



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 SHEL Risk Purchasing Group 101 Creekside Crossing, Ste. 1700-264 Brentwood	CONTACT NAME: Mitch Martin	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: mitch.martin@espspecialty.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Mount Vernon Fire Insurance	26522
INSURED	INSURER B:	
Townsend Ashby Youth Baseball & Softball 14 Hickory Dr	INSURER C:	
	INSURER D:	
	INSURER E:	
Townsend	MA 01469	INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL2511541417

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.

EXCLUSIONS AND CONDITIONS OF INSURANCE CLAUSES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY TAID CLAIMS.												
INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Abuse/Molestation <hr/> \$100,000/\$200,000 <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <hr/> OTHER:						EACH OCCURRENCE		\$ 1,000,000			
	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 100,000									
	MED EXP (Any one person)		\$ 5,000									
	PERSONAL & ADV INJURY		\$ 1,000,000									
	GENERAL AGGREGATE		\$ 2,000,000									
	PRODUCTS - COMP/OP AGG		\$ Included									
			\$									
			\$									
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)		\$			
	BODILY INJURY (Per person)		\$									
	BODILY INJURY (Per accident)		\$									
	PROPERTY DAMAGE (Per accident)		\$									
			\$									
			\$									
	<input type="checkbox"/> UMBRELLA LIAB <hr/> <input type="checkbox"/> EXCESS LIAB <hr/> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE		\$			
	AGGREGATE		\$									
			\$									
			\$									
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER				
	E.L. EACH ACCIDENT		\$									
	E.L. DISEASE - EA EMPLOYEE		\$									
	E.L. DISEASE - POLICY LIMIT		\$									
			\$									
			\$									
B	Participant Accident & Health						Per Participant		\$25,000			
	Deductible		\$100									

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

Coverage applies to only those baseball & softball games and practices between the effective dates of the policy that are organized and supervised by the Named Insured.

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance

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

