

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 his certificate does not confer rights to					•		uire an endorsement. A	statem	ent on	
_	DUCER				CONTAC NAME:						
Lifelong Insurance Agency, LLC.						PHONE FAX					
511 E. Broadway St.						(AIC, No, Ext): (469) 606-4588 (AIC, No): E-MAIL ADDRESS: david@lifelongins.com					
J. D. Dioudina, Ou						INSURER(S) AFFORDING COVERAGE					
Pro	sner			TX 75078	INSURE		JONEN(O) AIT OF	CONTO GOVERNOL		NAIC #	
Prosper TX 75078 INSURED						INSURER B:					
United Baseball Club						INSURER C:					
2101 MIDWAY RD						INSURER D :					
ZIVI MID WAT KD						INSURER E :					
CARROLLTON TX 75006-4923					INSURER F :						
		TIFIC	ΔTF	NUMBER:	INSURE	Kr.		REVISION NUMBER:			
T IN	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU	INSU JIREN	JRAN //ENT,	CE LISTED BELOW HAVE BE TERM OR CONDITION OF A	NY CON	NTRACT OR OT	NSURED NAMI	ED ABOVE FOR THE POLIC' ENT WITH RESPECT TO WH	HICH TH		
	ERTIFICATE MAY BE ISSUED OR MAY PER ⁻ XCLUSIONS AND CONDITIONS OF SUCH PO							I IS SUBJECT TO ALL THE T	ERMS,		
INSF LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	IIVOD	WVD			(MINI/DD/1111)	(mm/DD/1111)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$,,,,,,,,	
	92 17. 17. 17. 17. 17. 17. 17. 17. 1							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	
	PRO- JECT LOC								\$	1,000,000	
	OTHER:							TROBOOTO COMITOT ACC	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			9YAPG0001334486100	08/23/2024				\$	1,000,000	
A	OWNED SCHEDULED AUTOS ONLY AUTOS					08/23/2025	BODILY INJURY (Per accident)	\$			
'`	✓ HIRED ✓ NON-OWNED			71711 00001337100100		00/23/2021	00/23/2023	PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE								\$		
	DED RETENTION \$							AGGREGATE	\$		
	WORKERS COMPENSATION							PER OTH-	Ф		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
	DESCRIPTION OF OPERATIONS DEIOW							Medical Payment	Ф	25,000	
A	Med Pay for Participants Sexual Abuse/Molestation			9YAPG0001334486100		08/23/2024	08/23/2025	SAM		100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	 D 101, Additional Remarks Sched	dule, may	be attached if m	ore space is req	uired)			
	gal Liability to Participants limit is per occur			1 £ 10.1 100	L -1 ·					.41 %	
	e certificate holder is known as additional insuract.	surea	, but c	only for hability caused, in wi	note or i	n part, by the a	cts or omissioi	is of the named insured when	n require	ed by written	
"	mudet.										
CE	RTIFICATE HOLDER			CANCELLATION							
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN									
	Nations Baseball Tournament A	ACC	ACCORDANCE WITH THE POLICY PROVISIONS.								
10801 Hammerly Blvd #210						AUTHORIZED REPRESENTATIVE					
						David Izquierdo					
I	Houston TX 77043										