



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/17/2023

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.

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).

PRODUCER K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		CONTACT NAME: Mass Merchandising Underwriting PHONE (A/C, No, Ext): 1-800-426-2889 FAX (A/C, No): 1-260-459-5105 E-MAIL ADDRESS: info@sportsinsurance-kk.com PRODUCER CUSTOMER ID:																						
INSURED Mattoon Baseball Club, Inc PO Box 1154 Mattoon, IL 61938 A Member of the Sports, Leisure & Entertainment RPG		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Nationwide Mutual Insurance Company</td><td>23787</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Nationwide Mutual Insurance Company	23787	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: W02368471

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	X	COMMERCIAL GENERAL LIABILITY				6BRPG0000007788000	01/22/2023 12:01 AM EDT	01/22/2024 12:01 AM	EACH OCCURRENCE		\$1,000,000
		☐ CLAIMS-MADE	☒	OCCUR	DAMAGE TO RENTED PREMISES (Ea Occurrence)				\$1,000,000		
					MED EXP (Any one person)				\$5,000		
					PERSONAL & ADV INJURY				\$1,000,000		
					GENERAL AGGREGATE				\$5,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:			PRODUCTS – COMP/OP AGG					\$1,000,000		
	☐ POLICY	☐ PRO-JECT	☐ LOC	PROFESSIONAL LIABILITY					\$1,000,000		
	OTHER:			LEGAL LIAB TO PARTICIPANTS					\$1,000,000		
	A	AUTOMOBILE LIABILITY							6BRPG0000007788000	01/22/2023 12:01 AM EDT	01/22/2024 12:01 AM
	ANY AUTO			BODILY INJURY (Per person)							
	☐ OWNED AUTOS ONLY	☐	SCHEDULED AUTOS	BODILY INJURY (Per accident)							
X	☒ HIRED AUTOS ONLY	☒	NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)							
X	NOT PROVIDED WHILE IN HAWAII										
	☐	UMBRELLA LIAB	☐	OCCUR					EACH OCCURRENCE		
	☐	EXCESS LIAB	☐	CLAIMS-MADE					AGGREGATE		
	☐	DED	☐	RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N/A				☐ PER STATUTE	☐ OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT		
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE – EA EMPLOYEE		
									E.L. DISEASE – POLICY LIMIT		
A	MEDICAL PAYMENTS FOR PARTICIPANTS					6BRPG0000007788000	01/22/2023 12:01 AM EDT	01/22/2024 12:01 AM	PRIMARY MEDICAL		
					EXCESS MEDICAL				\$25,000		

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

Legal Liability to Participants (LLP) limit is a per occurrence limit.

Sport(s): Baseball Age(s): 12 and under, 13-15, 16-19

Sexual Abuse Liability - \$1,000,000 aggregate (included above) / \$250,000 each occurrence (included above).

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

Scott Michael

Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas