



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/07/2025

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

PRODUCER K&K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, IN 46801-2338		CONTACT NAME: Mass Merchandising Underwriting PHONE (A/C, No, Ext): 1-800-426-2889 FAX (A/C, No): 1-260-459-5105 E-MAIL ADDRESS: info@sportsinsurance-kk.com PRODUCER CUSTOMER ID:																						
INSURED Detroit Metro Stars Baseball 50428 Knightsbridge Dr. Macomb, MI 48044 A Member of the Sports, Leisure & Entertainment RPG		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>AIG Specialty Insurance Company</td><td>26883</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	AIG Specialty Insurance Company	26883	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: W03157916

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X	COMMERCIAL GENERAL LIABILITY				9YAPG0001334486101	10/30/2025 12:01 AM EDT	10/30/2026 12:01 AM	EACH OCCURRENCE	\$2,000,000	
		CLAIMS-MADE	X	OCCUR	DAMAGE TO RENTED PREMISES (Ea Occurrence)				\$1,000,000		
					MED EXP (Any one person)				\$5,000		
					PERSONAL & ADV INJURY				\$2,000,000		
					GENERAL AGGREGATE				\$5,000,000		
					PRODUCTS – COMP/OP AGG				\$2,000,000		
					PROFESSIONAL LIABILITY				\$2,000,000		
					LEGAL LIAB TO PARTICIPANTS				\$2,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:									
	POLICY		PRO-JECT		LOC						
	OTHER:										
A	AUTOMOBILE LIABILITY					9YAPG0001334486101	10/30/2025 12:01 AM EDT	10/30/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000	
		ANY AUTO OWNED AUTOS ONLY							SCHEDULED AUTOS NON-OWNED AUTOS ONLY	BODILY INJURY (Per person)	
	X	HIRED AUTOS ONLY			X					BODILY INJURY (Per accident)	
		NOT PROVIDED WHILE IN HAWAII								PROPERTY DAMAGE (Per accident)	
		UMBRELLA LIAB		OCCUR					EACH OCCURRENCE		
		EXCESS LIAB		CLAIMS-MADE	AGGREGATE						
		DED		RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N/A				<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)										
	If yes, describe under DESCRIPTION OF OPERATIONS below										
A	MEDICAL PAYMENTS FOR PARTICIPANTS					9YAPG0001334486101	10/30/2025 12:01 AM EDT	10/30/2026 12:01 AM	PRIMARY MEDICAL		
									EXCESS MEDICAL	\$250,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Sport(s): Baseball Age(s): 12 and under, 13-15, 16-19
Sexual Misconduct Liability - \$250,000 each "Insured Event" limit with \$1,000,000 aggregate

CERTIFICATE HOLDER

Evidence of Coverage

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

Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas