



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/04/2024

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).

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 Softball, Inc 3535 N. Holland Sylvania Road Unit B Toledo, OH 43615 Club #: C.93384	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	04:41AM ET 03/04/2024	12:01AM ET 03/04/2025	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
							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	04:41AM ET 03/04/2024	12:01AM ET 03/04/2025	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? (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 EMPLOYEE	
B	PARTICIPANT ACCIDENT			PHSA-BAMH-10089-23-C.93384	04:41AM ET 03/04/2024	12:01AM ET 03/04/2025	EXCESS MEDICAL	\$100,000
							AD&D	\$10,000

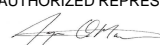
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: COVERED Team(s) - Youth - Accident & General Liability
 Softball - 11 Team(s) - [Maximum 18 players per team]
 Baseball - 1 Team(s) - [Maximum 18 players per team]

Team Names:

- **Softball Teams:** Lady Irish 8U, Lady Irish 2K14, Lady Irish 10U, Lady Irish 11U, Lady Irish 12U, 3P Lady Irish 2029, 3P Lady Irish 2K10, Lady Irish 14U Black, Lady Irish 14U Huffman, 3P Lady Irish 16U, Lady Irish 18U
- **Baseball Teams:** Fighting Irish 13U

(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 Recommended)

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 Softball, Inc	ISSUE DATE (MM/DD/YY) 03/04/2024 04:41:25 AM ET
Member Leagues: <ul style="list-style-type: none">• Softball Teams: Lady Irish 8U, Lady Irish 2K14, Lady Irish 10U, Lady Irish 11U, Lady Irish 12U, 3P Lady Irish 2029, 3P Lady Irish 2K10, Lady Irish 14U Black, Lady Irish 14U Huffman, 3P Lady Irish 16U, Lady Irish 18U• Baseball Teams: Fighting Irish 13U		