

**SODA Amateur Sports Membership Insurance Program
Verification of Coverage**

Application Receipt Date / Time: 03/03/2025 06:50:00 AM - entered by Customer

I. GENERAL INFORMATION**Application Status:** Complete**Specific Legal Name of Sports Organization:** NWO Lady Irish Fastpitch and Fighting Irish Baseball, Inc**TAM Code:** 18525**SODA Club ID:** 104024**Form of Business:** Not for Profit**Client type:** renewal**Contact's Name:** Cory Bryan**Primary Mailing Address:** 3535 N. Holland- Sylvania Rd**Address 2:** Unit B**City:** Toledo**State:** OH**Postal / Zip Code:** 43615**Primary Phone:** (419) 277-9310**Email Address:** cory@nwoladyirish.com**Alternate Contact Name:****Alternate Phone:****Alternate Email:****Do your Facility Owners Require a Certificate Of Insurance?** No**Organization Affiliation:** no_affiliation**Have you had a General Liability claim of any type greater than \$25,000 over the past three years?** No**If yes, please provide details on the approximate date the claim was reported to the insurance carrier, the approximate amount paid by the insurance carrier for expenses/ settlement/ jury verdict, a brief description of the circumstances of the claim, and what steps have been taken to reduce the chances of another similar claim:****TOTAL: \$2,079.18****II. ACCIDENT INSURANCE****Sirius America Insurance****Policy Number** PHSA- BAMH-10089-23- C.104024**Effective Date** 12:01AM ET 03/31/2025**Expiration Date** 12:01AM ET 03/31/2026**Plan: Full Excess** Since this policy contains an EXCESS MEDICAL BENEFIT, YOU MUST FIRST FILE THE CLAIM WITH YOUR EXISTING INSURANCE PLANS (including major medical) before we may determine what payments, if any, we owe. Note: If your family carrier is an HMO or PPO, you must always follow their rules for obtaining benefits**COVERAGE EFFECTIVE DATE:** Coverage starts August 01, 2024 or the date on which this electronic Form and premium payment are received by Sadler & Company, Inc., whichever is later, and contains as outlined under the Accident Plan Description but in no event later than March 31, 2025.

Coverage Type	Accident & General Liability
Limits	(Accident Package Youth Team: \$100,000 Excess Medical; \$10,000 Accidental Death or Dismemberment; \$250 per claim deductible)

Coverage Information**Sports Organization:** Team(s) - Youth**Sports Selected:**

- Baseball - 1 Team(s) - [Maximum 18 players per team]
- Softball - 6 Team(s) - [Maximum 18 players per team]

Names:

- **Baseball Teams:** Fighting Irish Baseball
- **Softball Teams:** Lady Irish 8U, Lady Irish 10U Bowman / Tabbert, Lady Irish 12U Bores / Hogston, Lady Irish 14U Benyo / Byers / Shirey / Waterhouse, Lady Irish Bryan / Huffman, Lady Irish Baldwin

III. GENERAL LIABILITY INSURANCE**State National Insurance Company****Policy Number** OVE-0000286-01**Effective Date** 12:01AM ET 03/31/2025**Expiration Date** 12:01AM ET 03/31/2026**COVERAGE EFFECTIVE DATE:** Coverage starts August 01, 2024 or the date on which this electronic Form and premium payment are received by Sadler & Company, Inc., whichever is later, and contains as outlined under the Accident Plan Description but in no event later than March 31, 2025.

Coverage Type	Accident & General Liability
Limits	(General Liability Package Youth Team: \$2,000,000 Each Occurrence; \$1,000,000 Participant Legal Liability Sublimit; \$1,000,000 Neurodegenerative Sublimit; Waiver/ Release Required)

Coverage Information

Sports Organization: Team(s) - Youth**Sports Selected:**

- Baseball - 1 Team(s) - [Maximum 18 players per team]
- Softball - 6 Team(s) - [Maximum 18 players per team]

Names:

- **Baseball Teams:** Fighting Irish Baseball
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IV. CERTIFICATES OF INSURANCE

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.

V. ADDITIONAL COVERAGES

The following additional coverages were offered under this policy and will notate if accepted. If the coverage will expire on the same date as the general liability policy, regardless of the date of coverage was applied. If at any time during the policy period you wish to purchase these coverages, [Download Application Here](#).

Non- Owned & Hired Auto Liability - NOT APPLIED FOR

Sexual Abuse & Molestation - Added to General Liability Policy - \$1,000,000 per occurrence / \$2,000,000 aggregate

Coverage for sexual abuse and molestation will not apply unless the insured team or league implements the following requirements:

1. Has a system in place to perform criminal background checks on paid and volunteer staff
2. Has written procedures that include sexual abuse and molestation prevention
3. Has written procedures that include a response plan for allegations of sexual abuse or molestation including a requirement that law enforcement be contacted.

