	CERTIFICATE OF INSURANCE												
PRODU	CER					CERTIFIC	CATE #	:	3090208-2024-3		3 09 02		
Keys	tone Ris	sk M	anagers, LLC						0000200 202 . 0		0 00 02		
1995	Point T	own	ship Drive										
Nort	humberl	and	, PA 17867			INSURE	RS AF	FORDIN	G COVERAG	E:			
ADDITI	onal name	ED INS	URED:			INSURE	R A:	Interstat	te Fire & Casua	alty Co	mpany		
-	GALLIE I Kingsmil		200			INSURE			I Union Fire Ins	surance	e Company of		
	ourne, FL					(Non-Lial	• /	Pittsbur					
						INSURE			cialty Insurance				
			SURANCE LISTED BELOW HA						American Insu				
REQU PERT AGGR	IREMENT, AIN. THE II EGATE LII	TER NSUR MITS	M OR CONDITION OF ANY ANCE AFFORDED BY THE P SHOWN MAY HAVE BEEN RE	CONTRACT OR OTHE OLICIES DESCRIBED H EDUCED BY PAID CLAIN	ER DOC EREIN IS /IS.	UMENT WITH S SUBJECT TO	I RESPE O ALL TH	CT TO WH	ICH THIS CERTIF	ICATE M CONDITI	AY BE ISSUED OR MAY ONS OF SUCH POLICIES.		
ALL C	LASS ACT	ION C	0,000 AGGREGATE SUBLIMIT CLAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIM	UE CLAIMS, AS MORE F	ULLY D	ESCRIBED IN	ENDOR	SEMENT #3	1 OF THE MASTER	R D&O PO	LICY.		
	S, AS MOF		LLY DESCRIBED IN ENDORS				Y.			02101,11			
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER		Y EFFECTIVE MM/DD/YYYY)	EXP	OLICY IRATION DATE DD/YYYY)		LIM	ITS		
А	х		GENERAL LIABILITY	UST030987240	01/	15/2024	01/0)1/2025	EACH OCCURR	ENCE	\$3,000,000		
		X	OCCURRENCE	031030987240	01/	13/2024		1/2025	GENERAL AGGRI	EGATE	\$3,000,000		
		Χ	INCL PARTICIPANTS	Property Damage	Deducti	ble: \$250			PRODUCTS/COM AGGREGAT		\$3,000,000		
		v							Sexual Abus OCCURRENO	e	\$1,000,000		
		X	SEXUAL ABUSE						Sexual Abuse AGG		\$1,000,000		
			MEDICAL PAYMENTS						Any One Pers	son			
С	х			014674121	01/	01/2024	01/0)1/2025	EACH LOSS	S	\$1,000,000*		
C	^		DIRECTORS & OFFICERS	014074121	01/	01/2024		1/2023	AGGREGAT	E	\$1,000,000		
С	Х		CYBER LIABILITY COVERAGE	014681404		01/2024)1/2025	LIMIT OF LIABI CLAIMS MAD		\$100,000 PER LEAGUE AGGREGATE		
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILI	TY**	RETROACTIVE D		CONTINUITY DATE POLICY INCEPTION		
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILI	ΤY		•			
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILI	TY**	NOT APPLICABLE		POLICY INCEPTION		
D	х	INI	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/	01/2024	01/0	01/2025	EACH LOSS	S	\$35,000 Deductible: \$500		
А	х		CRIME	UST030998240	01/	01/2024	01/0)1/2025	EACH LOSS	S	\$35,000 Deductible: \$1,000		
В	х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/	01/2024	01/0)1/2025	As in Master Po Med. Max. \$100 Deductible \$5	0,000	As in Master Policy Excess		
"X" I	NDICATE	s cc	VERAGE(S) SELECTED I	FOR ADDITIONAL NA	AMED I	NSURED							
ADD	ITIONA	L IN	ISURED										
liability organi	ho is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to bility arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or ganizations and subject to the following additional exclusions: Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or												
perfor	ned by the	above	e-named Little League; and	•				man or the pe	erson or organizatio	n uesigna	ted in the Schedule and/Or		
2. Tha	at part of th	e ball	field or other premises not beir	ng used by the above-nar									

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

 1. Brevard County Parks and Recreation Department
 2. Brevard County School District
 3. City of Melbourne Leisure Services

