

DATE (MM/DD/YYYY) 8/25/2020

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.

	SUBROGATION IS WAIVED, subject t is certificate does not confer rights to							uire an endorsement. A s	statemei	nt on	
	DUCER		JUI 11	nouse frequent in field of Su	CONTACT NAME: Dan Baxter						
Day	vid King Insurance				PHONE	972393		FAX (A/C, No):			
	E. Sandy Lake Rd Suite 100				E-MAIL	972393 SS: Dan@dav	ridkinginsurano				
0.,,	2. Sailay Daile 1ta Saile 100				ADDRES			RDING COVERAGE		NAIC#	
Cot	ppell			TX 75019	INSLIDE	RA: Scottsda	. ,			NAIC#	
INSU	*			//	INSURE						
	NORTH TEXAS CRICKET AS	SOC.			INSURE						
	2720 BUCK HILL DR				INSURE						
					INSURER E :						
	PLANO			TX 75025	INSURER F:						
CO	/ERAGES CER	TIFIC	ATF	NUMBER:	REVISION NUMBER:						
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUE ERTIFICATE MAY BE ISSUED OR MAY PER KCLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN, OLICI	IENT, THE I ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT DLICIES DESCE DUCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY								\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
A		Y		CPS3280475		08/24/2020	08/24/2021	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	Included	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS AUTOS							` '	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								:	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CET	STIEICATE HOLDER				CANC	ELLATION					
CEF	RTIFICATE HOLDER				CANC	ELLATION					
	City of Carrollton			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					) BEFORE		
	1945 E Jackson Rd				2000	RIZED REPRESE Baxter	NTATIVE				
	Carrollton TX 75006				3000 JP - 3-E0 200807						



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	SUBROGATION IS WAIVED, subject t is certificate does not confer rights to							uire an endorsement. A s	statemei	nt on	
	DUCER		JUI 11	nouse frequent in field of Su	CONTACT NAME: Dan Baxter						
Day	rid King Insurance				PHONE	972393		FAX (A/C, No):			
	E. Sandy Lake Rd Suite 100				E-MAIL	972393 SS: Dan@dav	ridkinginsurano				
0.,,	2. Sailey Baile 11a Saile 100				ADDRES			RDING COVERAGE		NAIC#	
Cor	ppell			TX 75019	INCLIDE	RA: Scottsda	. ,			NAIC#	
INSU	*			111 /001/	INSURER B:						
	NORTH TEXAS CRICKET AS	SOC			INSURE						
	2720 BUCK HILL DR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			INSURE						
	_,_,_,				INSURER E :						
	PLANO			TX 75025	INSURER F:						
CO	/ERAGES CER	TIFIC	ATF	NUMBER:	REVISION NUMBER:						
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUE ERTIFICATE MAY BE ISSUED OR MAY PER (CLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN, OLICI	IENT, THE I ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT DLICIES DESCE DUCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WHI	ICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY								\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
A		Y		CPS3280475		08/24/2020	08/24/2021	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	Included	
	OTHER:							5	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS AUTOS							` ′	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CEF	RTIFICATE HOLDER				CANC	ELLATION					
	City of Garland			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					) BEFORE		
	217 N 5th St				80.00	RIZED REPRESE Baxter	NTATIVE			_	
	Garland TX 75040										



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	DUCER		JUI 11	nouse frequent in field of Su	CONTACT NAME: Dan Baxter						
Day	rid King Insurance				PHONE	972393		FAX (A/C, No):			
	E. Sandy Lake Rd Suite 100				E-MAIL	972393 SS: Dan@dav	ridkinginsurano				
0.,,	2. Sailey Baile 114 Saile 100				ADDRES			RDING COVERAGE		NAIC #	
Cor	ppell			TX 75019	INCLIDE	RA: Scottsda	. ,			NAIC#	
INSU	*			//	INSURE						
	NORTH TEXAS CRICKET AS	SSOC.			INSURE						
	2720 BUCK HILL DR				INSURE						
					INSURER E :						
	PLANO			TX 75025	INSURER F:						
CO	/ERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUE RTIFICATE MAY BE ISSUED OR MAY PER (CLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN, OLICI	IENT, THE I ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT DLICIES DESCE DUCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY								\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
A		Y		CPS3280475		08/24/2020	08/24/2021	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	Included	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							` '	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								:	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	SSCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CEF	RTIFICATE HOLDER				CANC	ELLATION				i	
	City of Grand Prairie			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					) BEFORE		
	300 W Main St				80.00	RIZED REPRESE Baxter	NTATIVE				
	Grand Prairie TX 75050				505 0F5.01301						



