



# MARKEL INSURANCE COMPANY

## MEMBER CERTIFICATE

**CLAIMS MADE COVERAGE: CERTAIN COVERAGES AFFORDED BY THE POLICY APPLY TO CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY CAREFULLY.**

CERTIFICATE NUMBER: W04027062

DATE: 12/29/2025

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING:

MASTER POLICY NUMBER: M1DNO0000000530000

**AUTHORIZED ORGANIZATION (MASTER POLICY HOLDER):**

**IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THE MASTER POLICY, THE INSURER AGREES TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.**

**PARENT ORGANIZATION (CERTIFICATE HOLDER)**

Name and Address (No., Street, Town or City, State, Zip Code):

Mattoon Baseball Club, Inc  
DBA: Mattoon Hitmen

PO Box 1154, Mattoon, IL 61938

Effective Date: 01/23/2026

At 12:01 a.m. Standard Time at the address shown above.

Expiration Date: 01/23/2027 12:01 AM

This replaces prior Member Certificate dated:

**Plan Administered By**

K&K Insurance Group, Inc.  
P.O. Box 2338  
Fort Wayne IN 46801-2338

**Insurer**

Markel Insurance Company  
10275 West Higgins Road, Suite 750  
Rosemont, IL 60018

**Contact Information**

Name: Mass Merchandising Underwriting  
Phone 1-800-426-2889  
Fax: 1-260-459-5105  
Email: info@sportsinsurance-kk.com

**Producer Name And Address**

K&K Insurance Group, Inc.  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

**To Report A Claim**

By Phone: 800-237-2917  
By Fax: 312-381-9079  
By E-mail: KK.Claims@kandkinsurance.com  
By Mail K&K Insurance Group, Inc.  
P.O. Box 2338  
Fort Wayne, Indiana 46801-2338  
Online: www.kandkinsurance.com

**Retention**

Retention:

**Limits of Liability**

**Insured Persons And Organization Liability Coverage And Employment Practices And Third Party Discrimination Coverage**

<input checked="" type="checkbox"/>	Policy Year Aggregate Limit Of Liability:	\$1,000,000	All Loss for Each Policy Year
<input type="checkbox"/>	Insuring Agreements Policy Year Aggregate Limits Of Liability		
	Insured Persons And Organization Liability Coverage:		All Loss for Each Policy Year
	Employment Practices And Third Party Discrimination Coverage:		All Loss for Each Policy Year

**Other Coverages**

Coverage is provided to the Certificate Holder for an Other Coverage only if indicated with an X in the box(es) below. If a coverage is provided, its corresponding endorsement will apply to this Member Certificate.

Directors & Officers	\$10,000
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**Item 7.** Pending Or Prior Date:

**Forms and Endorsements**

Forms and endorsements applying to this Member Certificate and made part of the Policy at time of issue: Refer to the Master Policy including all state amendatory endorsements applicable to the state of this Member Certificate.

**This Member Certificate, together with the policy form, endorsement(s), and notices, if any, attached to the Master Policy and the Application, complete the above numbered certificate. Coverage is subject to all terms, conditions, limitations, exclusions, and other provisions contained therein.**

**Member Certificate Annual Premium**

Premium	\$657.00
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**To review the Master Policy:** Please send a written request to the Plan Administrator shown above.

Countersigned: 12/29/2025  
Date

By: *Scott Finkbeiner*  
AUTHORIZED REPRESENTATIVE