			CER	TIFICATE OF IN	SURA	NCE					DATE (MM/DD/YY) 12/11/23	
PRODU		ek M	lanagers, LLC			CERTIFIC	ATE #	:	4051106-2024-1		4 05 11	
1995	Point T	own	ship Drive , PA 17867		INSURERS AFFORDING COVERAGE:							
ADDIT	IONAL NAME	D INS	URED:			INSURE	R A:	Intersta	te Fire & Casua	Ity Co	mpany	
						INSURE		Nationa	I Union Fire Ins			
	37 Rubico ss Valley, ((Non-Liat		Pittsbu				
						INSURE	-		cialty Insuranc			
			SURANCE LISTED BELOW HA					EOR THE P		ance C	OMPANY	
REQU PERT AGGF * SUB ALL C ** SU	IREMENT, AIN. THE II REGATE LII JECT TO \$ LASS ACT BJECT TO	TER NSUR MITS 5,000 ION 0 \$5,00	IM OR CONDITION OF ANY ANCE AFFORDED BY THE P SHOWN MAY HAVE BEEN RE 0,000 AGGREGATE SUBLIMI CLAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIM ILLY DESCRIBED IN ENDORS	CONTRACT OR OTHE OLICIES DESCRIBED H EDUCED BY PAID CLAIN F OF LIABILITY FOR AL UE CLAIMS, AS MORE I IT OF LIABILITY FOR A	ER DOC IEREIN I MS. L LEAGI FULLY D ALL LEAG	UMENT WITH S SUBJECT TO JES, COMBINI ESCRIBED IN GUES, COMBI	RESPE D ALL TH ED, UNE ENDOR NED, UN	ECT TO WH HE TERMS, H DER THE MA SEMENT #3	IICH THIS CERTIFIC EXCLUSIONS AND (ASTER D&O POLICY 11 OF THE MASTER	CATE M CONDITI (, FOR A D&O PO	AY BE ISSUED OR MAY ONS OF SUCH POLICIES. ALL LOSS ARISING FROM LICY.	
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLIC	Y EFFECTIVE MM/DD/YYYY)	P EXP I	OLICY IRATION DATE DD/YYYY)		LIM	ITS	
	X		GENERAL LIABILITY					· · · ·	EACH OCCURRE	NCE	\$1,000,000	
A	X	X	OCCURRENCE	UST030987240	01/	01/2024	01/0	01/2025	GENERAL AGGRE		\$2,000,000	
		X	INCL PARTICIPANTS	Property Damage I	Deducti	ble: \$250			PRODUCTS/COMF	P OPS	\$1,000,000	
									AGGREGATE Sexual Abuse)	\$1,000,000	
		X	SEXUAL ABUSE					OCCURRENC Sexual Abuse AGGR		\$1,000,000		
			MEDICAL PAYMENTS		I				Any One Person			
_	V		1	014674121	01/	01/2024	01/0)1/2025	EACH LOSS		\$1,000,000*	
С	X		DIRECTORS & OFFICERS	014074121 01/01/2024 01/01/2023 AGGREGA							\$1,000,000	
С	х		CYBER LIABILITY COVERAGE	014681404	01/	01/2024	01/0	01/2025	LIMIT OF LIABIL CLAIMS MAD		\$100,000 PER LEAGUE AGGREGATE	
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABIL	ITY**	POLICY INCEPTION		CONTINUITY DATE POLICY INCEPTION	
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU			LIABIL	ITY				
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABIL	ITY**	NOT APPLICABLE		POLICY INCEPTION	
D	х	INI	LAND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/	/01/2024	01/0	01/2025	EACH LOSS		\$35,000 Deductible: \$500	
А	х		CRIME	UST030998240	01/	01/2024	01/0)1/2025	EACH LOSS		\$35,000 Deductible: \$1,000	
в	x	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/	01/2024	01/0)1/2025	As in Master Pol Med. Max. \$100 Deductible \$50	,000	As in Master Policy Excess	
"X" I	NDICATE	s co	OVERAGE(S) SELECTED	FOR ADDITIONAL N	AMED I	NSURED						
Who i liability organi 1. Stru perfor 2. Th	s an Insured / arising out zations and uctural alter med by the at part of the	d (SE t of th I subj ations abov e ball	ISURED CTION II) of the General Liabili e above-named Little League's ect to the following additional e s, new construction, maintenance e-named Little League; and field or other premises not bein ecreation and Park District	maintenance or use of b xclusions: ce, repair, or demolition c	oall fields operation med Little RESS OF	, or other prem s performed by e League. F PERSON OR	or on be	ed, donated shalf of the p	or rented to that Littl	e League i designa	e by such person or ted in the Schedule and/or	