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	DUCER		JUI 11	nouse frequent in field of Su	CONTACT NAME: Dan Baxter						
Day	rid King Insurance				PHONE	972393		FAX (A/C, No):			
	E. Sandy Lake Rd Suite 100				E-MAIL	972393 SS: Dan@dav	ridkinginsurano				
0.,,	2. Sailey Baile 114 Saile 100				ADDRES			RDING COVERAGE		NAIC #	
Cor	ppell			TX 75019	INCLIDE	RA: Scottsda	. ,			NAIC#	
INSU	*			/	INSURE						
	NORTH TEXAS CRICKET AS	SOC			INSURE						
	2720 BUCK HILL DR				INSURE						
					INSURER E :						
	PLANO			TX 75025	INSURER F:						
CO	/ERAGES CER	TIFIC	ATF	NUMBER:	REVISION NUMBER:						
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUE ERTIFICATE MAY BE ISSUED OR MAY PER (CLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN, OLICI	IENT, THE I ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT DLICIES DESCE DUCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY								\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
A		Y		CPS3280475		08/24/2020	08/24/2021	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	Included	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS AUTOS							` '	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE :	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE S	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
	RTIFICATE HOLDER				CANC	ELLATION					
CER	ATIFICATE HULDER				CANC	ELLATION					
	City of McKinney			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					) BEFORE		
	222 N Tennessee St				AUTHORIZED REPRESENTATIVE  Dan Baxter						
	McKinney TX 75069				3000						



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	is certificate does not confer rights to							une an endorsement. A s	stateme	iii Oii	
	DUCER				CONTACT NAME: Dan Baxter						
Dav	id King Insurance				PHONE (A/C, No	Fxt): 972393	3311	FAX (A/C, No):			
	E. Sandy Lake Rd Suite 100				E-MAIL ADDRES	D 01	idkinginsuran				
	•				ADDICE			RDING COVERAGE		NAIC #	
Cop	nell			TX 75019	INSURE		le Insurance Co			IVAIO#	
INSU				111 73017	INSURE		ie insurunce ex	ompuny			
	NORTH TEXAS CRICKET AS	3500									
	2720 BUCK HILL DR	3300	•		INSURE						
	2720 BOCK HILL DR				INSURER D :						
	PLANO			TX 75025	INSURER E :						
201					INSURER F:						
		_		NUMBER:	REVISION NUMBER: EEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
	DICATED. NOTWITHSTANDING ANY REQU										
	RTIFICATE MAY BE ISSUED OR MAY PER							I IS SUBJECT TO ALL THE TE	ERMS,		
	CLUSIONS AND CONDITIONS OF SUCH P		ES. LI SUBR		EN REL						
INSR LTR	LTR TYPE OF INSURANCE INSURANCE POLICY NUMBER					(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	8		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE S DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
A		Y		CPS3280475		08/24/2020	08/24/2021	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	Included	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							, , , , , , ,	\$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								:	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1							\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	•		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE    T   1   1   1   1   1   1   1   1   1	l							\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$ \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
	BESONII HON OF OFERWINONS BOOM							E.E. DIOENCE TOLICI LIMIT	Ψ		
DESC	 :RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	 D 101. Additional Remarks Sched	ule. mav	be attached if m	ore space is requ	uired)			
		(			, <b>,</b>						
CER	TIFICATE HOLDER				CANC	ELLATION					
					SHO	III D ANY OF T	HE ABOVE DI	ESCRIBED POLICIES BE CA	NCELLE	D REFORE	
					THE	EXPIRATION [	DATE THEREC	F, NOTICE WILL BE DELIVE		JE. JILE	
	City of Mesquite				ACC	ORDANCE WIT	TH THE POLIC	Y PROVISIONS.			
	757 Galloway Dr				80.00	RIZED REPRESE	NTATIVE				
					Dan	Baxter					
	Mesquite TV 75140				1						



