



CERTIFICATE OF LIABILITY INSURANCE

12/20/2021

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 RPS Bollinger, Inc. 200 Jefferson Road Whippany, NJ 07960 Phone: 800-446-5311 Fax: 973-921-8474		CONTACT NAME: A.J. Morgan PHONE (A/C, No. Ext): 800-446-5311 FAX (A/C, No): 973-921-8474 EMAIL ADDRESS:	
INSURED USA Softball and Members of the JO CA - Northern California Individual Registration Program Daniel Opperman 30 Chapel Hill Dr. Napa, CA 94559		INSURERS AFFORDING COVERAGE INSURER A: Markel Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	
		NAIC # 38970	

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/YY)	POLICY EXP (MM/DD/YY)	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"/> Participant Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	<input checked="" type="checkbox"/>		3602AH230069 *Non-participants only Sexual Abuse & Molestation Liab per occurrence: \$2,000,000 Sexual Abuse & Molestation Aggregate limit: \$2,000,000	08/01/21	09/01/22	EACH OCCURRENCE	\$2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$1,000,000	
	MED EXP (Any one person)						\$10,000 *	
	PERSONAL & ADV INJURY						\$2,000,000	
	GENERAL AGGREGATE						\$5,000,000	
	PRODUCTS - COMP/OP AGG	\$2,000,000						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	
							AGGREGATE	
								\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	E.L. EACH ACCIDENT						\$	
	E.L. DISEASE - EA EMPLOYEE						\$	
	E.L. DISEASE - POLICY LIMIT						\$	
	OTHER							

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

COVERAGE UNDER THIS POLICY SHALL APPLY TO LIABILITY OF THE INSURED ARISING OUT OF THE ADMINISTRATION, PLAY OR PRACTICE OF AMATEUR SOFTBALL/BASEBALL, BUT ONLY FOR INCIDENTS INVOLVING BODILY INJURY OR PROPERTY DAMAGE.
CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED. THIS CERTIFICATE IS ISSUED ON BEHALF OF: Castro Valley Girls Softball League

CERTIFICATE HOLDER

Castro Valley Unified School District

4400 Alma Avenue
Castro Valley, CA 94546**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


THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION FOR USA SOFTBALL ACTIVITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Named Insured: USA Softball and Members of the JO CA - Northern California Individual Registration Program Castro Valley Unified School District, 4400 Alma Avenue, Castro Valley, CA 94546		
Policy Number 3602AH230069	Policy Period 08/01/21 - 09/01/22	Endorsement/Effective Date As shown on the attached Certificate of Insurance
Issued By Markel Insurance Company	Authorized Representative 	

The above information is required only when this endorsement is prepared after the policy is issued.

SCHEDULE

Name of Person or Organization:

As Shown on the Attached Certificate of Insurance

A. The following is added to Section II - WHO IS AN INSURED:

The person or organization shown in the above SCHEDULE but only with respect to liability arising out of the organization, promotion, administration and conduct of amateur softball activities, including games, practices, tournaments, and fund-raising activities, under the rules of the Amateur Softball Association of America, provided:

- a. That if the person or organization is designated as a Team, the person or organization so designated shall be deemed to include team members, manager, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the team, and if so indicated, a Field Owner, but only for liability arising out of the designated Team's amateur softball activities covered under this policy.
- b. That if the person or organization is designated as a League, the interest of the League shall not be included unless all team members in the League purchase this insurance.

When the interest of the League is so included, the person or organization designated as a League shall be deemed to include all teams in the league and team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the League or of any such teams, and if so indicated, a Field Owner, but only for liability arising out of the designated League's amateur softball activities covered under this policy.

All other terms and conditions of this policy remain unchanged.