



OHIOH-1

OP ID: DJ

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/14/2024

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).

PRODUCER C. H. Vallos & Associates 1302 South Main Street North Canton, OH 44720 CHRIS VALLOS	330-494-2776	CONTACT: CHRIS VALLOS NAME: <input type="text"/> PHONE (A/C, No, Ext): <input type="text"/> 330-494-2776 FAX (A/C, No): <input type="text"/> 330-494-3243 E-MAIL ADDRESS: <input type="text"/>
INSURED OHIO HOT STOVE BASEBALL LEAGUE 4614 DUEBER AVENUE S.W. CANTON, OH 44706	INSURER(S) AFFORDING COVERAGE INSURER A: PHILADELPHIA INSURANCE CO INSURER B: PHILADELPHIA INSURANCE CO INSURER C: <input type="text"/> INSURER D: <input type="text"/> INSURER E: <input type="text"/> INSURER F: <input type="text"/>	
	NAIC #	

## COVERS

## 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 INSPD WWD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	PHPK2656274	02/13/2024	02/13/2025	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ex.occurrence)	\$ 100,000
	OTHER:						MED EXP (Any one person)	\$ 0
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						PERSONAL & ADV INJURY	\$ 1,000,000
	Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE	\$ 3,000,000
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	N/A		PHPA155464	02/13/2024	02/13/2025	PRODUCTS - COMP/OP AGG	\$ 3,000,000
	DED <input type="checkbox"/> RETENTION \$						COMBINED SINGLE LIMIT (Ex accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N						BODILY INJURY (Per person)	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						BODILY INJURY (Per accident)	\$
	DESCRIPTION OF OPERATIONS						PROPERTY DAMAGE (Per accident)	\$
	EACH OCCURRENCE	\$						
	AGGREGATE	\$						
	PER STATUTE	OTHE						
	E.L. EACH ACCIDENT	\$						
	E.L. DISEASE - EA EMPLOYEE	\$						
	E.L. DISEASE - POLICY LIMIT	\$						
SPORTS ACCIDENT	ACCID MED	100,000						
	DENTAL	100,000						

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

North Ridgeville Baseball League, Inc.

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF NORTH ROYALTON 14600 STATE RD NORTH ROYALTON, OH 44133	CIONRYL	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 	