

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/29/2024

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 no	t conf	er righ			of such end	orsement(s).				
PRODUCER	CONTACT NAME:									
RPS Bollinger				PHONE FAX			FAX	x		
200 Jefferson Park Whippany, NJ 07981							(A/C, No.): 97	o.): 973-921-8474		
PHONE: 1-800-446-5311 FAX: 973-921-8474		E-MAIL ADDRESS:								
				INSURER(S) AFFORDING COVERAGE				NAIC #		
WANDED				INSURER A: SiriusPoint America Insurance Company 38776 INSURER B:			38776			
USA Softball, Inc.										
2801 NE 50th Street				INSURER C:						
Oklahoma City, OK 73111			INSURER D:							
· · · · · · · · · · · · · · · · · · ·				INSURER E:						
				INSURER F:				<del>                                     </del>		
COVERACES	4000 DELACION NUMBER.									
COVERAGES CERTIFICATE NUMBER: ATL202414898 REVISION NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIES OF IN NOTWITHSTANDING ANY REQUIREMENT, TER OR MAY PERTAIN, THE INSURANCE AFFORDE POLICIES. LIMITS SHOWN MAY HAVE BEEN R	M OR CO	ONDITIO	ON OF ANY CONTRACT OF CIES DESCRIBED HEREIN	R OTHER DOCU	MENT WITH RE	SPECT TO WHICH	THIS CERTI	IFICATE N	MAY BE ISSUED	
INSR TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
GENERAL LIABILITY	X	VVVD		03/01/2024	01/01/2025	EACH OCCURRENCE			\$3,000,000	
A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE V OCCUR			PLH02GL00000652						\$1,000,000	
CEAIMS-MADE X						· /		\$10,000		
		Sexua	al Abuse & Molestation Liab	per occurrence: \$	1,000,000	PERSONAL & ADV INJURY			\$1,000,000	
			al Abuse & Molestation Aggre			GENERAL AGGREGATE		\$5,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:			ipant & Legal Liability per oc ipant & Legal Liability Aggre			PRODUCTS - COMP/OP AGG		\$2,000,000		
POLICY PRO- X LOC									\$	
AUTOMOBILE LIABILITY		- App	lies to non-participants only			COMBINED SINCLE	LIMIT (En poold)	net)	s	
ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)		anu)	s	
ALL OWNED SCHEDULED						BODILY INJURY (Per accident)			\$	
AUTOS AUTOS						PROPERTY DAMAGE		\$		
HIRED AUTOS NON-OWNED AUTOS						(Per accident)			s	
									*	
EXCESS/UMBRELLA LIABILITY						EACH OCCURRENCE			Т	
OCCUR   CLAIMS-MADE						AGGREGATE				
DED RETENTION \$						2				
	N / A			-		<del>                                     </del>		ОТИ	T-	
WORKERS COMPENSATION Y/N AND EMPLOYERS' LIABILITY	N/A					PER STATU	TE	OTH- ER	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDEN	п		\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE			\$	
If yes, describe under DESCRIPTION OF			E.L. DISEASE - POLICY LIMIT		CYLIMIT		\$			
OPERATIONS below	-	-								
DESCRIPTION OF OPERATIONS / LOCATIONS	WELLIC	1 E 0 ///	and ACORD 404 Additions	al Bomarke Cohe	dula if mara	rance is required				
COVERAGE UNDER THIS POLICY SHALL APPLY I AMATEUR SOFTBALL/BASEBALL, BUT ONLY FOR NAMED AS AN ADDITIONAL INSURED TO THIS PO COVERAGE FOR AN UMPIRE LIABILITY CLAIM. 10	O LIABI INCIDE	LITY OF ENTS IN	WILMINGTON SENIOR SO VOLVING BODILY INJURY, IRES MUST BE USA SOFTE	OFTBALL ASSOC , PERSONAL IN. BALL REGISTER	IATION ARISIN JURY OR PROF ED OR THE UN	G OUT OF THE AD PERTY DAMAGE. TH IPIRES AND ANY A	MINISTRATIO	ATE HOLI	DER BELOW IS	
CERTIFICATE HOLDER				CANCELLA						
City of Wilmington 102 North Third St P.O. Box 1810	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
Wilmington, NC 28402-1810	ALITHORIZED REPRESENTATIVE									

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AUTHORIZED REPRESENTATIVE