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Date Bester  Propriet  Side C. Sandy Lake Rd Sairic 100  Cryproll  TX 73019  NORTH TEXAS CRICKET ASSOC. 2729 BUCK HILL Dix  TX 75025  NORTH TEXAS CRICKET ASSOC. 2729 BUCK HILL Dix  NORTH TEXAS CRICKET ASSOC. 2729 BUCK HILL Dix  TX 75025		is certificate does not confer rights to							ane an endorsement. A	stateme	iii Oii	
David King Itsuriance  SP F. Simily 1 Aike Rd Sixine 100  Coppoil  NORTH TIXAS CRUCKET ASSOC. 2720 BTUCK HILL DR  NORTH						CONTACT D D						
SAP E. Sandy Lake Rd Suite 100    Coppell   TX 75019	Dav	id King Insurance				PHONE	972393	3311	FAX (A/C, No):			
RESIDENCE AS SOCIAL DEPARTMENT OF THE POLICY PRIOR OF COMPANY O		e e				IE-MAIL	D 01	idkinginsurano	1, ,			
NORTH TEXAS CRICKET ASSOC.  NOMER 8:  NORTH TEXAS CRICKET ASSOC.  NOMER 6:  PI AND  TX 75025  NOMER 6:  NO		•				ADDICE					NAIC #	
MISURER B.  NORTH TEXAS CRICKET ASSOC.  2720 BUCK HILL DR  TX 75025  PLANO  TX 75025  RISURER C:  MISURER C:  MISU	Con	pell			TX 75019	INSURF		. ,			TUALO II	
NORTH TEXAS CRICKET ASSOC:  BRURER 0:  BRURER 0:  BRURER 1:  BRURER 1:  BRURER 1:  BRURER 1:  BRURER 2:  BRURER 1:  BRURER 2:  BRURER 3:  BRURER 3:  BRURER 5:  BRURER 6:  BRURER 5:  BRURER 6:  BRURER 6:  BRURER 6:  BRURER 7:  THIS TO CERTIFY THAT THE POLICIES OF BRURERANCE LISTED BLOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THIS POLICY PERIOD  BRURER 7:  THIS TO CERTIFY THAT THE POLICIES LIMIT SHOWN HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THIS POLICY PRIOD  BRURER 7:  BRURER 7:  THIS TO CERTIFY THAT THE POLICIES LIMIT SHOWN HAVE BEEN REDUCED BY PAPA DOLLARIS.  BRURER 7:									r J			
REVISION NUMBER:  PLANO  TX 75025  REVISION NUMBER:  WINDER P.  THIS IS TO CERT THAT THE POLICIES OF REQUENCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  CERTIFICATE MAY SEL SISUED OR MAY PERTAIN. THE INSURENCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.  EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. INSURED AND PROTECTION OF ANY PERTAIN. THE INSURENCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.  EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. INSURED AND PROTECTION OF ANY PERTAIN. THE INSURENCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.  EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. INSURED AND PROTECTION OF A POLICY NUMBER  WERE TYPE OF RESURANCE  TYPE OF RESURANCE  TYPE OF RESURANCE  OCCUPANY AND PROTECTION OF THE POLICY SUCH PROTECTION OF THE POLICY PROTECTION OF THE POLI		NORTH TEXAS CRICKET AS	SOC									
MSURER E:  MSURER F:												
PLANO  TX 750.25    MOUNTED   SOURCE												
COVERAGES  CENTIFICATE NUMBER:  CENTRICATE AUMBER:  CENTRICATE AUMBER:  CENTRICATE AUMBERS:		PLANO			TX 75025							
THIS IT O 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 CONTROL OF OR THE POLICIES OF SCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES (LIMITS SHOWN MAY HAVE BEEN EDGED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REPORTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REPORTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUCH POLICIES SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL TH	COV	· ·	TIFIC	ΔTF								