 Florida State College
 5. City of Melbourne

 4. Eastern

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

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

7

accide a AUTHORIZED REPRESENTATIVE

			CER		SURANCE				DATE (MM/DD/YY) 03/30/24				
PRODUC	CER				CERTIFIC	CATE #:		3090208-2024-3		3 09 02			
Keys	tone Ris	sk M	anagers, LLC ship Drive										
			PA 17867		INSURE	RS AF	FORDIN	G COVERAG	E:				
	ONAL NAME		JRED:		INSURE			te Fire & Casualty Company					
-	GALLIE I Kingsmil				INSURE			Union Fire Insurance Company of					
	ourne, FL				(Non-Lia		Pittsbur						
					INSURE			cialty Insuran					
							Markel A		rance C				
REQU PERT AGGR * SUB ALL C ** SUE	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 SECTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY. * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY. * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER CYBER POLICY. FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY. * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY. * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY. * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY. * SUBJECT TO \$100 MUMBER POLICY FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY. * SUBJECT TO \$100 MUMBER POLICY FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY OF INSURANCE POLICY FOR SPECIFIED POLICY FOR SPECIFIED SPECIFIED SPECIFIED SPECIFIED SPECIFIED SPECIFIED SPECIFIED S												
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	EXP	OLICY IRATION DATE DD/YYYY)		LIM	птя			
А	х		GENERAL LIABILITY	UST030987240	01/15/2024	01/0	1/2025	EACH OCCURR	ENCE	\$3,000,000			
		Χ	OCCURRENCE	031030987240	01/15/2024	01/0	1/2025	GENERAL AGGR	EGATE	\$3,000,000			
		Χ	INCL PARTICIPANTS	Property Damage I	Deductible: \$250	ible: \$250			IP OPS	\$3,000,000			
		v						Sexual Abus OCCURREN	e	\$1,000,000			
		X	SEXUAL ABUSE					Sexual Abuse AGG		\$1,000,000			
			MEDICAL PAYMENTS					Any One Pers	son				
С	х			014674121	01/01/2024	01/0	1/2025	EACH LOS	S	\$1,000,000*			
C	^	D	IRECTORS & OFFICERS	014074121	01/01/2024	01/0	1/2025	AGGREGAT	E	\$1,000,000			
С	Х		CYBER LIABILITY COVERAGE	014681404	01/01/2024	01/0	1/2025	LIMIT OF LIAB		\$100,000 per league Aggregate			
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA		LIABILI	TY**	RETROACTIVE	DATE	CONTINUITY DATE			
		DE	GULATORY ACTION SUBLIMIT	\$1,000 PER LEAGU \$100,000 PER LEA			ту	POLICY INCEPTION	N	POLICY INCEPTION			
		NEV	OF LIABILITY	\$1,000 PER LEAGU	JE RETENTION								
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU		LIABILI	ΤΥ**	NOT APPLICABLE		POLICY INCEPTION			
D	х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/0)1/2025	EACH LOS	S	\$35,000 Deductible: \$500			
А	х		CRIME	UST030998240	01/01/2024	01/0	1/2025	EACH LOS	S	\$35,000 Deductible: \$1,000			
В	х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2024	01/0	1/2025	As in Master Po Med. Max. \$10 Deductible \$5	0,000	As in Master Policy Excess			
"X" II	NDICATE	s co	VERAGE(S) SELECTED	FOR ADDITIONAL N	AMED INSURED								

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Brevard County Parks and Recreation Department 2725 Judge Fran Jamieson Way #B Melbourne, FL 32940

