

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/18/2023

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.

th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to					dorsement(s		require an endorsement	. Ast	atement on	
PRODUCER Bene-Marc, Inc.								l = av			
6301 Southwest Blvd., Suite 101						PHONE (A/C, No, Ext): (800) 247-1734 FAX (A/C, No): (817) 738-1811					
Fort Worth, TX 76132-1063						E-MAIL address: contact@bene-marc.com					
(800) 247-1734						INSURER(S) AFFORDING COVERAGE					
						INSURER A: HDI Global Specialty SE				AA-1120822	
Southern Illinois Select Baseball League						INSURER B: AXIS Insurance Company					
202 N Monroe St						INSURER C:					
Freeburg, IL 62243					INSURER D :						
9, 12 322 10					INSURER E :						
						INSURER F:					
				NUMBER: 15690-544							
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I	QUIF PERT	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE  INST.  TYPE OF INSURANCE  ADDL SUBR.  INSD. WAYD.  POLICY NUMBER					POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
LTR	X COMMERCIAL GENERAL LIABILITY		WVD	POLICY NUMBER				EACH OCCURRENCE		1,000,000.00	
	CLAIMS-MADE X OCCUR			18LB5127-54450		1/1/2024	1/1/2025	DAMAGE TO RENTED	\$	100.000.00	
	X INCLUDES Participant Legal							PREMISES (Ea occurrence)	\$	5,000.00	
Α	Liability							MED EXP (Any one person) PERSONAL & ADV INJURY		1,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	-	5,000,000.00	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	•	2,000,000.00	
							* Medical Exp for Spe	-	, ,		
	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$	Ciny		
	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							(Per accident)	\$		
	UMBRELLA LIAB OCCUP							EACH OCCURRENCE	\$		
	EXCESS LIAB OCCUR  CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$	!						AGGILGATE	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Excess Accident Medical			SRPO-30000-4000-2	618	1/1/2024	1/1/2025	Limit 100,000.00 / De		e 250 00	
_	ZXCCCC / toolac/it illicalcal			5.t. 5 55555 1555 <u>2</u>	0.0	., ,,	., ., _	Z		200.00	
Cov	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL PERIODS / VEH	oall È	eague	э.	e, may be	e attached if more	e space is require	ed)			
CERTIFICATE HOLDER 15690-54450						CANCELLATION					
Southern Illinois Select Baseball League 202 N Monroe St Freeburg, IL 62243 Attn: Andrew Polacek						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					