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCULSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWING MAY HAVE BEEN REDUCED BY PAID CLAMB.  TYPE OF INSURANCE ASSO WIND POLICY NUMBER (MARONTY)			_			EN ISSI	JED TO THE IN			PERIOD	)	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    The OF INSURANCE   MISSION											3	
TYPE OF INSURANCE    COMMERCIAL CERETAL LIABILITY   NSO W/D   POLICY NUMBER   POLICY PRIMADDITY   POLICY P									IS SUBJECT TO ALL THE TI	ERMS,		
CERTIFICATE HOLDER  CANCELLATION  LOCAMISENAL LABBURY A CORRESPONDE S LABOURD BEFORE SIZE AND LIQUID BEFORE S			ADDL	SUBR					LIMITS			
CLAMS-MADE	LIK				POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
A CPS3280475 08/24/2020 08/24/2020 PERSONAL ADVINUERY \$ 5,000 08/24/2020 PERSONAL ADVINUERY \$ 1,000,000 GENTLAGGREGATE LIMIT APPLIES PER. \$ 1,000,000 GENTLAGGREGATE LIMIT APPLIES PER. \$ 2,000,000 GENTLAGGREGATE LIMIT APPLIES PER. \$ 2,000,000 GENTLAGGREGATE LIMIT APPLIES PER. \$ 2,000,000 GENTLAGGREGATE LIMIT APPLIES PER. \$ 1,000,000 GENTLAGGRE		<del>-   -  </del>							DAMAGE TO RENTED	•	,,	
A GENL AGGREGATE LIMIT APPLIES PER:    PERSONAL & ADVINUARY   \$ 1,000,000		CLAIMS-MADE OCCUR							(======================================	•		
GENERAL AGGREGATE LIMIT APPLIES PER:    FOLICY   PECT   LOC     OTHER:   COMMIND AGG   S	۸		v		CD\$3280475		08/24/2020	08/24/2021	( ) = 1 = 1 = 7	•		
PRODUCTS - COMPIOP AGG S Included OTHER: OTHER: OTHER: COMBINED SINGLE LIMIT ANY AUTO OWNED ANY AUTO OWNED AUTOS ONLY AUT	А		1		C1 53200475		06/24/2020	06/24/2021		*		
OTHER:  AUTOMOBIL LIABILITY  ANY AUTO  OWNED  OWNED  AUTOS ONLY  BEOLIV NULBY (Per person) \$ BODIX 'NULBY (Per person) \$ BODIX 'NU										•		
OTHER:   COMBINED SINGLE LIMIT   (Ea accident)   S   Each OCCUR   S   CANCELLATION   S   CANCELLATION   S   CANCELLATION   S   CANCELLATION   S   CANCELLED BEFORE THE EXPIRATION DATE THE POLICY Provisions.   S   CANCELLED BEFORE THE EXPIRATION DATE THE POLICY Provisions.   S   CANCELLED BEFORE THE EXPIRATION DATE THE POLICY Provisions.   S   CANCELLED BEFORE THE EXPIRATION DATE THE POLICY Provisions.   S   CANCELLED BEFORE THE EXPIRATION DATE THE POLICY Provisions.   S   CANCELLED BEFORE THE EXPIRATION DATE THE POLICY Provisions.   S   CANCELLED BEFORE THE EXPIRATION DATE THE POLICY Provisions.   S   CANCELLED BEFORE THE EXPIRATION DATE THE POLICY Provisions.   S   CANCELLED BEFORE THE EXPIRATION DATE THE POLICY Provisions.   S   CANCELLED BEFORE THE EXPIRATION DATE THE POLICY PROVISIONS.   CANCELLED BEFORE THE POLICY PROVISIONS   CANCELLED BEFORE TH										*	meruded	
ANY AUTO OWNED OWNED OWNED OWNED AUTOS ONLY AUTOS ONLY OWNED AUTOS ONLY AUTOS ONLY OWNED OCCUR EXCESS LIAB OCCUR									COMBINED SINGLE LIMIT	*		
OWNED AUTOS ONLY AUTOS									(Ea accident)	Ψ		
AUTOS ONLY   EACH OCCURRENCE   S		OWNED SCHEDULED							` ' '	*		
