Sadler Sports: SODA

DATE (MM/ DD/ YYYY)

# ACORD

# CERTIFICATE OF LIABILITY INSURANCE

07/01/2024

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 certificate holder in lieu of such endorsement(s).

CONTACT NAME: Sports Dept PRODUCER SADLER & COMPANY, INC. PHONE (A/ C. No. Ext): 800-622-7370 FAX (A/ C, No): 803-256-4017 P.O. BOX 5866 E- MAIL ADDRESS: soda@sadlersports.com COLUMBIA, SOUTH CAROLINA 29250-5866 PRODUCER CUSTOMER ID# NAIC# **INSURER(S) AFFORDING COVERAGE** D/ B/ A SPORTSPLEX OPERATORS AND DEVELOPERS ASSOCIATION INSURER A: State National Insurance Company 12831 Orange County Cricket Association INSURER B: SeriousPoint America Company 38776 398 Monroe Irvine. CA 92620 INSURER C: Club #: C.97579 INSURER D:

**COVERAGES CERTIFICATE NUMBER 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.

| INSD<br>LTR | TYPE OF INSURANCE  | ADDL<br>INSR | SUBR<br>WVD | POLICY NUMBER                      | POLICY EFF<br>(MM/ DD/ YYYY) | POLICY EXP<br>(MM/ DD/ YYYY) | LIMITS   |             |
|-------------|--|--------------|-------------|------------------------------------|------------------------------|------------------------------|--|-------------|
| Α           | GENERAL LIABILITY  ☐ COMMERCIAL GENERAL LIABILITY  ☐ CLAIMS MADE ☐ OCCUR | X            |             | OVE-0000286-01                     | 09:18AM ET<br>07/01/2024     | 12:01AM ET<br>07/01/2025     | EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence) | \$2,000,000 |
|             |  |              |             |                                    |                              |                              | MEDICAL EXPENSES (other than participants)                 | \$5,000     |
|             |  |              |             |                                    |                              |                              | PERSONAL & ADV INJURY                                      | \$1,000,000 |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:                                       |              |             |                                    |                              |                              | GENERAL AGGREGATE  | \$3,000,000 |
|             | □POLICY □PROJECT □LOC □OTHER   |              |             |                                    |                              |                              | PRODUCTS- COMP/ OP AGG                                     | \$1,000,000 |
|             | AUTOMOBILE LIABILITY  ANY AUTO   |              |             | n/ a                               | n/a                          | n/a                          | COMBINED SINGLE LIMIT (Ea<br>Accident)                     | \$1,000,000 |
|             | ALL OWNED AUTOS  |              |             |                                    |                              |                              | BODILY INJURY (Per person)                                 |             |
|             | SCHEDULED AUTOS  HIRED AUTOS   |              |             |                                    |                              |                              | BODILY INJURY (Per accident)                               |             |
|             | □NON-OWNED AUTOS   |              |             |                                    |                              |                              | PROPERTY DAMAGE (Per accident)                             |             |
| А           | SEXUAL ABUSE / MOLESTATION   |              |             | n/ a                               | n/ a                         | n/ a                         | EACH OCCURRENCE  | \$1,000,000 |
|             |  |              |             |                                    |                              |                              | AGGREGATE  | \$2,000,000 |
|             | UMBRELLA LIAB OCCUR  |              |             | n/ a                               | n/ a                         | n/ a                         | EACH OCCURRENCE  | n/ a        |
|             | ☐ EXCESS LIAB ☐ CLAIMS- MADE ☐ DEDUCTIBLE                                |              |             |                                    |                              |                              | AGGREGATE  | n/ a        |
|             | RETENTION  |              |             |                                    |                              |                              |  |             |
|             | WORKERS COMPENSATION   |              |             | N/ A                               |                              |                              | ☐ PER STATUE   |             |
|             | AND EMPLOYERS' LIABILITY ANY PROPRIETOR /                                |              |             |                                    |                              |                              | OTHER  |             |
|             | PARTNER / EXECUTIVE Y/ N OFFICER / MEMBER EXCLUDED?                      |              |             |                                    |                              |                              | E.L. EACH ACCIDENT   |             |
|             | (Mandatory in NH) If yes, describe under DESCRIPTION OF                  |              |             |                                    |                              |                              | E.L. DISEASE - EA EOMPLOYEE                                |             |
|             | OPERATIONS below   |              |             |                                    |                              |                              | E.L. DISEASE - POLICY LIMIT                                |             |
| В           | PARTICIPANT ACCIDENT   |              |             | PHSA-<br>BAMH-10089-23-<br>C.97579 | 09:18AM ET<br>07/01/2024     | 12:01AM ET<br>07/01/2025     |  |             |
|             |  |              |             |                                    |                              |                              | EXCESS MEDICAL   | \$100,000   |
|             |  |              |             |                                    |                              |                              | AD&D   | \$10,000    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: COVERED Team(s) - Adult - Accident & General Liability Cricket - 18 Team(s) - [Maximum 20 players per team]

