A | **MEDICAL PAYMENTS TO PARTICIPANTS** | | | 6B RPG 60618 | 12:01AM ET 03/25/2017 | 12:01AM ET 03/25/2018 | EXCESS MEDICAL | $100,000 |
| | | | | | | | AD&D | NONE |
| | | | | | | | DEDUCTIBLE | $100 |

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

**RE: COVERED SPORTS Baseball 12 & Under, Baseball 13-15, Softball 12 & Under, TBall 12 & Under,**
Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement - $100,000

High Brain Injury Sports - For Deck/ Floor/ Field Hockey, Roller Hockey (quad), Cheerleading (age 19 & under); Lacrosse (age 19 & under); Tackle and contact football (age 19 & under), Soccer (age 19 & under), Water Hockey (age 19 & under),Wrestling (age 19 & under), and Umpire/ Referee Associations for the above High Risk Concussion Sports, the Legal Liability to Participants (LLP) limit will be limited to $1,000,000 regardless of general liability occurrence limits purchased.

**CERTIFICATE HOLDER**

**EVIDENCE OF COVERAGE**

**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

Coverage is only extended to U.S. events and activities
** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.


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