

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.

					ns and conditions of the ficate holder in lieu of su		-		uire an endorsement. A	statem	ent on	
PRODUCER							CONTACT NAME: David Izquierdo					
Lifelong Insurance Agency, LLC.							PHONE FAX					
511 E. Broadway St.							(A/C, No, Ext): (469) 606-4588 (A/C, No): E-MAIL ADDRESS: david@lifelongins.com					
J. D. Dioudina, Ou							INSURER(S) AFFORDING COVERAGE					
Prosper TX 75078							INSURER A:				NAIC #	
INSURED							INSURER B:					
United Baseball Club						INSURER C :						
2101 MIDWAY RD							INSURER D :					
ZIVI MID WAT IND						INSURER E :						
CARROLLTON TX 75006-4923						INSURER F:						
	VERAGES	CEE	TIFIC	ΔTF	NUMBER:	INSUKL	Kr.		REVISION NUMBER:			
TI	HIS IS TO CERTIF	Y THAT THE POLICIES C	F INS	URAN	CE LISTED BELOW HAVE BE TERM OR CONDITION OF A			NSURED NAM	ED ABOVE FOR THE POLIC			
					INSURANCE AFFORDED BY						13	
		CONDITIONS OF SUCH			IMITS SHOWN MAY HAVE BE	EEN REI						
INSR LTR	TR TYPE OF INSURANCE			SUBR			(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIA	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-	MADE X OCCUR							PREMISES (Ea occurrence)	\$		
			_						MED EXP (Any one person)	\$	5,000	
Α			_		9YAPG0001334486100		08/23/2024	08/23/2025	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGAT	E LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000	
	POLICY	PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:	OTHER:								\$		
	AUTOMOBILE LIA	ANY AUTO OWNED AUTOS ONLY AUTOS				08/23/2024		(Ea accident)	\$	1,000,000		
								08/23/2025	BODILY INJURY (Per person)	\$		
Α	AUTOS ONLY				9YAPG0001334486100		08/23/2024		` '	\$		
	HIRED AUTOS ONLY	X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
	UMBRELLA L	OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAE	CLAIMS-MADE	:						AGGREGATE	\$		
	DED F	RETENTION \$								\$		
	WORKERS COMPE AND EMPLOYERS'	LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)		וןייןן ו	il.					E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF (r DPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	14 1D C D								Medical Payment		25,000	
A	Med Pay for Pa Sexual Abuse/l	1			9YAPG0001334486100		08/23/2024	08/23/2025	SAM		100,000	
DES	CRIPTION OF OPER	ATIONS / LOCATIONS / VEH	CLES	(ACOR	D 101, Additional Remarks Scheo	dule. mav	be attached if m	ore space is req	uired)			
		rticipants limit is per occ			,	,,			,			
					only for liability caused, in wl	hole or i	n part, by the a	cts or omission	ns of the named insured whe	n reauire	ed by written	
	ntract.			,	, ,		F			1		
	OTIEICATE UOI				CANO	CANCELLATION						
CEI	RTIFICATE HOL				CANCELLATION							
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
	DAT	cu. P: II.O.II	G 11	***	11.57 .4.0	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	D4 HilltopProperties LLC dba College Hill Youth Sports						ACCORDANCE WITH THE POLICY PROVISIONS.					
208 E Collaga St						ALITHO	AUTHORIZED REPRESENTATIVE					
308 E College St						David Izquierdo						
Gunter TX 75058												