

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

	CERTIFICATE OF LIABILITY INSURANCE										/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.											IES	
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 David Izquierdo												
Lifelong Insurance Agency, LLC.						NAME: David Educido PHONE (A/C, No, Ext): (A/C, No, Ext): (469) 606-4588						
511 E. Broadway St.						E-MAIL ADDRESS: david@lifelongins.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
Prosper TX 75078						INSURER A :					-	
INSURED						INSURER B :						
United Baseball Club						INSURER C :						
2101 MIDWAY RD						INSURER D :						
						INSURER E :						
CARROLLTON TX 75006-4923						INSURER F :						
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
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 INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
	×	CLAIMS-MADE							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000	
		·							MED EXP (Any one person)	\$	5,000	
А					9YAPG0001334486100		08/23/2024	08/23/2025	PERSONAL & ADV INJURY	\$	1,000,000	
									GENERAL AGGREGATE	\$	5,000,000	
	×	POLICY PRO- JECT LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ \$	1,000,000	
	AUT								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO							BODILY INJURY (Per person)	\$		
А		AUTOS ONLY AUTOS			9YAPG0001334486100		08/23/2024	08/23/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	×	AUTOS ONLY							(Per accident)	\$ \$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	WOR	DED RETENTION \$							PER OTH- STATUTE ER	\$		
	AND	EMPLOYERS' LIABILITY Y / N								•		
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? datory in NH)	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
									Medical Payment	Ψ	25,000	
A		ed Pay for Participants exual Abuse/Molestation			9YAPG0001334486100		08/23/2024	08/23/2025	SAM		100,000	
Le _i Th	gal L	ION OF OPERATIONS / LOCATIONS / VEHIC iability to Participants limit is per occur ifficate holder is known as additional in	rrence.						,	en require	ed by written	
CEF	RTIFI	CATE HOLDER				CANC	CANCELLATION					
IBT-Independent Baseball Tournaments						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
4839 Broadway Ave						AUTHORIZED REPRESENTATIVE						
Haltom City TX 76117						David Izquierdo						

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