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

								3/3	30/2024	
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	ADD	ITIONAL INSURED, the p							
If SUBROGATION IS WAIVED, subject this certificate does not confer rights t							equire an endorsement	A sta	atement on	
PRODUCER	U III			00117107	David Irv					
Keystone Risk Managers, LLC				PHONE (A/C, No, Ext):	(570) 4	173-2150	FAX (A/C, No):	(570)	473-2151	
1995 Point Township Drive						Keystoneins				
							DING COVERAGE		NAIC #	
Northumberland			PA 17867	INSURER A :	Intersta	te Fire & Cas	ualty Company		22829	
INSURED Little League Baseball Risk I	Durch	acino	Group Incorporated	INSURER B :						
EAU GALLIE LL	urun	asing	Gloup, incorporated	INSURER C :						
2728 Kingsmill Avenue				INSURER D :						
Melbourne			FL 32934	INSURER F :						
COVERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY	QUIF	REME	NT, TERM OR CONDITION	OF ANY CO	NTRACT	OR OTHER I	DOCUMENT WITH RESPEC	т то и	VHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE				D HEREIN IS SUBJECT TO	ALL I	HE TERIVIO,	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POL (MM/I	ICY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
							EACH OCCURRENCE DAMAGE TO RENTED	\$	3,000,000	
							PREMISES (Ea occurrence)	\$	300,000	
	x	x	UST030987240	01/1	E/2024	01/01/2025	MED EXP (Any one person)	\$	Excluded 3,000,000	
A GEN'L AGGREGATE LIMIT APPLIES PER:			031030967240	01/1	5/2024	01/01/2025	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	3,000,000	
POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	<u>ه</u> \$	3,000,000	
X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
								\$		
EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$ \$		
DED RETENTION \$							AGGREGATE	\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER			
ANYPROPRIETOR/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	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be attacl	hed if more	e space is require	ed)			
Certificate Holder is named as Additional Ir	neuro	d nor	form CG 2026 (12/10)							
	ISUIC	u pei	101111 CO 2020 (12/13)							
CERTIFICATE HOLDER				CANCELL						
Brevard County Parks and Recreation De	partn	nent		THE EXF	PIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
2725 Judge Fran Jamieson Way #B				AUTHORIZED	REPRESE	NTATIVE	,			
Melbourne			FL 32940		Æ	an	d Jelin	د.		
					* © 19	88-2015 AC	ORD CORPORATION.	All riał	nts reserved.	

The ACORD name and logo are registered marks of ACORD

POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or

Brevard County Parks and Recreation Department 2725 Judge Fran Jamieson Way #B Melbourne, FL 32940

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. 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.
- 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
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Brevard County Parks and Recreation Department 2725 Judge Fran Jamieson Way #B Melbourne, FL 32940

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

			CER	TIFICATE OF IN	SURANCE	RANCE					DATE (MM/DD/YY) 03/30/24		
PRODU	CER				CEI	RTIFIC	CATE #:		3090208-2024-3		3 09 02		
			anagers, LLC										
Nort	humberl	and	ship Drive , PA 17867		INS	SURE	RS AFF		G COVERAG	E:			
	ONAL NAME		URED:			SURE			te Fire & Casua				
	GALLIE I 3 Kingsmil		nue			SURE			Union Fire Ins	surance	e Company of		
	ourne, FL					on-Lial		Pittsbur					
0						SURE			ecialty Insurance Company				
			SURANCE LISTED BELOW HA					Markel A		rance C	OTWITHSTANDING ANY		
REQU PERT AGGR * SUB ALL C ** SUB	IIREMENT, AIN. THE II REGATE LII JECT TO S LASS ACT BJECT TO	TER NSUR MITS \$5,000 ION C \$5,000	M OR CONDITION OF ANY ANCE AFFORDED BY THE P SHOWN MAY HAVE BEEN RE 0,000 AGGREGATE SUBLIMIT CLAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIM LLY DESCRIBED IN ENDORS	CONTRACT OR OTHE OLICIES DESCRIBED H EDUCED BY PAID CLAIN F OF LIABILITY FOR AL UE CLAIMS, AS MORE I IT OF LIABILITY FOR A	ER DOCUMEN IEREIN IS SUB MS. L LEAGUES, C FULLY DESCR ALL LEAGUES,	IT WITH JECT TO COMBIN IBED IN COMBI	I RESPEC O ALL THE ED, UNDE I ENDORS NED, UNE	CT TO WH E TERMS, E ER THE MA EMENT #3	ICH THIS CERTIFI EXCLUSIONS AND STER D&O POLIC 1 OF THE MASTER	ICATE M CONDITI XY, FOR A D&O PC	AY BE ISSUED OR MAY ONS OF SUCH POLICIES. ALL LOSS ARISING FROM DLICY.		
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFE DATE (MM/DD	CTIVE	PO EXPIF D/	LICY RATION ATE D/YYYY)		LIN	IITS		
Α	х		GENERAL LIABILITY	10700007040	04/45/00	0.4	01/01	1/2025	EACH OCCURRI	ENCE	\$3,000,000		
		Χ	OCCURRENCE	UST030987240	01/15/20	124	01/01	1/2025	GENERAL AGGRE	EGATE	\$3,000,000		
		Χ	INCL PARTICIPANTS	Property Damage I	Deductible: \$	5250			PRODUCTS/COM AGGREGAT	IP OPS	\$3,000,000		
		x	SEXUAL ABUSE						Sexual Abus OCCURRENC	e	\$1,000,000		
		^	SEXUAL ABUSE						Sexual Abuse AGG	REGATE	\$1,000,000		
			MEDICAL PAYMENTS						Any One Pers	son			
С	х			014674121	01/01/20	24	01/01	/2025	EACH LOSS	S	\$1,000,000*		
Ŭ			DIRECTORS & OFFICERS						AGGREGAT	E	\$1,000,000		
С	х		CYBER LIABILITY COVERAGE	014681404	01/01/20	24	01/01	1/2025	LIMIT OF LIABI CLAIMS MAD		\$100,000 PER LEAGUE AGGREGATE		
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILIT	'Y**	RETROACTIVE D		CONTINUITY DATE		
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILIT	Y	POLICY INCEPTION	N	POLICY INCEPTION		
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU		-	LIABILIT	'Y**	NOT APPLICABLE		POLICY INCEPTION		
D	Х	INI	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/20)24	01/01	1/2025	EACH LOSS	S	\$35,000 Deductible: \$500		
A	х		CRIME	UST030998240	01/01/20	24	01/01	1/2025	EACH LOSS	S	\$35,000 Deductible: \$1,000		
В	x		ORTS EXCESS ACCIDENT	SRG9105434	01/01/20		01/01	1/2025	As in Master Po Med. Max. \$100 Deductible \$5	0,000	As in Master Policy Excess		
"X"	NDICATE	S CC	VERAGE(S) SELECTED	FOR ADDITIONAL N	AMED INSUR	KED							

