



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
**02/28/2024**

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).

<b>PRODUCER</b> SADLER & COMPANY, INC. P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	<b>CONTACT NAME:</b> Sports Dept		
	<b>PHONE (A/C, No. Ext):</b> 800-622-7370   <b>FAX (A/C, No):</b> 803-256-4017		
	<b>E-MAIL ADDRESS:</b> dyb@sadlersports.com		
	<b>PRODUCER CUSTOMER ID#:</b>		
<b>INSURED</b> D/ B/ A DYB, INC. Gladewater Union Grove Dixie Baseball Association PO Box 214 Gladewater, TX 75647  Application ID: 412430 A Member of the ERS Risk Purchasing Group	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> STATE NATIONAL INSURANCE COMPANY, INC.		12831
	<b>INSURER B:</b> ACE AMERICAN INSURANCE COMPANY		22667
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> OTHER			OVE-0000009-02	09:23AM ET 03/07/2024	12:00AM ET 03/07/2025	EACH OCCURRENCE	\$2,000,000
		DAMAGE TO PREMISES RENTED TO YOU	\$1,000,000					
		PREMISES MEDICAL PAYMENTS	\$5,000					
		PERSONAL & ADV INJURY	\$1,000,000					
		GENERAL AGGREGATE	\$5,000,000					
		PRODUCTS- COMP/ OP AGG	\$2,000,000					
		PARTICIPANT LIABILITY SUBLIMIT	\$2,000,000					
		NEURODEGENERATIVE INJURY SUBLIMIT	\$1,000,000					
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON- OWNED AUTOS			OVE-0000009-02	09:23AM ET 03/07/2024	12:00AM ET 03/07/2025	COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
		BODILY INJURY (Per person)						
		BODILY INJURY (Per accident)						
		PROPERTY DAMAGE (Per accident)						
	<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 <input checked="" type="checkbox"/> SEXUAL ABUSE + MOLESTATION			OVE-0000009-02	09:23AM ET 03/07/2024	12:00AM ET 03/07/2025	EACH OCCURRENCE	\$1,000,000
		AGGREGATE	\$2,000,000					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 EEMPLOYEE						
B	<b>Excess Accident Medical Benefit</b>			PTPN04964159	03/07/2024	12:00AM ET 03/07/2025	EXCESS MEDICAL	\$250,000
		AD&D (maximum amount)	\$5,000					
		DEDUCTIBLE	\$0					

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

**RE: COVERED SPORTS AA Minors, AA Coach Pitch, O- Zone, Regular Season Including All Star Teams**

NOTE: The Participant Accident policy, if included above, is not a part of the ERS Risk Purchasing Group Association, Inc.

Sadler Sports: DixieY Insurance Plan

CERTIFICATE HOLDER

CANCELLATION

<b>EVIDENCE OF COVERAGE</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	AUTHORIZED REPRESENTATIVE (company A) 
	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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