

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	nent on	
_	DUCER				CONTA NAME:						
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					
	•						SURER(S) AFFOR	RDING COVERAGE		NAIC#	
Pro	osper			TX 75078	INSURE					-	
INSURED						INSURER B:					
United Baseball Club						INSURER C:					
2101 MIDWAY RD						INSURER D:					
					INSURER E :						
CARROLLTON TX 75006-4923					INSURER F:						
СО	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQI ERTIFICATE MAY BE ISSUED OR MAY PER XCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN, OLICI	IENT, THE ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON	NTRACT OR OT DLICIES DESCR DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WE	HICH TH		
INSF LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$		
								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: ☐ PRO- ☐							GENERAL AGGREGATE	\$	5,000,000	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000	
A	ANY AUTO OWNED SCHEDULED			01/4 PG000122 440 (100		08/23/2024	08/23/2025	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS			9YAPG0001334486100				PROPERTY DAMAGE	\$		
	X HIRED AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUB										
	FYCESCHAR							EACH OCCURRENCE	\$		
	CLAIMS-IMADE	-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	BESONII FION OF OF ENATIONS BEIOW							Medical Payment	, , , , , , , , , , , , , , , , , , ,	25,000	
A	Med Pay for Participants Sexual Abuse/Molestation			9YAPG0001334486100		08/23/2024	08/23/2025	SAM		100,000	
Le Th	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC gal Liability to Participants limit is per occu le certificate holder is known as additional in intract.	rrence	.					·	n require	ed by written	
CE	RTIFICATE HOLDER			CANC	CANCELLATION						
Perfect Game Inc. Its Affiliates, Subsidiaries, and DBA's						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
850 Twist Town Rd NE						AUTHORIZED REPRESENTATIVE					
Cedar Rapids IA 52402						David Izguierdo					