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Brevard County School District 2700 Judge Fran Jamieson Way Viera, FL 32940

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

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

and AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

								3/	30/2024		
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				olicví	es) must hav		IAL INSURED provision	s or he	endorsed		
If SUBROGATION IS WAIVED, subject	to th	ne te	rms and conditions of th	e polic	y, certain po	olicies may i					
this certificate does not confer rights t	o the	cert	ificate holder in lieu of su	UCH end							
PRODUCER Keystone Risk Managers, LLC				NAME:	Daviu III		FAX	(570)	473-2151		
1995 Point Township Drive				A/C, No E-MAIL	, <u>Ext)</u> : (570) ₄	Keystoneins	(A/C, No):	(570)	410-2101		
				ADDRES		, ,	RDING COVERAGE		NAIC #		
Northumberland			PA 17867	INSURE	Interete		ualty Company		22829		
INSURED				INSURE							
Little League Baseball Risk I	Purch	asing	Group, Incorporated	INSURE							
EAU GALLIE LL				INSURE	RD:						
2728 Kingsmill Avenue				INSURE	RE:						
Melbourne COVERAGES CER	דורי	~ ^ + -	FL 32934	INSURE	RF:						
THIS IS TO CERTIFY THAT THE POLICIES		-	E NUMBER: RANCE LISTED BELOW HAV	VE BEEI	N ISSUED TO		REVISION NUMBER: D NAMED ABOVE FOR T	HE POL	ICY PERIOD		
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equif Pert Poli	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY ED BY	CONTRACT THE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	ст то у	NHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
							EACH OCCURRENCE DAMAGE TO RENTED	\$	3,000,000		
							PREMISES (Ea occurrence)	\$	300,000		
	x	x	1167020087240		01/15/2024	01/01/2025	MED EXP (Any one person)	\$	Excluded 3,000,000		
A GEN'L AGGREGATE LIMIT APPLIES PER:	^	^	UST030987240		01/15/2024	01/01/2025	PERSONAL & ADV INJURY	\$ \$	3,000,000		
POLICY PRO- JECT LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	3,000,000		
X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M		
							COMBINED SINGLE LIMIT (Ea accident)	\$	· · · · · · · · · · · · · · · · · · ·		
							BODILY INJURY (Per person)	\$			
OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident)	\$			
AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
								\$			
EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$ \$			
DED RETENTION \$	1						AGOREGAIE	\$			
WORKERS COMPENSATION							PER OTH- STATUTE ER	-			
	N/A						E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	, A						E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedul	le, may be	attached if more	e space is require	ed)				
		_					-				
Certificate Holder is named as Additional In	nsure	d per	torm CG 2026 (12/19)								
				0.000							
					ELLATION						
Brevard County School District				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.				
2700 Judge Fran Jamieson Way				AUTHOR		NTATIVE	•				
Viera			FL 32940		_ È	an	1 Jelin				
					″©19	88-2015 AC	ORD CORPORATION.	All rial	nts reserved.		

