

CERTIFICATE OF LIABILITY INSURANCE

Date (mm/dd/yy)
1/11/2012

PRODUCER 1-804-733-2020

CHAPPELL INSURANCE AGENCY
25807-A COX ROAD
PETERSBURG, VA 23803

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

PLAYERS CHOICE SPORTS ASSOCIATION, INC.
P.O. BOX 566
DAYTON, OR 97114

INSURER A: **NATIONWIDE MUTUAL INSURANCE COMPANY**
INSURER B: **HARTFORD LIFE AND ACCIDENT COMPANY**
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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, EXCLUSION AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	6B RPG-0000025319300	01/01/12	01/01/13	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <u>PLL-\$2,000,000</u> GEN'L AGGREGATE LIMIT APPLIES: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				FIRE DAMAGE(any one fire) \$ 300,000 MED EXP (any one person) \$ 5,000 GENERAL AGGREGATE \$ 5,000,000 PERSONAL ADV INJURY \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	OTHER SECONDARY PARTICIPANT ACCIDENT	36-SB-206413	01/01/12	01/01/13	\$100,000 LIMIT \$250 Deductible
	EXCESS LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

COVERAGE INCLUDES AMATEUR PLAY AND PRACTICE IN THE INSURED SPORT. TEAM OR LEAGUE LISTED BELOW IS A NAMED INSURED UNDER ABOVE REFERENCED PLAYERS CHOICE POLICIES.

COVERAGE IS EFFECTIVE 1/11/2012.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

LAKEWOOD JUNIOR BB ASSOC (18)Teams
2535 S LEWIS WAY #201
LAKEWOOD, CO 80227

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

CERTIFICATE #: BB-10-198

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

Date (mm/dd/yy)
1/11/2012

PRODUCER 1-804-733-2020

CHAPPELL INSURANCE AGENCY
25807-A COX ROAD
PETERSBURG, VA 23803

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INSURERS AFFORDING COVERAGE

INSURED

PLAYERS CHOICE SPORTS ASSOCIATION, INC.
P.O. BOX 566
DAYTON, OR 97114

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COVERAGE IS EFFECTIVE 1/11/2012.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

LAKEWOOD JUNIOR BB ASSOC (6)Teams
2535 S LEWIS WAY #201
LAKEWOOD, CO 80227

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

CERTIFICATE #: BB-11-199

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

PRODUCER CHAPPELL INSURANCE AGENCY 25807-A COX ROAD PETERSBURG, VA 23803	1-804-733-2020	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
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INSURED PLAYERS CHOICE SPORTS ASSOCIATION, INC. P.O. BOX 566 DAYTON, OR 97114	INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY INSURER B: HARTFORD LIFE AND ACCIDENT COMPANY INSURER C: INSURER D: INSURER E:	

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COVERAGE IS EFFECTIVE 1/11/2012.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
LAKEWOOD JUNIOR BB ASSOC (3)Teams 2535 S LEWIS WAY #201 LAKEWOOD, CO 80227 CERTIFICATE #: BB-12-200		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE