CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2017

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.

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PRODUCER
Gagliardi Insurance Services, Inc.
109 S. 13th St. #117B
Philadelphia, PA 19107
809840

CONTACT NAME:
PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199
E-MAIL ADDRESS: sales@gsportsinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: New York Marine & General Ins.	16608
INSURER B: Starr Indemnity & Liability Co	38318
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation X Playing Field Coverage GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		PK201800012201	1/6/2018	1/6/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	$ 1,000,000 $ 300,000 $ 0 $ 1,000,000 $ 2,000,000 $ 1,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			PK201800012201	1/6/2018	1/6/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $ $
B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	Limit $250K AD&D $10K	Ded $250 Dental $3K

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

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER
AEALAS, INC
Attn Eddie Nathan
25876 The Old Rd #325
Stevenson Ranch, CA 91381

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.

AUTHORIZED REPRESENTATIVE

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109 S. 13th St. #117B
Philadelphia, PA 19107
809840

CONTACT NAME:
PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199
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INSURER E:	
INSURER F:	

INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

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A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			PK201800012201	1/6/2018	1/6/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
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B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	Limit $250K AD&D $10K	Ded $250 Dental $3K

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CERTIFICATE HOLDER
Castaic Union School District
28131 Livingston Avenue
Valencia, CA 91355

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.

AUTHORIZED REPRESENTATIVE

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109 S. 13th St. #117B
Philadelphia, PA 19107
809840

CONTACT NAME:
PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199
E-MAIL ADDRESS: sales@gsportsinsurance.com

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INSURER B: Starr Indemnity & Liability Co	38318
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

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A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
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CERTIFICATE HOLDER

City of Santa Clarita Department of Park and Rec.
23920 Valencia Blvd.
Santa Clarita, CA 91355

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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809840

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INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

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CERTIFICATE HOLDER
County of Los Angeles Parks and Recreation
433 South Vermont Avenue
Los Angeles, CA. 90020

CANCELLATION
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AUTHORIZED REPRESENTATIVE
Dominic Gagliardi

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Philadelphia, PA 19107
809840

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CERTIFICATE HOLDER
First Baptist Church of Newhall
24551 Valley Street
Newhall, CA 91321

CANCELLATION

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A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			PK201800012201	1/6/2018	1/6/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	Limit $250K AD&D $10K	Ded $250 Dental $3K

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

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CERTIFICATE HOLDER
Irvine Pony Baseball
4790 Irvine Blvd. Suite 105-339
Irvine, CA. 92620

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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2017

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PRODUCER
Gagliardi Insurance Services, Inc.
109 S. 13th St. #117B
Philadelphia, PA 19107
809840

CONTACT NAME:
PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199
E-MAIL ADDRESS: sales@gsportsinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: New York Marine & General Ins.	16608
INSURER B: Starr Indemnity & Liability Co	38318
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

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.

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A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation X Playing Field Coverage GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		PK201800012201	1/6/2018	1/6/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	$ 1,000,000 $ 300,000 $ 0 $ 1,000,000 $ 2,000,000 $ 1,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			PK201800012201	1/6/2018	1/6/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	Limit $250K AD&D $10K	Ded $250 Dental $3K

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CERTIFICATE HOLDER

L.A. County Dept. of Parks & Recreation-
Management Office
433 South Vermont Avenue
Los Angeles, CA 90020

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.

AUTHORIZED REPRESENTATIVE

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109 S. 13th St. #117B
Philadelphia, PA 19107
809840

CONTACT NAME:
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INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

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A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			PK201800012201	1/6/2018	1/6/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	Limit $250K AD&D $10K	Ded $250 Dental $3K

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CERTIFICATE HOLDER
New Hall School District
23537 Orchard Village Road
Santa Clarita, CA 91355

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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Philadelphia, PA 19107
809840

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INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			PK201800012201	1/6/2018	1/6/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
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CERTIFICATE HOLDER
Pony Baseball/Softball, Inc.
P.O. Box 225
Washington, PA 15301

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.

AUTHORIZED REPRESENTATIVE

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109 S. 13th St. #117B
Philadelphia, PA 19107
809840

CONTACT NAME:
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INSURER C:	
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INSURER E:	
INSURER F:	

INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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CERTIFICATE HOLDER

Santa Clarita Community College District
26455 North Rockwell Canyon Road
Santa Clarita, CA 91355

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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809840

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INSURED
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CERTIFICATE HOLDER
Saugus School District
24930 Avenue Standford
Santa Clarita, CA 91355

CANCELLATION

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661-250-8351

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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation X Playing Field Coverage GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		PK201800012201	1/6/2018	1/6/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Participant Legal Liab	$ 1,000,000 $ 300,000 $ 0 $ 1,000,000 $ 2,000,000 $ 1,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			PK201800012201	1/6/2018	1/6/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	Limit $250K AD&D $10K	Ded $250 Dental $3K

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

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER
Sulphur Springs School District
27000 Weyerhauser Way
Santa Clarita, CA 91351

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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2017

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PRODUCER
Gagliardi Insurance Services, Inc.
109 S. 13th St. #117B
Philadelphia, PA 19107
809840

CONTACT NAME:
PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199
E-MAIL ADDRESS: sales@gsportsinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: New York Marine & General Ins.	16608
INSURER B: Starr Indemnity & Liability Co	38318
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			PK201800012201	1/6/2018	1/6/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	Limit $250K AD&D $10K	Ded $250 Dental $3K

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

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CERTIFICATE HOLDER
Tesoro del Valle Master HOA
29398 Avenida Rancho Tesoro
Valencia, CA 91354

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.

AUTHORIZED REPRESENTATIVE
Dominic Gagliardi

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2017

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PRODUCER
Gagliardi Insurance Services, Inc.
109 S. 13th St. #117B
Philadelphia, PA 19107
809840

CONTACT NAME:
PHONE (A/C, No, Ext): 1(800)-995-9768 FAX (A/C, No): (408) 414-8199
E-MAIL ADDRESS: sales@gsportsinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: New York Marine & General Ins.	16608
INSURER B: Starr Indemnity & Liability Co	38318
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			PK201800012201	1/6/2018	1/6/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	Limit $250K AD&D $10K	Ded $250 Dental $3K

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

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CERTIFICATE HOLDER
The New Hall Land and Farming Company
P.O.Box 12010-NC
Homeland, CA 92548

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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2017

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109 S. 13th St. #117B
Philadelphia, PA 19107
809840

CONTACT NAME:
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INSURER F:	

INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

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A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
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B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	Limit $250K AD&D $10K	Ded $250 Dental $3K

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CERTIFICATE HOLDER
University of Southern California
University Park Campus
Los Angeles, CA 90089

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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Philadelphia, PA 19107
809840

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INSURED
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita , CA 91380
661-250-8351

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

CERTIFICATE HOLDER
William S. Hart Baseball/Softball
P.O. Box 800669
Santa Clarita, CA 91380

CANCELLATION
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AUTHORIZED REPRESENTATIVE
Dominic Gagliardi

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CERTIFICATE HOLDER
William S. Hart Union School District
21380 Centre Pointe Parkway
Santa Clarita, CA 91350

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.

AUTHORIZED REPRESENTATIVE

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