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

INSURED

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.
Lain Lain

AUTHORIZED REPRESENTATIVE

			CER	TIFICATE OF IN	SURANCE				DATE (MM/DD/YY) 12/11/23	
PRODU		sk N	lanagers, LLC		CERTIFI	CATE #	:	4051106-2024-1	4 05 11	
1995	Point T	own	ship Drive , PA 17867		INSURE	RS AF	FORDIN	G COVERAGE:		
ADDIT	IONAL NAME	ED INS	URED:		INSURE	R A:	Intersta	te Fire & Casualty Co	mpany	
	R RIVER				INSURE	R B:		I Union Fire Insuranc		
	37 Rubico ss Valley,				(Non-Lia	bility)	Pittsbur	gh, PA		
Orac	o valicy,	0/11	0000		INSURE	R C:	AIG Spe	cialty Insurance Con	npany	
			SURANCE LISTED BELOW H		INSURE			American Insurance (
Pert Aggf * Sue All C ** Su	AIN. THE I REGATE LI JECT TO S LASS ACT BJECT TO S, AS MOR	NSUF MITS \$5,000 10N (\$5,00	M OR CONDITION OF ANY ANCE AFFORDED BY THE P SHOWN MAY HAVE BEEN RI 0,000 AGGREGATE SUBLIMI 2LAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIM ILLY DESCRIBED IN ENDORS	OLICIES DESCRIBED H EDUCED BY PAID CLAIM T OF LIABILITY FOR AL UE CLAIMS, AS MORE I IT OF LIABILITY FOR A	IEREIN IS SUBJECT 1 MS. L LEAGUES, COMBIN FULLY DESCRIBED IN ALL LEAGUES, COMB	O ALL TH NED, UND N ENDOR INED, UN SY.	HE TERMS, I DER THE MA SEMENT #3 NDER THE M	EXCLUSIONS AND CONDIT ASTER D&O POLICY, FOR / 1 OF THE MASTER D&O PC	IONS OF SUCH POLICIES ALL LOSS ARISING FRO DLICY.	
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	EXP	OLICY VIRATION DATE DD/YYYY)	LIN	NITS	
А	х		GENERAL LIABILITY			0.4.10		EACH OCCURRENCE	\$1,000,000	
A		X	OCCURRENCE	UST030987240	01/01/2024	01/2024 01/01/2025		GENERAL AGGREGATE	\$2,000,000	
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250	1		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		v						Sexual Abuse OCCURRENCE	\$1,000,000	
		X	SEXUAL ABUSE					Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS					Any One Person		
С	х			014674121	01/01/2024	01/0	01/2025	EACH LOSS	\$1,000,000*	
U			DIRECTORS & OFFICERS	014074121	01/01/2021		01/2020	AGGREGATE	\$1,000,000	
С	Х		CYBER LIABILITY COVERAGE	014681404	01/01/2024	01/0	01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGU AGGREGATE	
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU		RETROACTIVE DATE	CONTINUITY DATE			
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU						
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU		LIABILI	ITY**	NOT APPLICABLE	POLICY INCEPTION	
D	Х	IN	LAND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/0	01/2025	EACH LOSS	\$35,000 Deductible: \$500	
			001115	UST030998240	01/01/2024	01/0	01/2025	EACH LOSS	\$35,000 Deductible: \$1,00	
A	X		CRIME							

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:

Bear River Recreation and Park District 22431 Kingston Ln Grass Valley, CA 95949

INSURED

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

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.

