



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: PHONE (A/C, No, Ext): 330-494-2776 E-MAIL ADDRESS: | FAX (A/C, No): 330-494-3243 |
| 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: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

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

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

| | |
|--|--|
| NRIDACA NORTH RIDGEVILLE ACADEMIC CENTER 34620 BAINBRIDGE RD NORTH RIDGEVILLE, OH 44039 | 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 <i>Debra J. Stokes</i> |