



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/12/2025

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:	daryl@chappellinsurance.com	

INSURED

Lakewood Junior Baseball Association
PO Box 151127
Lakewood, CO 80215

(12) Teams in Lakewood Junior Baseball Association group

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: SiriusPoint America Insurance Company	38776
INSURER B: Axis Insurance Company	37273
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGEs

CERTIFICATE NUMBER: NS-BB-10S-000259

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	PLH03GL00000693	01/01/2026 12:01 AM	01/01/2027 12:01 AM	EACH OCCURRENCE	\$ 2,000,000	
	X SAM - \$1 million/\$2 million					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	X See Addendum					MED EXP (Any one person)	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 1,000,000	
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 5,000,000	
	X OTHER:					PRODUCTS-COMP/OP AGG	\$ 2,000,000	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					Participant Legal Liability	\$ 1,000,000	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE	\$	
	DED <input type="checkbox"/> RETENTION					AGGREGATE	\$	
B	PARTICIPANT ACCIDENT			SRPO188416-00	01/01/2026 12:01 AM	01/01/2027 12:01 AM	EXCESS MEDICAL	\$ 100,000
							DEDUCTIBLE	\$

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

Coverage includes amateur play and practice in the insured sport for Lakewood Junior Baseball Association NS-BB-10S-000259. The certificate holder is named as an additional insured but only with respect to the operations of the named insured. Sport Insured: Baseball. Age Group: 12 & Under.

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Coverage Effective From 12:00 AM on 01/01/2026 TO 01/01/2027

CERTIFICATE HOLDER

CABA Colorado
PO Box 280653
Lakewood, CO 80228

Certificate Number: NS-BB-10S-000259

CANCELLATION

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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ADDITIONAL REMARKS SCHEDULE

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AGENCY Chappell Insurance Agency, Inc.		NAMED INSURED Lakewood Junior Baseball Association PO Box 151127 Lakewood, CO 80215
POLICY NUMBER GL PLH03GL00000693		
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Certificate Number NS-BB-10S-000259

SEXUAL ABUSE/MOLESTATION
\$1,000,000 PER OCCURRENCE
\$2,000,000 AGGREGATE

WITH RESPECTS TO SEXUAL ABUSE/MOLESTATION COVERAGE PROVIDED UNDER THIS POLICY, IT IS AGREED THAT NO COVERAGE APPLIES TO MEMBER TEAMS, LEAGUES, DIRECTORS, OR AFFILIATES THAT DO NOT MEET THE FOLLOWING CRITERIA:

1. SYSTEM IN PLACE TO PERFORM AND RUNNING CRIMINAL BACKGROUND CHECKS ON PAID STAFF AND VOLUNTEERS
2. HAVE WRITTEN PROCEDURES THAT INCLUDE SEXUAL ABUSE AND MOLESTATION PREVENTION
3. HAVE WRITTEN PROCEDURES THAT INCLUDE A RESPONSE PLAN FOR ALLEGATIONS OF SEXUAL ABUSE AND MOLESTATION. THE PLAN MUST SPECIFY THAT LAW ENFORCEMENT IS TO BE CONTACTED IN THE EVENT OF AN ALLEGATION

Sexual Abuse Molestation coverage effective from 12:00 AM on 01/01/2026 TO 01/01/2027

Date Issued: 12/12/2025