AUTOS ONLY AUTOS ONLY AUTOS ONLY STATE HOLDER  AUTOS ONLY AUTOS ONLY AUTOS ONLY STATE HOLDER  AUTOS ONLY AUTOS ONLY STATE HOLDER  EXCESS LIAB OCCUR EXCESS LIAB OCCUMS—MADE  DED DETERMINED STATE STAT		HIRED NON-OWNED							PROPERTY DAMAGE	*		
UMBRELLA LIAB		AUTOS ONLY AUTOS ONLY							(Per accident)	*		
EXCESS LIAB CLAMISMADE    DED		LIMBRELLALIAR								•		
DED RETENTIONS  WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY AND PROPERLY TO		EVERS LIAB								•		
WORKERS COMPENSATION AND EMPLOYERS' LIBBILITY AND PROPRIETOR PARTINERIEX CUTIVE AND PROPRIETOR AND		CLAIWS-WADE	1						AGGREGATE	\$		
ANY PROPRIETOR PARTINER/SEXECUTIVE TO STREEM THE PROPERTY OF STREEM TO STREEM THE PROPERTY OF STREEM THE PROPERTY		<u> </u>							PER   OTH-	\$		
CERTIFICATE HOLDER  City of Plano  C		AND EMPLOYERS' LIABILITY Y / N										
DESCRIPTION OF OPERATIONS below  CERTIFICATE HOLDER  City of Plano  City of Plano  1520 Ave K  CITY DESCRIPTION OF OPERATIONS below  CERTIFICATE HOLDER  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  Pare Barter		OFFICER/MEMBER EXCLUDED?	N/A							*		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  City of Plano  City of Plano  1520 Ave K  CITY OF Plano  ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Par Barter		If yes, describe under										
CERTIFICATE HOLDER  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  Pan Barter		DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
CERTIFICATE HOLDER  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  Pan Barter												
CERTIFICATE HOLDER  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  Pan Barter												
CERTIFICATE HOLDER  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  Pan Barter	DESC	DIDTION OF OPERATIONS / LOCATIONS / VEHIC	l Ee /	ACOBI	2 101 Additional Bamarka Sahad	ula may	he attached if m	ara angga la ragi	uirod)			
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  Dan Barter	DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	J 101, Additional Remarks Sched	uie, may	be attached if m	ore space is requ	iirea)			
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  Dan Barter												
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  Dan Barter												
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  Dan Barter												
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  Dan Barter												
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  Dan Barter												
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  Dan Barter												
City of Plano  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Dan Barter	CER	TIFICATE HOLDER				CANC	ELLATION					
City of Plano  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Dan Barter						SHO	III D ANV OF T	THE ABOVE DE	ECCDIDED DOI ICIES DE CA	NCELLE	D BEEODE	
City of Plano  ACCORDANCE WITH THE POLICY PROVISIONS.  1520 Ave K  AUTHORIZED REPRESENTATIVE  Dan Baxter											D DEFUKE	
Dan Baxter		City of Plano										
Dan Baxter												
986 - 18 - SECONDARY		1520 Ave K				80.00		NTATIVE				
		Plana TY 75074				Dan	Baxter					



