

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights t							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					
							INSURER(S) AFFORDING COVERAGE					
Prosper TX 75078							INSURER A:					
INSURED							INSURER B:					
United Baseball Club						INSURER C :						
2101 MIDWAY RD						INSURER D:						
						INSURE						
CARROLLTON				TX 75006-4923			INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
II C	NDICA ERTII XCLU	S TO CERTIFY THAT THE POLICIES O NTED. NOTWITHSTANDING ANY REQ FICATE MAY BE ISSUED OR MAY PER ISIONS AND CONDITIONS OF SUCH F	UIRE! RTAIN POLIC	MENT, , THE IES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON	NTRACT OR OT DLICIES DESCI DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WI	HICH TH		
INSI LTR	1	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
									MED EXP (Any one person)	\$	5,000	
Α					9YAPG0001334486100		08/23/2024	08/23/2025	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000	
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
		OTHER:								\$		
	AUT	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
		ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per person)	\$		
A					9YAPG0001334486100		08/23/2024	08/23/2025	BODILY INJURY (Per accident)	\$		
	X								PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE	_						AGGREGATE	\$		
		DED RETENTION \$								\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$		
		CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	М	ed Pay for Participants							Medical Payment		25,000	
A		exual Abuse/Molestation			9YAPG0001334486100		08/23/2024	08/23/2025	SAM		100,000	
Le Tl co	egal L ne cer ntract		rrenc	e.		hole or i	n part, by the a		,	n require	ed by written	
CERTIFICATE HOLDER							CANCELLATION					
CABA							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1173 French Court						AUTHORIZED REPRESENTATIVE David Izguierdo						
Maineville OH 45038							or open-seat, dischar					