Sadler Sports Insurance provides a one page document that if adopted and implemented, will satisfy these requirements. See the Abuse/ Molestation Risk Management Program (short- form). The brochure can also be found at [www.sadlersports.com/ riskmanagement](http://www.sadlersports.com/riskmanagement).

Have you ever had a sexual abuse / molestation claim? No

If yes, please provide details on the approximate date the claim was reported to the insurance carrier, the approximate amount paid by the insurance carrier for expenses/ settlement/ jury verdict, a brief description of the circumstances of the claim, and what steps have been taken to reduce the chances of another similar claim:

Agree to implement Sexual Abuse and Molestation Requirements? Yes

Directors & Officers Liability (\$1,000,000 limit, \$1,000 deductible)

Policy Number: M1DNO0000000291400

Effective Date: 03/31/2025

Carrier: Markel Insurance Company

Cyber Privacy & Client Identity Theft: Network Remediation - \$25,000 / loss or theft of client personal information - \$10,000 per person with \$100,000 aggregate

Date established: 03/18/2010

State of incorporation: OH

FEIN #: 27-1119490

Provide the number of organization's participants: 84

Provide a description of the organization's operations and events: Provide baseball and softball training and game opportunities for teams.

Organization's approximate financial information:

- Annual gross revenues for the past 12 months (include receipts from fees, fundraisers, memberships, sponsorships, ticket sales): \$100000
- Total Assets: \$15000
- Total Liabilities: \$0

Provide the approximate number of volunteers and compensated employees:

- Volunteers (persons who donate their services): 3
- Full- time compensated employees (over 30 hours a week for 12 months): 0
- Part- time compensated employees (under 30 hours a week or less than 12 months): 0

Has any insurer cancelled, rescinded, non- renewed, or declined any similar insurance for the organization, its predecessors, subsidiaries, affiliates, or for any other person or organization proposed for this insurance in the past 5 years? (Not applicable in in Missouri) No

Details:

Insurance:

Does the organization currently carry Directors & Officers Liability / Employment Practices Liability Insurance? No

- Insurer: SeriousPoint America Company
- Limits Of Liability: \$
- Effective Date:

Does the organization currently carry General Liability Insurance? Yes

- Insurer: State National Insurance Company
- Limits Of Liability: \$1,000,000
- Effective Date:

Has the organization, any of its subsidiaries, or any director or officer been involved in or have knowledge of any pending or completed anti- trust, copyright, or patent litigations within the past 5 years? No

Details:

Sadler Sports: SODA

Has (have) any judgment(s), settlement(s), payment(s), claim(s), or suit(s) been made against any person(s) or organization(s) proposed for this insurance such as would fall within the scope of the proposed insurance? For Kansas applicants: Has (have) any been within the past 3 years? No

Details:

Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance, incident, or situation which might afford grounds for any claim, suit, or notice of incident, including employment practices and third party discrimination, such as would fall within the scope of the proposed insurance? No

Details:

Have any charges been filed against the organization with the Equal Employment Opportunity Commission or state agency within the past 5 years? No

Details:

Do any of the organization's directors, trustees, officers, employees, or volunteers serve in any position with a non- profit outside entity at the request of the organization? No

Name of non- profit outside entity:

Nature of operations of the non- profit outside entity:

Position with the non- profit outside entity:

Provide the insurer and limits of liability for Directors & Officers Liability Insurance carried by the nonprofit outside entity:

Has the non- profit outside entity had any judgment(s), settlement(s), payment(s), claim(s) or suit(s) in past 5 years? For Kansas applicants: Has (have) any been within the past 3 years? No

Details:

Premium Accepted: \$362.00

Cyber Privacy & Client Identity Theft: \$20.00

RPG Membership Fee: \$15.00

Notes:

Equipment / Crime Coverage

Policy Number: M11M 00004201668-00

Effective Date: 03/31/2025

Carrier: Markel Insurance Company

Deductible: \$500

Equipment Insurance [edit this information](#)

In the past three (3) years, has the league had any losses or claims?

No

Details:

Equipment Valued Less Than \$5,000 Per Item - Please click on the type of unscheduled equipment with replacement cost values less than \$5,000 per item that you will be insuring:

Small Storage Sheds (valued less than \$1,000), Sports Equipment,

Other:

Please enter the total replacement cost value of all unscheduled equipment in part 1

\$10,000.00

Equipment Valued \$5,000 Or More Per Item - You must specifically schedule any equipment with a replacement cost value greater than \$5,000 below:

Location Where Stored During Off Season:

3535 N. HOLLAND SYLVANIA Road, Unit B, Toledo, OH 43615

Premium Accepted: \$433.00

Notes:

Summary of Declined Additional Coverages

V. POLICY PERIOD CHANGES

This enrollment provided the option for the organization to select General Liability, Excess Accident, Directors & Officers, Crime and Equipment. However, Sadler offers other types of insurance policies that are not available on this online enrollment such as Workers' Compensation, Excess Liability, Property (building and contents), Event Cancellation, Cyber Risk, Business Auto, Professional Liability, etc. If you are interested in a quote for these other types of policies, you will need to inform Sadler in writing, sport3@sadlersports.com.

