OP ID: DC

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/05/2021

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.

If	MPORTANT: If the certificate holder if SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to th	ne te	rms and conditions of th	e polic	cy, certain p	olicies may	•						
	DUCER	CONTACT NAME:												
RPS	Bollinger Sports & Leisure	NAME: PHONE (A/C, No, Ext): 800-446-5311 FAX (A/C, No): 973-921-8474					21-8474							
PO Box 1322 Morristown, NJ 07960						E-MAIL								
	D'Amato		ADDRE											
							(-)	Company Coverage			NAIC #			
					INSURER A: *Markel Insurance Company						30370			
	JRED efield Boro Athletic Ora.	INSURER B:												
Ridği Five	efield Boro Athletic Org. efield Little League Inc Fire Men's Field a Place				INSURE									
Ridge	a Place efield, NJ 07657				INSURE	R D :								
					INSURE									
					INSURER F:									
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	BER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH D HEREIN IS SUB	RESPEC JECT TO	O ALL	WHICH THIS			
LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	4 000 000			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		\$	1,000,000			
	CLAIMS-MADE X OCCUR	X		3602AH234825		01/28/2021	01/28/2022	PREMISES (Ea occur	rence)	\$	100,000			
	X Incl Participants							MED EXP (Any one pe	erson)	\$	5,000			
	X Sexual Abuse/Mol			\$1M/\$2M		01/28/2021	01/28/2022	PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$		1,000,000 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGREGA			1,000,000			
	OTHER:							PRODUCTS - COMP/	OP AGG	\$	1,000,000			
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$				
	ANY AUTO							BODILY INJURY (Per	person)	\$				
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per		\$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$				
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$ \$				
	UMBRELLA LIAB OCCUR							EAGU GOOURRENO	_					
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE		\$				
								AGGREGATE		\$				
	DED RETENTION \$ WORKERS COMPENSATION							PER	OTH- ER	\$				
	AND EMPLOYERS' LIABILITY							STATUTE						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$				
	If yes, describe under							E.L. DISEASE - EA EI	MPLOYEE	\$				
_	DÉSCRIPTION OF OPERATIONS below Accident Insurance			4102AH234823		04/28/2024	01/28/2022	E.L. DISEASE - POLICE	CY LIMIT	\$	100,000			
Α				4 IUZANZ340Z3		01/26/2021	01/20/2022				100,000			
	Full Excess							Ded:			U			
Cov acti Cer nan	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE /erage is provided under this policivities of the named insured for with the control of the con	cy o hich ditio	nly f a pr nal i	or sponsored/supervi- emium has been paid nsured with respect to	sed the		e space is requir	ed)						
CE	RTIFICATE HOLDER				CANO	ELLATION								
				LITT099										
	Little League Baseball Inc PO Box 3485				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	South Williamsport, PA 1								AUTHORIZED REPRESENTATIVE					

