



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.

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).

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

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.


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

CANCELLATION

AEALAS, INC Attn Eddie Nathan 25876 The Old Rd #325 Stevenson Ranch, CA 91381	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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INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351	E-MAIL ADDRESS: sales@gsportsinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New York Marine & General Ins.	NAIC# 16608
	INSURER B: Starr Indemnity & Liability Co	38318
	INSURER C:	
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> Abuse & Molestation						MED EXP. (Anyone person) \$ 0
	<input checked="" type="checkbox"/> Playing Field Coverage						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:						Participant Legal Liab \$ 1,000,000
A	AUTOMOBILE LIABILITY			PK201800012201	1/6/2018	1/6/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	E.L. DISEASE - POLICY LIMIT \$
							Limit \$250K AD&D \$10K 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

CANCELLATION

Castaic Union School District 28131 Livingston Avenue Valencia, CA 91355	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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	PHONE (A/C No. Ext): 1(800)-995-9768	FAX (A/C No.): (408) 414-8199
INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351	E-MAIL ADDRESS: sales@gsportsinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New York Marine & General Ins.	
	INSURER B: Starr Indemnity & Liability Co	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC#		
16608		
38318		

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

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CANCELLATION

City of Santa Clarita Department of Park and Rec. 23920 Valencia Blvd. Santa Clarita, CA 91355	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New York Marine & General Ins.	
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012201	1/6/2018	1/6/2019	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000
	<input checked="" type="checkbox"/> Abuse & Molestation						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> Playing Field Coverage						\$ 300,000
GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Anyone person)
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$ 0
OTHER:							PERSONAL & ADV INJURY
A	AUTOMOBILE LIABILITY			PK201800012201	1/6/2018	1/6/2019	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					\$ 2,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PRODUCTS - COMP/OP AGG
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EX201800000959	1/6/2018	1/6/2019	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						Participant Legal Liab
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A				\$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							BODILY INJURY (Per person)
B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	\$
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							\$
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CANCELLATION

County of Los Angeles Parks and Recreation 433 South Vermont Avenue Los Angeles, CA. 90020	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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	<input checked="" type="checkbox"/> Playing Field Coverage						PERSONAL & ADV INJURY	\$ 1,000,000
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<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER:						Participant Legal Liab	\$ 1,000,000
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	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> AUTOS ONLY							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EX201800000959	1/6/2018	1/6/2019	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 4,000,000
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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
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CANCELLATION

First Baptist Church of Newhall 24551 Valley Street Newhall, CA 91321	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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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).

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

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

CANCELLATION

Irvine Pony Baseball 4790 Irvine Blvd. Suite 105-339 Irvine, CA. 92620	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)
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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
INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351	E-MAIL ADDRESS: sales@gsportsinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New York Marine & General Ins.	
	INSURER B: Starr Indemnity & Liability Co	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012201	1/6/2018	1/6/2019	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000
	<input checked="" type="checkbox"/> Abuse & Molestation						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> Playing Field Coverage						\$ 300,000
GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Anyone person)
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$ 0
OTHER:							PERSONAL & ADV INJURY
A	AUTOMOBILE LIABILITY			PK201800012201	1/6/2018	1/6/2019	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE
	<input type="checkbox"/> OWNED AUTOS ONLY						\$ 2,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					PRODUCTS - COMP/OP AGG
<input type="checkbox"/> AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						Participant Legal Liab
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EX201800000959	1/6/2018	1/6/2019	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						BODILY INJURY (Per person)
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A				\$
If yes, describe under DESCRIPTION OF OPERATIONS below							BODILY INJURY (Per accident)
B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	\$
							PROPERTY DAMAGE (Per accident)
							\$
							\$

