



Sadler Sports: National Junior Basketball League
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2025

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 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).

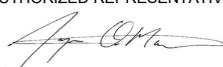
PRODUCER Sadler Insurance, Division of Specialty Program Group, LLC P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	CONTACT NAME: Kandyce Breedon		
	PHONE (A/C, No. Ext): 800-622-7370 FAX (A/C, No): 803-256-4017		
	E-MAIL ADDRESS: kandyce@sadlersports.com		
	PRODUCER CUSTOMER ID#:		
INSURED National Junior Basketball League Inc. dba NJB c/o Dennis Murphy 108 E. Main Street Suite 105 Tustin, CA 92780	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: SiriusPoint America Insurance Company		38776
	INSURER B: SiriusPoint America Insurance Company		38776
	INSURER C:		
	INSURER D:		

COVERAGES CERTIFICATE NUMBER 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input checked="" type="checkbox"/> INCL PARTICIPANTS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	X		PLH02GL000021 48	08/01/2025	08/01/2026	EACH OCCURRENCE	\$2,000,000							
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000							
							MEDICAL EXP (Any one person)	\$5,000							
							PERSONAL & ADV INJURY	\$1,000,000							
							GENERAL AGGREGATE	\$4,000,000							
							PRODUCTS-COMP/OP AGG	\$2,000,000							
							SEXUAL ABUSE/MOLESTATION	\$1,000,000							
							SEXUAL ABUSE/MOLESTATION AGGREGATE	\$2,000,000							
							AUTOMOBILE LIABILITY				PLH02GL000021 48	08/01/2025	08/01/2026	COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
							<input type="checkbox"/> ANY AUTO								
<input type="checkbox"/> ALL OWNED AUTOS															
<input type="checkbox"/> SCHEDULED AUTOS															
<input checked="" type="checkbox"/> HIRED AUTOS															
<input checked="" type="checkbox"/> NON-OWNED AUTOS															
<input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII															
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>		N/A			<input type="checkbox"/> WC STATUTORY LIMITS								
							<input type="checkbox"/> OTHER								
							E.L. EACH ACCIDENT								
							E.L. DISEASE - EA EOMPLOYEE								
							E.L. DISEASE - POLICY LIMIT								
B	EXCESS MEDICAL			PHSA-BAMH-11249-25	08/01/2025	08/01/2026	MEDICAL	\$25,000							
							DEDUCTIBLE	100							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Sexual Abuse / Molestation \$1,000,000 per occurrence / \$2,000,000 aggregate per eligibility requirements in the policy; Legal Liability to Participants \$1,000,000.
COVERAGE EXTENDS ONLY TO NATIONAL JUNIOR BASKETBALL SANCTIONED EVENTS.
 The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.

CERTIFICATE HOLDER RELATIONSHIP: Property Owner/Lessor Rossmoor Community Service District 3001 Blume Drive Rossmoor, CA 90720	CANCELLATION 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 

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
PLH02GL00002148	08/08/2014	Los Alamitos	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSUREDS OWNERS AND/OR LESSORS OF PREMISES, SPONSORS OR
CO-PROMOTERS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The policy is amended to include as an additional Insured any person or organization of the types indicated by an "X" in any boxes shown below, but only with respect to liability arising out of your operations:

Owners and/or lessors of the premises leased, rented, or loaned to you, subject to the following additional exclusions:

1. This insurance applies only to an "occurrence" which takes place while you are a tenant in the premises;

2. This insurance does not apply to "bodily injury" or "property damage" resulting from structural alterations, new construction or demolition operations performed by or on behalf of the owner and/or lessor of the premises;

3. This insurance does not apply to liability of the owners and/or lessors for "bodily injury" or "property damage arising out of any design defect or structural maintenance of the premises or loss caused by a premises defect.

With respect to any additional insured included under this policy, this insurance does not apply to any negligence of such additional insured.

Sponsors

Co-Promoters

Any individual person(s) or organization(s) listed below:

COACHES, OFFICIALS AND VOLUNTEERS
WHILE ACTING WITHIN THE SCOPE OF THEIR
DUTIES FOR THE INSURED.