Sadler Sports: National Junior Basketball League

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/01/2023

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).

CONTACT NAME: Kandyce Breeden PRODUCER SADLER & COMPANY, INC. PHONE (A/C, No. Ext): 800-622-7370 | FAX (A/C, No): 803-256-4017 P.O. BOX 5866 E-MAIL ADDRESS: kandyce@sadlersports.com COLUMBIA, SOUTH CAROLINA 29250-5866 PRODUCER CUSTOMER ID#: **INSURER(S) AFFORDING COVERAGE** National Junior Basketball League Inc. dba NJB INSURER A: Markel Insurance Company 38970 c/o Dennis Murphy INSURER B: Markel Insurance Company 108 E. Main Street INSURER C: Suite 105 Tustin, CA 92780 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 COMMERCIAL GENERAL LIABILITY CLAIMS MADE COCCUR	х		3602AH012649	08/01/2023	08/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MEDICAL EXP (Any one person)	\$1,000,000 \$1,000,000 \$5,000
	☐ INCL PARTICIPANTS						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,000,000
	<u> </u>						PRODUCTS-COMP/OP AGG	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						SEXUAL ABUSE/MOLESTATION	\$1,000,000
	POLICY PROJECT LOC						SEXUAL ABUSE/MOLESTATION AGGREGATE	\$2,000,000
Α	AUTOMOBILE LIABILITY			1002AH12762	08/01/2023	08/01/2024	COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
	ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	NOT PROVIDED WHILE IN HAWAII							
А	UMBRELLA LIAB OCCUR					08/01/2024	EACH OCCURRENCE	\$1,000,000
	□ EXCESS LIAB □ CLAIMS-MADE □ DEDUCTIBLE □ RETENTION \$0			4602AH0123653	08/01/2023		AGGREGATE	\$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR /			N/A			WC STATUTORY LIMITS	
	PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF						E.L. EACH ACCIDENT	
						E.L. DISEASE - EA EOMPLOYEE		
	OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
В	EXCESS MEDICAL			4102AH012648	08/01/2023	08/01/2024	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 occurence / \$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 RFI ATIONSHIP

Property Owner/Lessor

City of Los Alamitos 3191 Katella Avenue Los Alamitos, 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

ISO | Commercial General Liability Forms | 01/01/96

POLICY NUMBER: 3602AH012649

COMMERCIAL GENERAL LIABILITY CG 20 11 04 11

INSURED:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

- 1. Designation of Premises (Part Leased To You):
- 2. Name of Person or Organization (Additional Insured):

City of Los Alamitos 3191 Katella Avenue Los Alamitos, CA 90720

3. Additional Premium: none

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased agreement to provide for such additional insured. to you and shown in the Schedule and subject to the following additional exclusions: This insurance does not apply to:
- 1. Any "occurrence" which takes place after you cease If coverage provided to the additional insured is to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the of insurance: person(s) or organization(s) shown in the Schedule. However:
- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or
- **B.** With respect to the insurance afforded to these additional insureds, the following is added to Section III-Limits Of Insurance:
- required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount
- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Date Added: 08/08/2014 02:42:58 PM

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