DATE (MM/DD/YYYY) 8/27/2020

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.

	SUBROGATION IS WAIVED, subject t is certificate does not confer rights to							uire an endorsement. A s	statemei	nt on	
	DUCER		JUI 11	nouse frequent in field of Su	CONTACT NAME: Dan Baxter						
Day	rid King Insurance				PHONE	972393		FAX (A/C, No):			
	E. Sandy Lake Rd Suite 100				E-MAIL	972393 SS: Dan@dav	ridkinginsurano				
0.,,	2. Sailey Baile 11a Saile 100				ADDRES			RDING COVERAGE		NAIC #	
Cor	ppell			TX 75019	INCLIDE	RA: Scottsda	. ,			NAIC#	
INSU	*			//	INSURE						
	NORTH TEXAS CRICKET AS	SOC.			INSURE						
	2720 BUCK HILL DR				INSURE						
					INSURER E :						
	PLANO			TX 75025	INSURER F:						
CO	/ERAGES CER	TIFIC	ATF	NUMBER:	REVISION NUMBER:						
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUE ERTIFICATE MAY BE ISSUED OR MAY PER (CLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN, OLICI	IENT, THE I ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT DLICIES DESCE DUCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY								\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
A		Y		CPS3280475		08/24/2020	08/24/2021	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	Included	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS AUTOS							` '	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								:	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE :	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	SSCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CE	PTIEICATE HOLDER				CANC	ELLATION					
CEF	RTIFICATE HOLDER				CANC	ELLATION					
	City of Lewisville			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					) BEFORE		
	1197 W Main St				AUTHORIZED REPRESENTATIVE  Dan Baxter						
	Lewisville TX 75067				exact vermidablication						



**DATE (MM/DD/YYYY)**8/26/2020

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.

	is certificate does not confer rights to							une an endorsement. A s	stateme	iii Oii	
	DUCER				CONTACT NAME: Dan Baxter						
Day	id King Insurance				PHONE (A/C, No	072202		FAX (A/C, No):			
	E. Sandy Lake Rd Suite 100				E-MAIL ADDRES	D 01	idkinginsuran				
					ADDICE			RDING COVERAGE		NAIC #	
Cop	nell			TX 75019	INSURE		le Insurance Co			NAIC #	
INSU				111 70017	INSURE		io insurance ex	ompany	+		
	NORTH TEXAS CRICKET AS	SSOC			INSURE						
	2720 BUCK HILL DR	3500			INSURE						
	2720 BOOK THEE BIC				INSURER E :						
	PLANO			TX 75025							
COV		TIEIC	ΛTE	NUMBER:	INSURER F:						
		_			REVISION NUMBER: BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN	DICATED. NOTWITHSTANDING ANY REQI	JIREN	ΛΕΝΤ,	TERM OR CONDITION OF A	NY CON	ITRACT OR OT	THER DOCUM	ENT WITH RESPECT TO WH	ICH THIS		
	RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P							I IS SUBJECT TO ALL THE TE	ERMS,		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		LIVINEL		POLICY EXP (MM/DD/YYYY)	LIMITE			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		1,000,000	
	<del></del>							DAMAGE TO RENTED	\$	100,000	
	CLAIMS-MADE X OCCUR								\$		
		Y		CDC2200475		09/24/2020	09/24/2021	( ) = 1 = 1 ,	\$	5,000	
A		Y		CPS3280475		08/24/2020	08/24/2021		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000	
	POLICY PRO- JECT LOC								\$ \$	Included	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ \$		
								(Ea accident)	Ψ		
	ANY AUTO OWNED SCHEDULED								\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							DDODEDTY DALLA OF	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
								,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE :	\$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$		
	DED RETENTION \$	ļ						I DED I OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (	ACORI	D 101, Additional Remarks Sched	ule, may	be attached if me	ore space is requ	uired)			
CEF	TIFICATE HOLDER				CANC	ELLATION					
								ESCRIBED POLICIES BE CA		D BEFORE	
	City Of Dallas							)F, NOTICE WILL BE DELIVE Y PROVISIONS.	KED IN		
	City of Bullub				ACCORDANCE WITH THE POLICY PROVISIONS.						
	1500 Marilla St				AUTHORIZED REPRESENTATIVE						
	Suite 6A South				Dan	Baxter					
	Dallas TX 75201				Service Manufactor						