Date	Approved	Effective Date	Change
03/20/2025 03:07 PM	Yes	03/20/2025 03:07 PM	Add COI: 5- Tool LLC - Tournament Host - 1540 Keller Parkway - Suite 108 - Keller, TX 76248 - Approval Status: Approved

Sadler & Company, Inc. * P.O. Box 5866 * Columbia, SC 29250-5866
Phone: 1-800-622-7370 * Fax: (803) 256-4017 * Email: soda@sadlersports.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/20/2025

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 SADLER & COMPANY, INC. P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	CONTACT NAME: Sports Dept		
	PHONE (A/ C, No. Ext): 800-622-7370 FAX (A/ C, No): 803-256-4017		
	E-MAIL ADDRESS: soda@sadlersports.com		
	PRODUCER CUSTOMER ID#:		
INSURED D/ B/ A SPORTSPLEX OPERATORS AND DEVELOPERS ASSOCIATION NWO Lady Irish Fastpitch and Fighting Irish Baseball, Inc 3535 N. Holland- Sylva Rd Unit B Toledo, OH 43615 Club #: C.104024	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: State National Insurance Company		12831
	INSURER B: SeriousPoint America Company		38776
	INSURER C:		
	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	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			OVE-0000286-01	12:01AM ET 03/31/2025	12:01AM ET 03/31/2026	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MEDICAL EXPENSES (other than participants)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS- COMP/ OP AGG	\$1,000,000
							LEGAL LIAB TO PARTICIPANTS	\$1,000,000
	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			n/ a	n/ a	n/ a	COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> SEXUAL ABUSE / MOLESTATION			OVE-0000286-01	12:01AM ET 03/31/2025	12:01AM ET 03/31/2026	EACH OCCURRENCE	\$1,000,000
							AGGREGATE	\$2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS- MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION			n/ a	n/ a	n/ a	EACH OCCURRENCE	n/ a
							AGGREGATE	n/ a
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? Y/ N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/ A			<input type="checkbox"/> PER STATUE	
							<input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EOMLOYEE	
							E.L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT			PHSA-BAMH-10089-23-C.104024	12:01AM ET 03/31/2025	12:01AM ET 03/31/2026		
							EXCESS MEDICAL	\$100,000
							AD&D	\$10,000

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

RE: COVERED Team(s) - Youth - Accident & General Liability

Baseball - 1 Team(s) - [Maximum 18 players per team]

Softball - 6 Team(s) - [Maximum 18 players per team]


Team Names:

- **Baseball Teams:** Fighting Irish Baseball
- **Softball Teams:** Lady Irish 8U, Lady Irish 10U Bowman / Tabbert, Lady Irish 12U Bores / Hogston, Lady Irish 14U Benyo / Byers / Shirey / Waterhouse, Lady Irish Bryan / Huffman, Lady Irish Baldwin

(Accident Package Youth Team: \$100,000 Excess Medical; \$10,000 Accidental Death or Dismemberment; \$250 per claim deductible)

(General Liability Package Youth Team: \$2,000,000 Each Occurrence; \$1,000,000 Participant Legal Liability Sublimit; \$1,000,000

Neurodegenerative Sublimit; Waiver/ Release Required)

CERTIFICATE HOLDER	CANCELLATION
EVIDENCE OF COVERAGE	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 (company A) 

Sadler Sports: SODA

AUTHORIZED REPRESENTATIVE (company B)



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

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

ACORD 25 (2014/01)

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With respects to CG- GL- CW-0025, Sexual Abuse Endorsement, it is agreed that no coverage shall apply for any insured who does not meet the following risk management guidelines.

1. Have a system in place to perform and running criminal background checks on paid staff and volunteers.
2. Have written procedures that include sexual abuse & molestation prevention.

NOTEPAD:

INSURED NAME: **NWO Lady Irish Fastpitch and Fighting Irish Baseball, Inc**

ISSUE DATE (MM/DD/YY)

03/20/2025 03:07:00 PM ET

Member Leagues:

- **Baseball Teams:** Fighting Irish Baseball
- **Softball Teams:** Lady Irish 8U, Lady Irish 10U Bowman / Tabbert, Lady Irish 12U Bores / Hogston, Lady Irish 14U Benyo / Byers / Shirey / Waterhouse, Lady Irish Bryan / Huffman, Lady Irish Baldwin