



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: PHONE (A/C, No, Ext): 330-494-2776 E-MAIL ADDRESS:
		INSURER(S) AFFORDING COVERAGE INSURER A: PHILADELPHIA INSURANCE CO INSURER B: PHILADELPHIA INSURANCE CO INSURER C: INSURER D: INSURER E: INSURER F: NAIC #
INSURED OHIO HOT STOVE BASEBALL LEAGUE 4614 DUEBER AVENUE S.W. CANTON, OH 44706		

COVERAGES

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 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	PHPK2656274	02/13/2024	02/13/2025	EACH OCCURRENCE	\$ 1,000,000		
	DAMAGE TO RENTED PREMISES (Ex occurrence)					\$ 100,000			
	MED EXP (Any one person)					\$ 0			
	PERSONAL & ADV INJURY					\$ 1,000,000			
	GENERAL AGGREGATE					\$ 3,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PRODUCTS - COMP/OP AGG	\$ 3,000,000							
OTHER:		\$							
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ex accident)	\$		
ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/>	SCHEDULED AUTOS					BODILY INJURY (Per person)	\$		
Hired AUTOS ONLY <input type="checkbox"/>	NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$		
UMBRELLA LIAB						PROPERTY DAMAGE (Per accident)	\$		
EXCESS LIAB <input type="checkbox"/>	OCCUR						\$		
DED <input type="checkbox"/>	RETENTION \$					EACH OCCURRENCE	\$		
EXCESS LIAB <input type="checkbox"/>						AGGREGATE	\$		
DED <input type="checkbox"/>							\$		
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	OTHR		
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	100,000		
						DENTAL	100,000		

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

ADDITIONAL INSURED CEDAR POINT PARK LLC

CERTIFICATE HOLDER

CANCELLATION

CEDARPO CEDAR POINT PARK, LLC 1 CEDAR POINT DRIVE SANDUSKY, OH 44870	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>