7

and, AUTHORIZED REPRESENTATIVE

(



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

									12	/11/2023
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POI BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHO REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
	IPORTANT: If the certificate holder				olicvíi	es) must hav		IAL INSURED provision	s or he	endorsed
	SUBROGATION IS WAIVED, subject									
	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su						
	DUCER				CONTA NAME:			FAX	()	
-	vstone Risk Managers, LLC				PHONE (A/C, No	$(0, 0)^{-1}$	173-2150	(A/C, No):	(570)	473-2151
199	5 Point Township Drive				È-MAIL ADDRE	ss: DIrwin@	Keystoneins	Jrp.com		
	dhaana haada aad			DA 47007						NAIC #
	thumberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829
11150	Little League Baseball Risk I	Juroh	ooina	Croup Incorporated	INSURE					
	BEAR RIVER LL	urch	asing	Gloup, incorporated	INSURE					
	10487 Rubicon Court				INSURE					
	Grass Valley			CA 95949	INSURE					
CO		TIFI		NUMBER:	INSURE	K F :		REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIES		-		VE BEE	N ISSUED TO			HE POL	ICY PERIOD
CE E>	DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, Ö CIES.	THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE	S DESCRIBED PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
A		X	X	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT	\$	1M/\$1M
								(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	э \$	
	UMBRELLA LIAB								•	
								EACH OCCURRENCE	\$ \$	
		-						AGGREGATE	э \$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	φ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
		1							-	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may be	e attached if more	e space is require	ed)		
C	differente la la la la la constante a constante a la la la la la constante a la la la constante a la constante			farma CC 2020 (42/40)						
Cei	tificate Holder is named as Additional I	nsure	a per	form CG 2026 (12/19)						
CEF	RTIFICATE HOLDER				CANC	ELLATION				
Be	ear River Recreation and Park District				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
22	431 Kingston Ln				AUTHO	RIZED REPRESE	NTATIVE	\frown		
				04 050 5		(ノ、	9 (),		
Gr	ass Valley			CA 95949		L	an	" velin		
•						19 © 19		ORD CORPORATION.	All rial	nts reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Bear River Recreation and Park District 22431 Kingston Ln Grass Valley, CA 95949

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 for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

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 agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Bear River Recreation and Park District 22431 Kingston Ln Grass Valley, CA 95949

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

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

			CER	TIFICATE OF IN	SURANCE				DATE (MM/DD/YY) 12/11/23			
PRODU		ek M	anagers, LLC		CERTIFIC	CERTIFICATE #: 4051106-2024-1 4						
1995	Point T	own	ship Drive PA 17867		INSURE	RS AF	G COVERAGE:					
ADDIT	ONAL NAME	ED INSU	JRED:		INSURE	RA:	Intersta	te Fire & Casualty Co	mpany			
	R RIVER				INSURE			I Union Fire Insuranc				
	87 Rubico s Valley,				(Non-Lia	bility)	Pittsbur					
Gras	is valley,	CA 9	5949		INSURE	R C:	AIG Spe	cialty Insurance Com	ipany			
			URANCE LISTED BELOW H		INSURE	R D:		American Insurance C				
PERT AGGF * SUB ALL C ** SUI COST	AIN. THE I REGATE LII JECT TO S LASS ACT BJECT TO S, AS MOP ADD'L NAMED	NSUR MITS \$ \$5,000 10N C \$5,00	M OR CONDITION OF ANY ANCE AFFORDED BY THE P SHOWN MAY HAVE BEEN RI JOOD AGGREGATE SUBLIMI LAIMS AND COMMON LEAG 0,000 AGGREGATE SUBLIM LLY DESCRIBED IN ENDORS TYPE OF INSURANCE	OLICIES DESCRIBED H EDUCED BY PAID CLAIR T OF LIABILITY FOR AL UE CLAIMS, AS MORE IT OF LIABILITY FOR A	IEREIN IS SUBJECT T MS. LI LEAGUES, COMBIN FULLY DESCRIBED IN ALL LEAGUES, COMBIN ASTER CYBER POLIC POLICY EFFECTIVE	O ALL TH IED, UND I ENDOR: INED, UN Y. P(EXP	HE TERMS, F DER THE MA SEMENT #3 IDER THE M OLICY IRATION	EXCLUSIONS AND CONDIT ASTER D&O POLICY, FOR A 1 OF THE MASTER D&O PO MASTER CYBER POLICY, F	IONS OF SUCH POLICIES ALL LOSS ARISING FROI DLICY.			
LTR	INSRD				DATE (MM/DD/YYYY)		DATE DD/YYYY)		• • • • • • • • •			
А	х		GENERAL LIABILITY	UST030987240	01/01/2024	/01/2024 01/0 ⁻		EACH OCCURRENCE	\$1,000,000			
		X	OCCURRENCE					GENERAL AGGREGATE	\$2,000,000			
		X	INCL PARTICIPANTS	Property Damage	Deductible: \$250			PRODUCTS/COMP OPS AGGREGATE	\$1,000,000			
		x						Sexual Abuse OCCURRENCE	\$1,000,000			
		•	SEXUAL ABUSE					Sexual Abuse AGGREGATE	\$1,000,000			
			MEDICAL PAYMENTS					Any One Person				
С	х			014674121	01/01/2024	01/0)1/2025	EACH LOSS	\$1,000,000*			
C		D	IRECTORS & OFFICERS	014074121	01/01/2024		172020	AGGREGATE	\$1,000,000			
С	Х		CYBER LIABILITY COVERAGE	014681404	01/01/2024	01/0)1/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGU AGGREGATE			
	S&P	SEC	JRITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU		RETROACTIVE DATE	CONTINUITY DATE					
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU								
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILI	TY**	NOT APPLICABLE	POLICY INCEPTION			
D	х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/0	01/2025	EACH LOSS	\$35,000 Deductible: \$500			
				UST030998240	01/01/2024	01/0)1/2025	EACH LOSS	\$35,000 Deductible: \$1,000			
A	Х		CRIME	031030990240								

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:

Nevada Joint Union High School District 11645 Ridge Road Grass Valley, CA 95949

INSURED

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

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.

