

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.

	SUBROGATION IS WAIVED, subject to sertificate does not confer rights to							uire an endorsement. A	statem	ent on
PRODUCER					CONTACT NAME: David Izquierdo					
Lifelong Insurance Agency, LLC.					PHONE (A/C, No, Ext): (469) 606-4588 (A/C, No):					
511 E. Broadway St.					E-MAIL ADDRESS: david@lifelongins.com					
511 E. Bloudhay 5t.					INSURER(S) AFFORDING COVERAGE NAIC #					
Prosper TX 75078					INSURER A:				NAIC#	
INSURED IA 75078					INSURER B:					
United Baseball Club										
			INSURER C:							
2101 MIDWAY RD						INSURER D :				
CARROLLTON			TV 75006 4022			INSURER E :				
CARROLLTON		TX 75006-4923			INSURER F:					
			RTIFICATE NUMBER:			REVISION NUMBER: EEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD				
IN Ce	DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER	JIREN TAIN,	IENT, THE I	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	ITRACT OR OT LICIES DESCR	THER DOCUM RIBED HEREIN	ENT WITH RESPECT TO WE	IICH THI	
	CLUSIONS AND CONDITIONS OF SUCH P	ADDL	SUBR		EIN KEL	POLICY FFF	POLICY EXP			
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	1 000 000
	CLAIMS-MADE X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
A				9YAPG0001334486100		08/23/2024	08/23/2025	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000
A	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS			9YAPG0001334486100		08/23/2024	08/23/2025	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	", "						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	M 1D C D ::							Medical Payment		25,000
A	Med Pay for Participants Sexual Abuse/Molestation			9YAPG0001334486100		08/23/2024	08/23/2025	SAM		100,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LFS (ACORI	D 101 Additional Remarks Sched	lule may	he attached if m	ore snace is req	uired)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Legal Liability to Participants limit is per occurrence. The certificate holder is known as additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured when required by written contract.										
CERTIFICATE HOLDER					CANCELLATION					
AAYA					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1701 Boala					AUTHORIZED REPRESENTATIVE					
					David Izquierdo					

Wentzville MO 63385