

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/13/2024

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).

| | 3 | | | | | |
|--|-------------------------------|--|------------|--------|--|--|
| PRODUCER PS Bollinger | | CONTACT | | | | |
| 200 Jefferson Park | | NAME: | | | | |
| Whippany, NJ 07981 | | PHONE FAX | | | | |
| PHONE: 1-800-446-5311 FAX: 973-921- | 8474 | (A/C, No. Ext): 800-446-5311 | 3-921-8474 | | | |
| | | E-MAIL ADDRESS: | | | | |
| | | INSURER(S) AFFORDING COVERAGE | | NAIC # | | |
| | | INSURER A: State National Insurance Company | | 12831 | | |
| INSURED | | INSURER B: SiriusPoint America Insurance Company | | 38776 | | |
| USA Softball, Inc. 2801 NE 50th Street Oklahoma City, OK 73111 | | INSURER C: | | | | |
| | | INSURER D: | | | | |
| | | INSURER E: | | | | |
| | | INSURER F: | · | | | |
| COVERAGES | CERTIFICATE NUMBER: IRO202382 | 2440 REVISION NUME | ER: | | | |

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/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
| | GENERAL LIABILITY | X | | | 9/1/2023 | 9/1/2024 | EACH OCCURRENCE | \$3,000,000 |
| Α | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR | | | OVE-0000914-00 | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
| | X 333311 | | | | | | MED EXP (Any one person) * | \$10,000 |
| | | | Sexua | l Abuse & Molestation Liab p | er occurrence: \$ | 1,000,000 | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | l Abuse & Molestation Aggre | | | GENERAL AGGREGATE | \$5,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | Participant & Legal Liability per occurrence: \$2,000,000 Participant & Legal Liability Aggregate limit: \$2,000,000 | | | PRODUCTS - COMP/OP AGG | \$2,000,000 | |
| | DOLLOY DOO DOO | | Partic | pant & Legal Liability Aggre | gate limit: \$2,000 | 0,000 | | \$ |
| | JECT X LOC | | * Appl | ies to non-participants only | | | | |
| | AUTOMOBILE LIABILITY | | Γ | | ı | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | ALL OWNED SCHEDULED | | | | | | BODILY INJURY (Per accident) | \$ |
| | AUTOS AUTOS | | | | | | PROPERTY DAMAGE | \$ |
| | HIRED AUTOS NON-OWNED | | | | | | (Per accident) | |
| | H HAUTUS | | | | | | | \$ |
| | | | | | | | | |
| | EXCESS/UMBRELLA LIABILITY | | | | | | EACH OCCURRENCE | |
| | OCCUR CLAIMS- | | | | | | AGGREGATE | |
| | MADE | | | | | | | \$ |
| | DED RETENTION \$ | | | | | | | |
| | WORKERS COMPENSATION Y / N AND EMPLOYERS' LIABILITY | N/A | | | | | PER STATUTE ER | \$ |
| | AND EMPLOTERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | E.L. EACH ACCIDENT | \$ |
| | OFFICER/MEMBER EXCLUDED? | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | • |
| В | Accident Insurance | | | PHSA-BAM-10537 | 9/1/2023 | 9/1/2024 | Accident insurance \$250,000 | |
| | Full Excess | | | | | | Deductible | \$500 |
| | COUNTION OF OPERATIONS / LOCATIONS | | | | | d.d. :f | - · · · | |

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

COVERAGE UNDER THIS POLICY SHALL APPLY TO THE INSURED ARISING OUT OF THE ADMINISTRATION, PLAY OR PRACTICE OF AMATEUR SOFTBALL/BASEBALL, BUT ONLY FOR INCIDENTS INVOLVING BODILY INJURY, PERSONAL INJURY OR PROPERTY DAMAGE. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED. THIS CERTIFICATE IS ISSUED ON BEHALF OF: NORTHRIDGE ALL GIRLS SOFTBALL

| CERTIFICATE HOLDER | CANCELLATIO |
|--------------------|-------------|
|--------------------|-------------|

City of Los Angeles Department of Recreation and Parks 221 N. Figueroa Street #350 Los Angeles,, CA 90012

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