

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/25/2022

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 the certificate holder in lieu of such endorsement(s).

PRODUCER O2 Sports Inquirence					CONTACT NAME: Kandace Kalin						
O2 Sports Insurance 110 E Broward Blvd, Suite 1700					PHONE (A/C, No, Ext): 1-855-351-0202 FAX (A/C, No): 1-855-984-2379						
Fort Lauderdal, FL 33301						E-MAIL ADDRESS: info@o2sportsinsurance.com					
<u>'</u>					INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A: Houston Casualty Company				42374	
INSURED						INSURER B:					
Cottage Grove Athletic Association Softball					INSURER C :						
7064 W Point Douglas Rd S # 201 Cottage Grove, MN 55016					INSURER D :						
Collage Grove, Min 550 to											
A Member of O2 Program Management Inc., Athletic Association					INSURER E:						
3 4 3 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					INSURER F :						
COVERAGES CERTIFICATE 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 TYPE OF INSURANCE INSD				POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS			·		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	T OLIO I NOMBLIX		(WIWI/DD/1111)	(WIWI/DD/1111)	EACH OCCURRENCE		\$1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED		\$300,000	
	CLAIIVIS-IVIADE 71 OCCUR					05/05/2022	05/05/2023 12:00 AM	PREMISES (Ea occurrence)		ψ500,000	
A				H22AS00009-125				MED EXP (Any one person)		\$1,000,000	
^						12:00 AM		PERSONAL & ADV INJURY			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$3,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$1,000,000	
<u> </u>	OTHER:							ABUSE AND MOLESTATION COMBINED SINGLE LIMIT		\$1,000,000	
	AUTOMOBILE LIABILITY							(Ea accident)			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)			
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)			
<u> </u>	EXCLUDING HAWAII										
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
	DED RETENTION\$										
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT			
								E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
	Accident Medical			H22AS00009-125		05/05/2022	05/05/2023	Excess Medical		\$100,000	
А						12:00 AM	12:00 AM	Deductible Per Claim		\$250.00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Sport: Softball											
CERTIFICATE HOLDER						CANCELLATION					
Evidence of Coverage					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE						
						Kandace Kalin					