



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/11/2022

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 Chappell Insurance 4335 Cox Rd, Ste 4335 Glen Allen, VA, 23060		CONTACT NAME: Daryl Chappell	
		PHONE (A/C, No. Ext): 804-733-2020	FAX (A/C, No): 804-591-1603
		E-MAIL ADDRESS: support@chappellinsurance.com	
INSURED Thunder Fastpitch 5092 White Lick Road Paint Lick, KY 40461		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Nationwide Mutual Insurance Company	NAIC # 23787
		INSURER B: National Casualty Company	11991
		INSURER C: Nationwide Life Insurance Company	66689
		INSURER D:	
		INSURER E:	
		INSURER F:	

(1)Team Name(s): Thunder Fastpitch

COVERAGES CERTIFICATE NUMBER: RPG-SB-33S-005064 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			RPG318566-00	01/01/2022	01/01/2023	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input checked="" type="checkbox"/> Abuse/Molestation - \$1,000,000						MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> See Addendum						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> PLL - \$1,000,000						GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						Participant Legal Liability	\$ 1,000,000
	<input type="checkbox"/> OTHER:							
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XKO89926-00	01/01/2022	01/01/2023	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 1,000,000
	DED <input type="checkbox"/> RETENTION <input type="checkbox"/>							\$
C	PARTICIPANT ACCIDENT			BAX-318567-00	01/01/2022	01/01/2023	EXCESS MEDICAL	\$ 100,000
		DEDUCTIBLE	\$ 1000					

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

The insured is covered for amateur practice and play in any association. This insurance covers one (1) team only with maximum of 20 players per team for Softball.

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Coverage Effective From 05:08 PM on 04/11/2022 TO 01/01/2023

CERTIFICATE HOLDER	CANCELLATION
Certificate Number: RPG-SB-33S-005064	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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ACORD 25 (2016/03)

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