						RIDGEB	7	OP ID: P4			
ACORD CER	RTIF	ICATE OF LIA	BILI	TY INS	URANC	E		(MM/DD/YYYY) /04/2019			
THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSUR REPRESENTATIVE OR PRODUCER, AND	LY OF ANCE	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	BY TH	E POLICIES			
IMPORTANT: If the certificate holder is a the terms and conditions of the policy, ce certificate holder in lieu of such endorsem	rtain p	olicies may require an e									
PRODUCER	10111(0)	•	CONTA	ст							
RPS Bollinger Sports & Leisure PO Box 390 Short Hills, NJ 07078	PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:										
Phil D'Amato			INSURER(S) AFFORDING COVERAGE NAIC								
			INSURE		38970						
INSURED Ridgefield Boro Athletic Org. Ridgefield Little League Inc			INSURE	RB:							
Five Fire Men's Field			INSURE								
Banta Place Ridgefield, NJ 07657			INSURE								
C ,			INSURER E :								
COVERAGES CERTIF		E NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POL INSR	F INSU IREME TAIN, LICIES.	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	O THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS	D NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO O ALL	WHICH THIS			
LTR TYPE OF INSURANCE INS A X COMMERCIAL GENERAL LIABILITY	D WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT EACH OCCURRENCE	\$	1,000,00			
CLAIMS-MADE X OCCUR		3602AH234825		01/28/2019	01/28/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00			
X Incl Participants		\$4 NA/\$ ONA		04/20/2040	04/20/2020	MED EXP (Any one person)	\$	5,00			
X Sexual Abuse/Mol		\$1M/\$2M		01/28/2019	01/28/2020	PERSONAL & ADV INJURY	\$	1,000,00			
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,00			
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ \$	1,000,00			
OTHER:						COMBINED SINGLE LIMIT	э \$				
						(Ea accident) BODILY INJURY (Per person)	\$ \$				
ANY AUTO ALLOWNED SCHEDULED						BODILY INJURY (Per accident)					
AUTOS AUTOS NON-OWNED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$ \$ \$				
EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE AGGREGATE	\$ \$				
DED RETENTION \$						AGGREGATE	\$				
WORKERS COMPENSATION						PER OTH- STATUTE ER	Ψ				
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$				
OFFICER/MEMBER EXCLUDED?	A					E.L. DISEASE - EA EMPLOYEE					
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT					
A Accident Insurance		4102AH234823		01/28/2019	01/28/2020	Med Max:		100,00			
Full Excess						Ded:					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES Coverage is provided under this policy activities of the named insured for whic	only f	or sponsored and sup	ervise		e space is require	ed)					
			C 4 1/2								
CERTIFICATE HOLDER		RIDGATH		CELLATION							
Ridgefield Boro Athletic Organization, Inc.		NDOATT	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.					
Ridgefield Little League P.O. Box 54	AUTHORIZED REPRESENTATIVE										
Ridgefield, NJ 07657	101	Wing DO			low lingt						

