

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE							1/16/2025	
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.								
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			ch endorsement(			Staten		
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					
			INSURER(S) AFFORDING COVERAGE				NAIC #	
Prosper TX 75078			INSURER A :					
INSURED	INSURER B :							
United Baseball Club								
2101 MIDWAY RD			INSURER D :					
CARROLLTON	INSURER E :							
				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD								
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	ADDLSUI	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000	
					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	
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ \$	1,000,000	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
ANY AUTO					BODILY INJURY (Per person)	\$		
A OWNED AUTOS ONLY AUTOS		9YAPG0001334486100	08/23/2024	08/23/2025	BODILY INJURY (Per accident)	\$		
HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
						\$		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
DED RETENTION \$					PER OTH-	\$		
AND EMPLOYERS' LIABILITY Y / N					STATUTE	•		
	N / A				E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS DEIOW					Medical Payment	Ψ	25,000	
A Med Pay for Participants Sexual Abuse/Molestation		9YAPG0001334486100	08/23/2024	08/23/2025	SAM		100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Legal Liability to Participants limit is per occurrence. The certificate holder is known as additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured when required by written contract.								
CERTIFICATE HOLDER CANCELLATION								
V Tool Showcases 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.							
1540 Keller Parkway, Ste 108-40	AUTHORIZED REPRESENTATIVE David Izquiardo							
Keller TX 76248	en organisation and a state of the states							

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