DATE (MM/DD/YYYY) 8/26/2020

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	SUBROGATION IS WAIVED, subject t is certificate does not confer rights to							uire an endorsement. A s	statemei	nt on	
	DUCER		Jordi	nouse frequent in field of Su	CONTACT NAME: Dan Baxter						
	vid King Insurance				PHONE	972393		FAX (A/C, No):			
	E. Sandy Lake Rd Suite 100				E-MAIL	972393 SS: Dan@dav	ridkinginsurano				
0.,,	2. Sandy Dane Ru Sant 100				ADDRES			RDING COVERAGE		NAIC #	
Cor	ppell			TX 75019	INCLIDE	RA: Scottsda	. ,			NAIC#	
INSU	*			//	INSURE						
	NORTH TEXAS CRICKET AS	SOC.			INSURE						
	2720 BUCK HILL DR				INSURE						
					INSURER E :						
	PLANO			TX 75025	INSURER F:						
CO	/ERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN, OLICI	IENT, THE I ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT DLICIES DESCE DUCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY								\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
A		Y		CPS3280475		08/24/2020	08/24/2021	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	Included	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS AUTOS							` '	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE S	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	SSCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
	TITIOATE HOLDER				04110	CLL ATION					
CEF	RTIFICATE HOLDER				CANC	ELLATION					
	City of Frisco			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					) BEFORE		
	6101 Frisco Square Blvd				AUTHORIZED REPRESENTATIVE  Dan Baxter						
	Frisco TX 75034				300 10-300/0000						



**DATE (MM/DD/YYYY)**8/26/2020

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	is certificate does not confer rights to							une an endorsement. A s	siaieme	iii Oii	
	DUCER				CONTACT NAME: Dan Baxter						
Dav	rid King Insurance				PHONE (A/C, No	972393	3311	FAX (A/C, No):			
	E. Sandy Lake Rd Suite 100				E-MAIL ADDRES	D 01	idkinginsurano				
	·				ADDICE			RDING COVERAGE		NAIC #	
Cop	pell			TX 75019	INSURE		le Insurance Co			TUALO #	
INSU					INSURE			- r · J			
	NORTH TEXAS CRICKET AS	SSOC			INSURE						
	2720 BUCK HILL DR				INSURE						
					INSURER E :						
	PLANO			TX 75025							
COV		TIFIC	ΔTF	NUMBER:	REVISION NUMBER:						
					REVISION NUMBER: BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
	DICATED. NOTWITHSTANDING ANY REQU									3	
	ERTIFICATE MAY BE ISSUED OR MAY PER CCLUSIONS AND CONDITIONS OF SUCH P							I IS SUBJECT TO ALL THE TE	ERMS,		
INSR LTR	TYPE OF INSURANCE	SUBR WVD				POLICY EXP (MM/DD/YYYY)	LIMITS	:			
LIK	COMMERCIAL GENERAL LIABILITY	INSU	WVD	TOLIOT NOMBER		(WIW/DD/1111)	(MIM/DD/1111)		\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$ \$	100,000	
	CLATIVIS-IVIADE  OCCUR							(=======)	\$ \$	5,000	
A		Y		CPS3280475		08/24/2020	08/24/2021	( ) =   =	<u>⊅</u> \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1		C1 53200 173		00/21/2020	00/21/2021		<u>⊅</u> \$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	*	Included	
	OTHER:								\$ \$	meradea	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$ \$		
	OWNED SCHEDULED							` ' '	\$ \$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR								·		
	EVOTOS LIAB								\$		
	CLAIWS-WADE	┨						AGGREGATE	<b>&gt;</b>		
	DED RETENTION \$ WORKERS COMPENSATION	<u> </u>						PER OTH- STATUTE ER	<b>&gt;</b>		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							•		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE S	-		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT S	\$		
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (	ACORI	 D 101, Additional Remarks Sched	ule. mav	be attached if mo	ore space is requ	uired)			
		, ,		2 , ,	u.o,u		o. o opaco .o . oq.				
CEF	TIFICATE HOLDER				CANC	ELLATION					
					SHO	ULD ANY OF T	HE ABOVE DE	ESCRIBED POLICIES BE CA	NCELLE	D BEFORE	
	G1. 07				THE	EXPIRATION [	DATE THEREO	F, NOTICE WILL BE DELIVE			
	City of Irving				ACCORDANCE WITH THE POLICY PROVISIONS.						
	1107 W Main C4				AUTHORIZED REPRESENTATIVE						
	1197 W Main St				80.00		NIAIIVE				
	Lawicyilla TV 75067				Dan Baxter						