CERTIFICATE OF LIABILITY INSURANCE										DATE (MM/DD/YY) 11/19/19	
PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive							CATE #	<i>±</i> : 3460101-2020-1 3 46 01			
Northumberland, PA 17867						INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:							R A:	Lexingto	exington Insurance Company		
ABINGDON LL							R B:		National Union Fire Insurance Company of		
Jonathan Shelton PO Box 1083							oility)	Pittsburgh, PA			
Abingdon, VA 24212							R C:	AIG Specialty Insurance Company			
COV	/ERAGE	ES									
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE IN ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DO PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERE POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CL						DCUMENT WI EIN IS SUBJE	TH RESI	PECT TO WHI	CH THIS CERTIFICATE M.	AY BE ISSUED OR MAY	
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER		Y EFFECTIVE (MM/DD/YYYY)			LIMITS		
A	x	GENERAL LIABILITY				10.4.10.000		10.1.100.0.1	EACH OCCURRENCE	\$1,000,000	
		Χ	OCCURRENCE	011405740	01,	/01/2020	01.	/01/2021	GENERAL AGGREGATE	\$2,000,000	
		Χ	INCL PARTICIPANTS	Property Damage	e Deductible: \$250				PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
									Sexual Abuse	\$1,000,000	

	GENERAL LIABILITY OCCURRENCE INCL PARTICIPANTS SEXUAL ABUSE MEDICAL PAYMENTS DIRECTORS & OFFICERS VER LIABILITY COVERAGE	011405740 Property Damag 018251940 019502676	01/01/2020 e Deductible: \$250 01/01/2020 01/01/2020	01/01/2021	EACH OCCURRENCE GENERAL AGGREGATE PRODUCTS/COMP OPS AGGREGATE Sexual Abuse OCCURRENCE Sexual Abuse AGGREGATE Any One Person EACH LOSS AGGREGATE LIMIT OF LIABILITY	\$1,000,000 \$2,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000
х х	INCL PARTICIPANTS SEXUAL ABUSE MEDICAL PAYMENTS DIRECTORS & OFFICERS	Property Damag	e Deductible: \$250	01/01/2021	PRODUCTS/COMP OPS AGGREGATE Sexual Abuse OCCURRENCE Sexual Abuse AGGREGATE Any One Person EACH LOSS AGGREGATE	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000
X	SEXUAL ABUSE MEDICAL PAYMENTS DIRECTORS & OFFICERS	018251940	01/01/2020		AGGREGATE Sexual Abuse OCCURRENCE Sexual Abuse AGGREGATE Any One Person EACH LOSS AGGREGATE	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000
	MEDICAL PAYMENTS				OCCURRENCE Sexual Abuse AGGREGATE Any One Person EACH LOSS AGGREGATE	\$1,000,000 \$1,000,000 \$1,000,000
	MEDICAL PAYMENTS				AGGREGATE Any One Person EACH LOSS AGGREGATE	\$1,000,000 \$1,000,000
	DIRECTORS & OFFICERS				EACH LOSS AGGREGATE	\$1,000,000
					AGGREGATE	\$1,000,000
C	YBER LIABILITY COVERAGE	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY	\$100 000 PER
					CLAIMS MADE	LEAGUE AGGREGATE
SE	ECURITY AND PRIVACY LIABILITY INSURANCE		EAGUE SUBLIMIT C GUE RETENTION	RETROACTIVE DATE		
RE	EGULATORY ACTION SUBLIMIT OF LIABILITY		EAGUE SUBLIMIT C	POLICY INCEPTION	POLICY INCEPTION	
EVENT MANAGEMENT INSURANCE \$100,000 PER LEAGUE SUBLIMIT OF LIAB \$1,000 PER LEAGUE RETENTION					NOT APPLICABLE	POLICY INCEPTION
CRIME COVERAGE		011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000
		Crime Deductib	e: \$250 Property/\$1	AGGREGATE	NONE	
	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess
	s	CRIME COVERAGE	CRIME COVERAGE Crime Deductibl	CRIME COVERAGE Crime Deductible: \$250 Property/\$1 SPORTS EXCESS ACCIDENT SRG9105434 01/01/2020	CRIME COVERAGE Crime Deductible: \$250 Property/\$1,000 Money SPORTS EXCESS ACCIDENT SRG9105434 01/01/2020 01/01/2021	CRIME COVERAGE Crime Deductible: \$250 Property/\$1,000 Money AGGREGATE SPORTS EXCESS ACCIDENT SRG9105434 01/01/2020 01/01/2021 As in Master Policy: Med. Max. \$100,000

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:
1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702	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

IMPORTANT

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.