

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE									1/	/16/2025
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 Devid Izquierde										
					CONTACT NAME: David Izquierdo PHONE (A/C, No, Ext): (469) 606-4588					
Lifelong Insurance Agency, LLC. 511 E. Broadway St.					PHONE FAA (A/C, No, Ext): (469) 606-4588 (A/C, No): E-MAIL ADDRESS: david@lifelongins.com (A/C, No):					
STI E. Bloadway St.					INSURER(S) AFFORDING COVERAGE					NAIC #
Prosper TX 75078										NAIC #
INSURED					INSURE					
United Baseball Club					INSURER C :					
2101 MIDWAY RD					INSURER D :					
					INSURER E :					
CARROLLTON				TX 75006-4923	INSURER F :					
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 INSUF	-		VD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
								EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE	X OCCUR							PREMISES (Ea occurrence)	\$ \$	5,000
A			9	YAPG0001334486100		08/23/2024	08/23/2025	MED EXP (Any one person) PERSONAL & ADV INJURY	э \$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						00/20/2021	00/20/2020	GENERAL AGGREGATE	\$	5,000,000
POLICY PRO- JECT								PRODUCTS - COMP/OP AGG		1,000,000
OTHER:									\$	
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANY AUTO	_							BODILY INJURY (Per person)	\$	
A OWNED AUTOS ONLY	SCHEDULED AUTOS		9	YAPG0001334486100		08/23/2024	08/23/2025	BODILY INJURY (Per accident)\$	
AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
UMBRELLA LIAB	<u> </u>								\$	
EXCESS LIAB								EACH OCCURRENCE	\$	
DED RETENTIO	CLAIMS-MADE							AGGREGATE	\$ \$	
WORKERS COMPENSATION	•							PER OTH- STATUTE ER	φ	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER								E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED?		N/A						E.L. DISEASE - EA EMPLOYE	Е\$	
If yes, describe under DESCRIPTION OF OPERATIC	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
Med Pay for Participant	te.							Medical Payment		25,000
A Sexual Abuse/Molestati			9	YAPG0001334486100		08/23/2024	08/23/2025	SAM		100,000
DESCRIPTION OF OPERATIONS / I Legal Liability to Participants The certificate holder is know contract.	s limit is per occur	rrence.							uen require	ed by written
CERTIFICATE HOLDER CANCELLATION										
Baseball USA Events dba Travel Sports Baseball					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1001 W Euless Blvd Ste 403					AUTHORIZED REPRESENTATIVE					
Euless TX 76040					David Izquierdo					
Euless IA /00	5-10									I

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