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If	MPORTANT: If the certificate holder in SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to th	e te	rms and conditions of th	ne polic	cy, certain p	olicies may i					
	DUCER)-446-5311			•					
	B Bollinger Sports & Leisure	CONTACT NAME: PHONE 5-41, 800-446-5311 FAX No. 973-921-8474						21-8474				
PO Box 1322 Morristown, NJ 07960 Phil D'Amato), ⊑Xt):	10-3311		FAX (A/C, No):	,313-321-0414		
						E-MAIL ADDRESS:						
	Amato				INSURER(S) AFFORDING COVERAGE						NAIC#	
					INSURER A: *Markel Insurance Company						38970	
INSU	JRED	INSURER B:										
Ridg Ridg	efield Boro Athletic Org. efield Little League Inc Fire Men's Field a Place field, NJ 07657		INSURER C:									
Five Bant	Fire Men's Field a Place The Control of the Control				INSURER D:							
Riag	eriela, NJ 0/65/				INSURER E :							
											1	
	VERAGES CER	TIFIC	\ A T F	NUMBER:	INSURER F :							
T IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF I	NSUF EME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	ED NAMED ABO' DOCUMENT WIT D HEREIN IS SU	VE FOR TH	ст то	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	ICE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	х		3602AH234825		01/28/2021	01/28/2022	DAMAGE TO REN' PREMISES (Ea occ		\$	100,000	
	X Incl Participants	^		00027 11.120 1020		0 1/20/2021	0 112012022				5,000	
	X Sexual Abuse/Mol			\$1M/\$2M		04/28/2024	01/28/2022	MED EXP (Any one	'	\$	1,000,000	
				Φ I IVI/ Φ∠IVI		01/20/2021		PERSONAL & ADV INJURY		\$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	1,000,000	
	X POLICY PRO-							PRODUCTS - COM	IP/OP AGG	\$	1,000,000	
	OTHER:							COMBINED SINGL	ELIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	L LIIVII I	\$		
	ANY AUTO							BODILY INJURY (F	Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	.GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	.02	\$		
	DED RETENTION\$							AGGILGATE		\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY											
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
_	DÉSCRIPTION OF OPERATIONS below			4400 41100 4000		04/00/0004	04/00/0000	E.L. DISEASE - PC	LICY LIMIT	\$	400.000	
Α	Accident Insurance			4102AH234823		01/28/2021	01/28/2022				100,000	
	Full Excess							Ded:			0	
Cov act Cer	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL /erage is provided under this poli- ivities of the named insured for w tificate Holder is named as an add ned insureds activities for which a	cy o hich ditio	nly f a pr nal i	or sponsored and sup remium has been paid nsured with respect to	ervise		e space is require	ed)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
				RIDG040								
	Ridgefield Board of Educ 555 Chestnut St. Ridgefield, NJ 07657	atio	n		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
						RIZED REPRESE						

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																						INSURER(S) AFFORDING COVERAGE INSURER A: *Markel Insurance Company					
														INICI	IDED							38970					
INSURED Ridgefield Boro Athletic Org. Ridgefield Little League Inc Five Fire Men's Field Banta Place Ridgefield, NJ 07657								INSURER B:																			
Five F Banta	Fire Men's Fie Place	eld					INSURER C: INSURER D:																				
Ridge	efield, NJ 076	57					INSURER E :																				
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CO	VERAGES	 S	CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:																				
IN C E	IDICATED. ERTIFICAT XCLUSION:	NOTWITHSTA E MAY BE ISS	Anding any re Sued or may	EQUIF PERT POLI	REME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS															
INSR LTR		TYPE OF INSUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS																
Α	Х соми	IERCIAL GENERA								EACH OCCURRENCE	\$	1,000,000															
		CLAIMS-MADE [X OCCUR			3602AH234825		01/28/2021	01/28/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$	100,000 5,000															
	X Sexu	ual Abuse/Mo	ol			\$1M/\$2M		01/28/2021	01/28/2022	PERSONAL & ADV INJURY	\$	1,000,000															
	GEN'L AGG	REGATE LIMIT AI	PPLIES PER:							GENERAL AGGREGATE	\$	3,000,000															
	X POLIC	DDO	LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000															
	OTHE	R:									\$																
	АИТОМОВІ	LE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$																
	ANY A									BODILY INJURY (Per person)	\$																
		S ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident) \$																
	HIRED AUTO	S ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$																
											\$																
		ELLA LIAB	OCCUR							EACH OCCURRENCE	\$																
		SS LIAB	CLAIMS-MADE	-						AGGREGATE	\$																
	DED	RETENTIO	N \$							PER OTH-	\$																
	AND EMPLO	YERS' LIABILITY	Y/N							PER OTH- STATUTE ER																	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. EACH ACCIDENT	\$																	
	If yes, descri	be under								E.L. DISEASE - EA EMPLOYE																	
Α		ON OF OPERATION INSURANCE	NS below			4102AH234823		01/28/2021	01/28/2022	E.L. DISEASE - POLICY LIMIT Med Max:	\$	100,000															
	Full Exce	ss								Ded:		0															
Cov	erage is	provided ui	nder this poli	CV O	nly f	o 101, Additional Remarks Schedu for sponsored and sup remium has been paid	ervise		e space is requir	ed)																	
CE	RTIFICAT	E HOLDER					CANO	CELLATION																			
RIDGATH Ridgefield Boro Athletic Organization, Inc. Ridgefield Little League								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																			
	P.O. Box 54							12	el																		
	Ridgefield, NJ 07657																										