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

								RIDGEB	7	OP ID: P4		
Ą	CORD	CER	TIF	ICATE OF LIA	BILI	TY INS	URANC	E		(MM/DD/YYYY) /04/2019		
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												
th	MPORTANT: If the certificate hold the terms and conditions of the poli ertificate holder in lieu of such end	cy, cer	tain p	oolicies may require an e	policy(ndorse	(ies) must be ment. A stat	e endorsed. tement on th	If SUBROGATION IS W is certificate does not o	onfer), subject to rights to the		
PRO	PRODUCER											
PO Sho	S Bollinger Sports & Leisure Box 390 ort Hills, NJ 07078 I D'Amato				PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:							
	D Anato					NAIC #						
	JRED Ridgefield Boro Athletic)ra			INSURE	38970						
	Ridgefield Little League I				INSURE							
	Five Fire Men's Field Banta Place				INSURE							
	Ridgefield, NJ 07657				INSURE							
					INSURE							
co	VERAGES C	ERTIFI	САТЕ	E NUMBER:	Inteent			REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA XCLUSIONS AND CONDITIONS OF SU	REQUI	REME TAIN,	INT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS		
INSR		ADD	SUBF	2	DELI	POLICY EFF	POLICY EXP		s			
	X COMMERCIAL GENERAL LIABILITY	INSE	WVD			(א א א א עטעוווווי) (א א א א עט	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	x		3602AH234825		01/28/2019	01/28/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
	X Incl Participants							MED EXP (Any one person)	\$	5,000		
	X Sexual Abuse/Mol			\$1M/\$2M		01/28/2019	01/28/2020	PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
								BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE				
	HIRED AUTOS							(Per accident)	\$ \$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MA	DE						AGGREGATE	\$			
	DED RETENTION \$							PER OTH-	\$			
	AND EMPLOYERS' LIABILITY	N						STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE				
A	DESCRIPTION OF OPERATIONS below Accident Insurance			4102AH234823		01/28/2010	01/28/2020	E.L. DISEASE - POLICY LIMIT	۵ ا	100,000		
	Full Excess					01/20/2013	017202020	Ded:		(
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided under this policy only for sponsored and supervised activities of the named insured for which a premium has been paid. Certificate Holder is named as an additional insured with respect to the named insureds activities for which a premium has been paid. CERTIFICATE HOLDER CANCELLATION												
				RIDG040								
Ridgefield Board of Education 555 Chestnut St. Ridgefield, NJ 07657						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					low	vligoo						
	© 1988-2014 ACORD CORPORATION. All rights reserved.											

The ACORD name and logo are registered marks of ACORD

								RIDGEB7	1	OP ID: P4		
A	CORD [®]	FR	TIF	ICATE OF LIA	RII I			F		(MM/DD/YYYY)		
_								_		/04/2019		
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												
-	ertificate holder in lieu of such endor	seme	ent(s)	•	CONTA	СТ						
RPS	S Bollinger Sports & Leisure				NAME: PHONE FAX							
	Box 390 ort Hills, NJ 07078				(A/C, No, Ext): (A/C, No):							
	I D'Amato				ADDRE					NAIC #		
					INSURER(S) AFFORDING COVERAGE NAI INSURER A : *Markel Insurance Company 38970							
INSU	URED Ridgefield Boro Athletic Or	q.			INSURE	56576						
	Ridgefield Little League Inc				INSURE							
	Five Fire Men's Field Banta Place											
	Ridgefield, NJ 07657				INSURER D :							
					INSURER F :							
со	VERAGES CEF	RTIFI	САТІ	E NUMBER:				REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES											
	NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY											
E	XCLUSIONS AND CONDITIONS OF SUCH	POL	ICIES	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS			- ,		
INSR LTR	TYPE OF INSURANCE		SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs			
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	X		3602AH234825		01/28/2019	01/28/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
	X Incl Participants			A 4 8 4 (A 0 8 4				MED EXP (Any one person)	\$	5,000		
	X Sexual Abuse/Mol			\$1M/\$2M		01/28/2019	01/28/2020	PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000		
								COMBINED SINGLE LIMIT	\$ \$			
								(Ea accident)	\$ \$			
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)				
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
	HIRED AUTOS							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER	<u> </u>			
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?		`					E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Accident Insurance			4102AH234823		01/28/2019	01/28/2020	Med Max:		100,000		
	Full Excess							Ded:		0		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC					e attached if mor	e space is requir	ed)				
Cov	verage is provided under this pol ivities of the named insured for w	icy c	only i	for sponsored/supervi remium has been naid	sed							
Cer	rtificate Holder is named as an ad	ditic	onal i	insured with respect to	o the							
nan II ia	ned insureds activities for which bility \$1,000,000/\$2,000,000	a pr	emiu	im has been paid. Sex	cual Al	ouse						
	Sinty \$1,000,000,\$2,000,000											
CE	RTIFICATE HOLDER					CELLATION						
			LITT099	SHC		THE ABOVE D	ESCRIBED POLICIES BE C		LED BEFORE			
	Little League Baseball In	c			THE	EXPIRATION	N DATE TH	EREOF, NOTICE WILL I				
	PO Box 3485				ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.				
South Williamsport, PA 17326						AUTHORIZED REPRESENTATIVE						
	• •											
				longe ling a								

The ACORD name and logo are registered marks of ACORD

© 1988-2014 ACORD CORPORATION. All rights reserved.