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

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CERTIFICATE HOLDER

CANCELLATION

L.A. County Dept. of Parks & Recreation- Management Office 433 South Vermont Avenue Los Angeles, CA 90020	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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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
INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351	E-MAIL ADDRESS: sales@gsportsinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New York Marine & General Ins.	
	INSURER B: Starr Indemnity & Liability Co	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012201	1/6/2018	1/6/2019	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000
	<input checked="" type="checkbox"/> Abuse & Molestation						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> Playing Field Coverage						\$ 300,000
GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Anyone person)
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							\$ 0
OTHER:							PERSONAL & ADV INJURY
A	AUTOMOBILE LIABILITY			PK201800012201	1/6/2018	1/6/2019	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE
	<input type="checkbox"/> OWNED AUTOS ONLY						\$ 2,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					PRODUCTS - COMP/OP AGG
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EX201800000959	1/6/2018	1/6/2019	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						Participant Legal Liab
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A				\$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							BODILY INJURY (Per person)
B	Accident Medical			BAP 660000	1/6/2018	1/6/2019	\$
							BODILY INJURY (Per accident)
							\$
							\$

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

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CERTIFICATE HOLDER

CANCELLATION

New Hall School District 23537 Orchard Village Road Santa Clarita, CA 91355	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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	PHONE (A/C No. Ext): 1(800)-995-9768	FAX (A/C No.): (408) 414-8199	
INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351	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:		

COVERAGES

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

CANCELLATION

Santa Clarita Community College District 26455 North Rockwell Canyon Road Santa Clarita, CA 91355	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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	PHONE (A/C No. Ext): 1(800)-995-9768	FAX (A/C No.): (408) 414-8199
INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351	E-MAIL ADDRESS: sales@gsportsinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New York Marine & General Ins.	NAIC # 16608
	INSURER B: Starr Indemnity & Liability Co	38318
	INSURER C:	
	INSURER D:	
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	INSURER F:	

COVERAGES

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

CANCELLATION

Saugus School District 24930 Avenue Standford Santa Clarita, CA 91355	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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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	
INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351	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:		

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.


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

CANCELLATION

Sulphur Springs School District 27000 Weyerhauser Way Santa Clarita, CA 91351	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	
INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351	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:			

COVERAGES

CERTIFICATE NUMBER:

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

CANCELLATION

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

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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
INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351	E-MAIL ADDRESS: sales@gsportsinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New York Marine & General Ins.	
	INSURER B: Starr Indemnity & Liability Co	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PK201800012201	1/6/2018	1/6/2019	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000
	<input checked="" type="checkbox"/> Abuse & Molestation						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> Playing Field Coverage						\$ 300,000
GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Anyone person)
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$ 0
OTHER:							PERSONAL & ADV INJURY
A	AUTOMOBILE LIABILITY			PK201800012201	1/6/2018	1/6/2019	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE
	<input type="checkbox"/> OWNED AUTOS ONLY						\$ 2,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					PRODUCTS - COMP/OP AGG
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		EX201800000959	1/6/2018	1/6/2019	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					Participant Legal Liab
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						BODILY INJURY (Per person)
	Accident Medical			BAP 660000	1/6/2018	1/6/2019	\$
							BODILY INJURY (Per accident)

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

CANCELLATION

The New Hall Land and Farming Company P.O.Box 12010-NC Homeland, CA 92548	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)
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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
INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351	E-MAIL ADDRESS: sales@gsportsinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New York Marine & General Ins.	
	INSURER B: Starr Indemnity & Liability Co	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

CANCELLATION

University of Southern California University Park Campus Los Angeles, CA 90089	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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	PHONE (A/C No. Ext): 1(800)-995-9768	FAX (A/C No.): (408) 414-8199	
INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351	E-MAIL ADDRESS:	sales@gsportsinsurance.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	New York Marine & General Ins.	16608
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	INSURER C:		
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	INSURER F:		

COVERAGES

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

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

Proof of coverage.

CERTIFICATE HOLDER

CANCELLATION

William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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INSURED William S. Hart Baseball/Softball P.O. Box 800669 Santa Clarita, CA 91380 661-250-8351		INSURER(S) AFFORDING COVERAGE INSURER A: New York Marine & General Ins. NAIC # 16608 INSURER B: Starr Indemnity & Liability Co NAIC # 38318 INSURER C: INSURER D: INSURER E: INSURER F:	

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.


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

CANCELLATION

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