DATE (MM/ DD/ YYYY)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

02/29/2024

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 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). CONTACT NAME: Sports Dept PRODUCER SADLER & COMPANY, INC. PHONE (A/ C, No. Ext): 800-622-7370 | FAX (A/ C, No): 803-256-4017 P.O. BOX 5866 E- MAIL ADDRESS: amateur@sadlersports.com COLUMBIA, SOUTH CAROLINA 29250-5866 PRODUCER CUSTOMER ID# INSURED NAIC# **INSURER(S) AFFORDING COVERAGE** Villa Hills Longhorns Athletic Association 806 Flourney Court Crescent Springs, KY 41017 INSURER A: NATIONWIDE INSURANCE COMPANY 23787 INSURER B: Application ID: 411836 INSURER C A Member of the Sports, Leisure & Entertainment RPG INSURER D:

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.

INSD LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/ DD/ YYYY)	POLICY EXP (MM/ DD/ YYYY)	LIMITS	
Α	GENERAL LIABILITY	Х			12:01:00 AM ET 02/29/2024	12:01AM ET 02/28/2025	EACH OCCURRENCE	\$1,000,000
	COMMERCIAL GENERAL LIABILITY CLAIMS MADE COCCUR						DAMAGE TO PREMISES RENTED TO YOU (Fire Legal Liability)	\$1,000,000
				6B RPG0000007893500			MEDICAL EXPENSES (other than participants)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES						GENERAL AGGREGATE (other than Products- completed Operations)	\$5,000,000
	PER:						PRODUCTS- COMP/ OP AGG	\$1,000,000
	POLICY PROJECT LOC						LEGAL LIAB TO PARTICIPANTS	\$1,000,000
							PROFESSIONAL LIABILITY	\$1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS			6B RPG0000007893500	12:01:00 AM ET 02/29/2024	12:01AM ET 02/28/2025		
	SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
	☑ HIRED AUTOS (not provided	` · I					BODILY INJURY (Per person)	
	while in Hawaii)						BODILY INJURY (Per accident)	
	NON- OWNED AUTOS (not						PROPERTY DAMAGE (Per accident)	
	provided while in Hawaii)							
	□UMBRELLA LIAB □OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS- MADE						AGGREGATE	
	☐ DEDUCTIBLE ☐ RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR /			N/ A			□ WC STATUTORY LIMITS □ OTHER	
	PARTNER / EXECUTIVE Y/ N OFFICER / MEMBER						E.L. EACH ACCIDENT	
	EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF						E.L. DISEASE - EA EOMPLOYEE	
	OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
А	MEDICAL PAYMENTS TO PARTICIPANTS			6B RPG0000007893500	12:01:00 AM ET 02/29/2024	12:01AM ET 02/28/2025	EXCESS MEDICAL	\$100,000
							AD&D	NONE
							DEDUCTIBLE	\$100

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

RE: COVERED SPORTS Baseball 12 & Under, Baseball 13-15, Softball 12 & Under, Softball 13-15, TBall 12 & Under,

Sexual Abuse or Sexual Molestation Liability - \$250,000 Each Occurrence (included above) /\$1,000,000 Aggregate (included above) /\$1,000

CERTIFICATE HOLDER CANCELLATION

RELATIONSHIP: Other Relationship:

806 Flourney Court

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

melly

Crescent Springs, KY 41017

Villa Hills Longhorns Athletic Association

Coverage is only extended to U.S. events and activities

** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.