

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 this certificate does not confer rights to							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					
	Ž				7.55.1.2.			RDING 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:						
CO	VERAGES CER	REVISION NUMBER:									
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUE ERTIFICATE MAY BE ISSUED OR MAY PER XCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	ΛΕΝΤ, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	NTRACT OR OT OLICIES DESCR	THER DOCUM RIBED HEREIN	ENT WITH RESPECT TO W	HICH TH		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
	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 AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:								\$		
A	AUTOMOBILE LIABILITY			9YAPG0001334486100				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO				08/23/2024			BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS					08/23/2024	08/23/2025	BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							IPFR I IOTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	1		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	25,000	
١,	Med Pay for Participants			037 A DC(000122 440 (100		00/22/2024	00/22/2025	Medical Payment		25,000	
A	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 e certificate holder is known as additional in ntract.	rrence	÷.					·	n require	ed by written	
CEI	RTIFICATE HOLDER				CANC	ELLATION					
Texasbt LLC						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
PO Box 40192						AUTHORIZED REPRESENTATIVE					
, Austin TX 78704						David Izguierdo					