7

and, AUTHORIZED REPRESENTATIVE

(



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

								12	/11/2023	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POU BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHO										
REPRESENTATIVE OR PRODUCER, A	ND T	HE C	ERTIFICATE HOLDER.							
IMPORTANT: If the certificate holder										
If SUBROGATION IS WAIVED, subject this certificate does not confer rights							require an endorsement	. A st	atement on	
PRODUCER			incate noticer in neu or st	CONTAG		/				
Keystone Risk Managers, LLC				NAME: PHONE	o, Ext): (570) 4		FAX	(570)	473-2151	
1995 Point Township Drive				E-MAIL ADDRES	<u>, Ext): (0,0)</u> cc. Dlrwin@	Keystoneinso	(A/C, No): aro.com	(010)		
· · · · · · · · · · · · · · · · · · ·				ADDRES		, ,	RDING COVERAGE		NAIC #	
Northumberland			PA 17867	INSURE	La Canada		ualty Company		22829	
INSURED				INSURE						
Little League Baseball Risk	Purch	asing	Group, Incorporated	INSURE						
BEAR RIVER LL				INSURE						
10487 Rubicon Court				INSURE	RE:					
Grass Valley			CA 95949	INSURE	RF:					
COVERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES										
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE REDUCED BY	S DESCRIBED				
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
							MED EXP (Any one person)	\$	Excluded	
A	X	X	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
							PRODUCTS - COMP/OP AGG	\$	1,000,000	
X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M	
							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$		
AUTOS ONLY AUTOS ONLY							(Per accident)	۶ \$		
								•		
							EACH OCCURRENCE	\$		
							AGGREGATE	\$ \$		
DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	Φ		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$		
OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ \$		
DESCRIPTION OF OPERATIONS Delow							L.L. DISEASE - POLICI LIMIT	φ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedu	le, may be	e attached if more	e space is require	ed)	1		
Certificate Holder is named as Additional I	nsure	d per	form CG 2026 (12/19)							
CERTIFICATE HOLDER				CANC	ELLATION					
Nevada Joint Union High School District				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.			
11645 Ridge Road				A 1	DITED DEF					
Grass Valley			CA 95949			our	1 pm	-		
				ļ	© 10	88-2015 AC	ORD CORPORATION.	All right	hts reserved	
					@ 13	55-2015 AG	ond on on anon.	An rigi		

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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Nevada Joint Union High School District 11645 Ridge Road Grass Valley, CA 95949

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 for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

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 agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Nevada Joint Union High School District 11645 Ridge Road Grass Valley, CA 95949

