

**NON-PROFIT ORGANIZATION
DIRECTORS AND OFFICERS
INCLUDING EMPLOYMENT PRACTICES LIABILITY
CERTIFICATE OF INSURANCE**

Certificate

Number: U00052828

ISSUED: 11/21/2023

Company Affording Coverage:

Nationwide Mutual Insurance Company

AUTHORIZED AGENT:

K&K Insurance Group, Inc.

**THE COVERAGE SHOWN ON THIS CERTIFICATE IS CLAIMS MADE COVERAGE
WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE COVERAGE PERIOD.**

This Certificate of Insurance provides you (the Insured Member) with the insurance indicated below as part of Master Policy # 6BDNO0000007893800 issued to the Sports, Leisure and Entertainment RPG. This Certificate of Insurance together with the Master Policy Declarations, Coverage Form, Endorsements and Enrollment Form constitute the contract between the Insurer, the Organization and the Individual Insureds.

ITEM A. INSURED MEMBER/PARENT ORGANIZATION

Cypress Youth Baseball Inc

P.O. BOX 1435

CYPRESS, CA 90630

A Member of the Sports, Leisure & Entertainment RPG

ITEM B. COVERAGE PERIOD:

Effective: 11/21/2023

Expiration: 11/21/2024

(at 12:01 a.m. Standard Time at the address of the Parent Organization)

ITEM C. LIMITS OF INSURANCE

PREMIUM

\$1,000,000

Limit of Liability

\$657.00

Maximum Aggregate Limit of Liability for each Policy Year:

Excluded

Outside Service Coverage:

\$1,000

Retention (Each Claim):

\$10,000

Medical Payments for Participants

Directors:

Excluded

Volunteers:

Total Premium Fully Earned at Inception:

\$657.00

**NOTICES: ALL NOTICES REQUIRED TO BE GIVEN TO THE
INSURER UNDER THIS COVERAGE SHALL BE ADDRESSED TO:**

K&K Insurance Group

P.O. Box 2338

Fort Wayne, IN 46801-2338

By:



AUTHORIZED REPRESENTATIVE SIGNATURE



Insuring the world's fun!

K&K Insurance Group, Inc.
1712 Magnavox Way
Fort Wayne, IN 46804
Phone 1-800-426-2889
Fax 1-260-459-5105
Claims 1-800-237-2917

NOTICE

This section must be completed and returned within 20 days of effective date
to avoid cancellation of the Directors & Officers coverage.

Directors & Officers Warranty

With respect to the Directors & Officers coverage purchased in the transaction summarized below, it is an insurance company requirement that the question below must be warranted by the **President, Executive Director, Treasurer or Officer of the Board of the organization.**

Named insured: **Cypress Youth Baseball Inc**

Effective date of coverage: **11/21/2023 to 11/21/2024**

Please answer the following:

Past activities:

No claim that would fall within the scope of the proposed insurance has been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), excepts as follows (include the loss payment and defense cost):

If so, explain: _____

If none, check here ☐

No person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for any employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope of the proposed insurance, excepts as follows:

If none, check here ☐

Name of person completing this form: _____ Date: _____

Title (check one): ☐ **President** ☐ **Executive Directory** ☐ **Treasurer** ☐ **Officer of the Board**

Signature: _____

Please return this section to: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, IN 46804