

## 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 nis 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					
						INSURER(S) AFFORDING COVERAGE					
Pro	osper			TX 75078	INSURE		J. L. L. L. L. J. Al I'O'			NAIC #	
INSURED						INSURER B:					
United Baseball Club						INSURER C :					
2101 MIDWAY RD						INSURER D:					
					INSURER E :						
CARROLLTON TX 75006-4923					INSURER F:						
co	VERAGES CERT	IFIC	ATE	NUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	IIREN TAIN, OLICII	IENT, THE ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	NY CON	ITRACT OR OT LICIES DESCI DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	HICH TH		
INSR LTR	TYPE OF INSURANCE	addl Insd	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	CLAIMS-MADE CCCUR					,		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								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:								\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS ONLY			9YAPG0001334486100		08/23/2024	08/23/2025	` '	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	Med Pay for Participants							Medical Payment		25,000	
A	Sexual Abuse/Molestation			9YAPG0001334486100		08/23/2024	08/23/2025	SAM		100,000	
Le Th	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE  gal Liability to Participants limit is per occur  the certificate holder is known as additional insultant.	rence						,	n require	d by written	
CE	RTIFICATE HOLDER	CANCELLATION									
Travel Sports Baseball						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1001 West Euless Blvd Ste 403						AUTHORIZED REPRESENTATIVE					
, Euless TX 76104						David Izguierdo					