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

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

			CER	RTIFICATE OF IN	SURANCE				DATE (MM/DD/YY) 12/11/23			
PRODU		sk N	lanagers, LLC		CERTIFIC	CERTIFICATE #: 4051106-2024-1 4 05 11						
1995	Point T	own	ship Drive , PA 17867		INSURE	RS AF	FORDIN	G COVERAGE:				
ADDIT	onal name	ED INS	URED:		INSURE	RA:	Intersta	te Fire & Casualty Co	mpany			
	R RIVER				INSURE	R B:		I Union Fire Insuranc				
	37 Rubico s Valley,				(Non-Lia	bility)	Pittsbur	gh, PA				
Orac	o valicy,	0/11	0000		INSURE	R C:	AIG Spe	cialty Insurance Con	npany			
			SURANCE LISTED BELOW H		INSURE			American Insurance (
PERT AGGF * SUB ALL C ** SUI	AIN. THE II EGATE LII JECT TO S LASS ACT BJECT TO	NSUF MITS \$5,000 10N (\$5,00	M OR CONDITION OF ANY ANCE AFFORDED BY THE F SHOWN MAY HAVE BEEN R 0,000 AGGREGATE SUBLIM LAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIM ILLY DESCRIBED IN ENDOR	POLICIES DESCRIBED H EDUCED BY PAID CLAIN T OF LIABILITY FOR AL GUE CLAIMS, AS MORE IIT OF LIABILITY FOR A	IEREIN IS SUBJECT T MS. .L LEAGUES, COMBIN FULLY DESCRIBED IN ALL LEAGUES, COMB	O ALL TH IED, UND I ENDOR INED, UN Y.	HE TERMS, I DER THE MA SEMENT #3	EXCLUSIONS AND CONDIT ASTER D&O POLICY, FOR / 1 OF THE MASTER D&O PC	IONS OF SUCH POLICIES ALL LOSS ARISING FROI DLICY.			
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	EXP	OLICY IRATION DATE DD/YYYY)	LIN	NITS			
А	х		GENERAL LIABILITY			0.1/0		EACH OCCURRENCE	\$1,000,000			
A	~	X	OCCURRENCE	UST030987240	01/01/2024	01/01/2025		GENERAL AGGREGATE	\$2,000,000			
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	PS \$1,000,000					
		v						Sexual Abuse OCCURRENCE	\$1,000,000			
		X	SEXUAL ABUSE					Sexual Abuse AGGREGATE	\$1,000,000			
			MEDICAL PAYMENTS					Any One Person				
С	х			014674121	01/01/2024	01/01/2025		EACH LOSS	\$1,000,000*			
U	~		DIRECTORS & OFFICERS	014074121	01/01/2024		1/2020	AGGREGATE	\$1,000,000			
С	Х		CYBER LIABILITY COVERAGE	014681404	01/01/2024)1/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGU AGGREGATE			
	S&P	SEC	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU		RETROACTIVE DATE	CONTINUITY DATE POLICY INCEPTION					
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU								
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU		LIABILI	ITY**	NOT APPLICABLE	POLICY INCEPTION			
D	Х	IN	LAND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/0	01/2025	EACH LOSS	\$35,000 Deductible: \$500			
						04/0		EACH LOSS	\$35,000			
A	х		CRIME	UST030998240	01/01/2024	01/0)1/2025		Deductible: \$1,00			

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:

Pleasant Ridge Union School District 22580 Kingston Ln Grass Valley, CA 95949

INSURED

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

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.

7

and , AUTHORIZED REPRESENTATIVE

(



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

		_ 1 \							12/	/11/2023
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POI BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHO REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
	ORTANT: If the certificate holder i				olicy/i	os) must hav			s or be	andorsad
	JBROGATION IS WAIVED, subject									
this	certificate does not confer rights to	o the	cert	ificate holder in lieu of su).	•		
PRODU					CONTA NAME:	David IIV		FAX		
-	one Risk Managers, LLC				PHONE (A/C, No	$(0, 0)^{-1}$		FAX (A/C, No):	(570)	473-2151
1995	Point Township Drive				È-MAIL ADDRE	ss: DIrwin@	Keystoneins	grp.com		
								IDING COVERAGE		NAIC #
	umberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829
INSURE				One is the second sector of	INSURE	RB:				
	Little League Baseball Risk F	urcn	asing	Group, Incorporated	INSURE	RC:				
	BEAR RIVER LL				INSURE					
	10487 Rubicon Court			CA 05040	INSURE					
	Grass Valley RAGES CER	TIEI	~ ^ T E	CA 95949	INSURE	RF:		REVISION NUMBER:		
	IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			HE POL	
CER EXC	CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY I LUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	THE INSURANCE AFFORD	ED BY	THE POLICIE REDUCED BY	S DESCRIBED PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	300,000
		V	N	··· -				MED EXP (Any one person)	\$	Excluded
		Х	Х	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$	1,000,000
G	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$ \$	1,000,000
	CITHER: Per League							SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT (Ea accident)	э \$	1M/\$1M
								(Ea accident) BODILY INJURY (Per person)	\$ \$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$ \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							AGGREGATE	\$	
	ORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	ID EMPLOYERS' LIABILITY IYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
OF	FICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
lf y DE	res, describe under							E.L. DISEASE - POLICY LIMIT	\$	
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (4	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)		
Cortif	anto Holdor in normad on Additional In	ouro	dnor	form CC 2026 (12/10)						
Certin	cate Holder is named as Additional In	Isure	u per	101111 CG 2026 (12/19)						
CERT	IFICATE HOLDER				CANC	ELLATION				
Plea	sant Ridge Union School District				ТНЕ	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
2258	0 Kingston Ln				AUTHO	RIZED REPRESE	TATIVE			
Gree						(1 ().		
Gras	ss Valley			CA 95949		-	an	" Velan		
						0 19		ORD CORPORATION.	All riał	nts reserved.

The ACORD name and logo are registered marks of ACORD

POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

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COMMERCIAL GENERAL LIABILITY COVERAGE PART

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- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.