• Cricket Teams: California Eagles, Cali Crushers, Caltech Cricket Club, CCL Greens, Gully Boyz, Irvine Cricket Club, MadBoyz, OC Falcons, OC Hunters, Platinum40, Punjabi Kings, Renegades, Royal Challengers Irvine, SCYCA, SoCal Islanders Cricket Club, SunDevils, Tigers Cricket Club, Yodhaz

(Adult Team Accident As Part of Package: \$100,000 Excess Medical; \$10,000 Accidental Death or Dismemberment; \$500 per claim deductible; Physical Therapy & Chiropractic Visits - 5 Visits Maximum @ \$50 Per Visit; Hospitalization - Inpatient & Outpatient - \$1,000 Maximum; Surgeon's Benefits - \$2,500 Maximum; Anesthesia And Assistant Surgeon - Maximum of 25% Surgeon's Benefits; Emergency Room - \$500 Maximum; Physician Visits - \$50 Maximum Per Visit)

(Adult Team General Liability as Part of Package: \$2,000,000 Each Occurrence; \$1,000,000 Participant Legal Liability Sublimit; \$1,000,000 Neurodegenerative Sublimit; Waiver/ Release Recommended)

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.

## **CERTIFICATE HOLDER**

**RELATIONSHIP:** Property Owner/Lessor

Del Cerro Elementary School 24382 Regina St Mission Viejo, CA 92691

## 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 (company A)

- OH.

Sadler Sports: SODA

AUTHORIZED REPRESENTATIVE (company B)

Coverage is only extended to U.S. events and activities

\*\* NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

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#### **ENDORSEMENT NO. 0000**

| ATTACHED TO AND FORMING A PART OF POLICY NUMBER | ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME) | NAMED INSURED                     | AGENT NO. |
|---|---|-----------------------------------|-----------|
| OVE-0000286-01                                  | 07/01/2024  | Orange County Cricket Association |           |

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSUREDS OWNERS AND/ OR LESSORS OF PREMISES, SPONSORS OR CO-PROMOTERS

This endorsement modifies insurance provided under the following:

## COMMERCIAL GENERAL LIABILITY COVERAGE PART LIQUOR LIABILITY COVERAGE PART

A. SECTION II — WHO IS AN INSURED is amended to include as an additional insured any per-son(s) or organization(s) of the types indicated by an "x" in any boxes shown below, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- In connection with your premises owned by or rented to you. However:
  - The insurance afforded to such additional insured only applies to the extent permitted by law; and
  - 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured. With respect to an additional insured owner and/ or lessor of premises, this insurance does not apply to:
    - An "occurrence" or offense which takes place while you are not a tenant in possession of the subject premises.
    - 2. "Bodily injury" or "property damage" arising out of:
      - Structural alterations, new construction or demolition operations performed by or on behalf of the owner and/ or lessor of premises;
      - Any design defect or structural maintenance of the premises; or
      - 3. Any premises defect.

B. With respect to the insurance afforded to these additional insureds, the following is added to SECTION III — LIMITS OF INSURANCE: If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of insurance shown in the declarations.

## Schedule of Additional Insureds:

- [X] Owners and/ or Lessors of the premises leased, rented or loaned to you
- [X] Sponsors
- [X] Co- Promoters
- [] Any individual person(s) or organization(s) listed below COACHES, OFFICIALS AND VOLUNTEERS WHILE ACTING WITHIN THE SCOPE OF THEIR DUTIES FOR THE INSURED.

CG- GL- CW-0128 (12/20)