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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Brevard County School District 2700 Judge Fran Jamieson Way Viera, FL 32940

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. 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.
- 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
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Brevard County School District 2700 Judge Fran Jamieson Way Viera, FL 32940

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

			CER	TIFICATE OF IN	SURANC	RANCE					DATE (MM/DD/YY) 03/30/24		
PRODUC					C	ERTIFIC	CATE #:		3090208-2024-3		3 09 02		
			anagers, LLC ship Drive										
			, PA 17867			NSURE	RS AFI	FORDIN	G COVERAG	E:			
			URED:			INSURE			te Fire & Casua				
	GALLIE I 8 Kingsmil		nue			INSURE (Non-Lial			I Union Fire Insurance Company of rgh, PA				
Melb	ourne, FL	329	034		<u> </u>	INSURE			ecialty Insurance Company				
						INSURE		-	larkel American Insurance Company				
REQU PERT AGGR * SUB ALL C ** SUB	IREMENT, AIN. THE II EGATE LII JECT TO S LASS ACT BJECT TO	TER NSUR MITS \$5,000 ION C \$5,000	SURANCE LISTED BELOW HA M OR CONDITION OF ANY ANCE AFFORDED BY THE P SHOWN MAY HAVE BEEN RE 0,000 AGGREGATE SUBLIMI CLAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIM LLY DESCRIBED IN ENDORS	CONTRACT OR OTHE OLICIES DESCRIBED H EDUCED BY PAID CLAIM F OF LIABILITY FOR AL UE CLAIMS, AS MORE F IT OF LIABILITY FOR A	The Insure Er docum Erein IS SI MS. L leagues Fully deso Ill league	ED NAMED IENT WITH UBJECT TO S, COMBIN CRIBED IN ES, COMBI	ABOVE F I RESPEC O ALL THI ED, UNDI I ENDORS NED, UNI	FOR THE PO CT TO WH E TERMS, E ER THE MA SEMENT #3	OLICY PERIOD IND ICH THIS CERTIFI EXCLUSIONS AND ASTER D&O POLIC 1 OF THE MASTER	DICATED ICATE M CONDITI Y, FOR A D&O PO	NOTWITHSTANDING ANY AY BE ISSUED OR MAY ONS OF SUCH POLICIES. ALL LOSS ARISING FROM DLICY.		
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EF DATE (MM/	FFECTIVE /DD/YYYY)	EXPI	DLICY RATION ATE DD/YYYY)		LIM	IITS		
А	х		GENERAL LIABILITY	10700007040	04/45/	10004	01/0	1/2025	EACH OCCURRE	ENCE	\$3,000,000		
	Χ	Χ	OCCURRENCE	UST030987240	01/15/	1/15/2024 01/01/2025		1/2025	GENERAL AGGRE	EGATE	\$3,000,000		
		Χ	INCL PARTICIPANTS	Property Damage	Deductible	: \$250			PRODUCTS/COM AGGREGAT		\$3,000,000		
		x	SEXUAL ABUSE						Sexual Abus OCCURRENC	e CE	\$1,000,000		
		^	SEXUAL ADUSE						Sexual Abuse AGGF	REGATE	\$1,000,000		
			MEDICAL PAYMENTS						Any One Pers	on			
С	x			014674121	01/01/	/2024	01/0	1/2025	EACH LOSS	6	\$1,000,000*		
	~		DIRECTORS & OFFICERS			-			AGGREGAT		\$1,000,000		
С	Х		CYBER LIABILITY COVERAGE	014681404	01/01/	/2024	01/0	1/2025	LIMIT OF LIABI CLAIMS MAD		\$100,000 PER LEAGUE AGGREGATE		
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGL			LIABILI	ΓΥ**	RETROACTIVE D		CONTINUITY DATE POLICY INCEPTION		
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILI	ΤY	POLICY INCEPTION	N	POLICY INCEPTION		
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILI	ΓΥ**	NOT APPLICABLE		POLICY INCEPTION		
D	х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/	/2024	01/0	1/2025	EACH LOSS	3	\$35,000 Deductible: \$500		
A	х		CRIME	UST030998240	01/01/	/2024	01/0	1/2025	EACH LOSS	6	\$35,000 Deductible: \$1,000		
В	х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/	/2024	01/0	1/2025	As in Master Po Med. Max. \$100 Deductible \$5	0,000,	As in Master Policy Excess		
"X" I		s co	VERAGE(S) SELECTED										

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

City of Melbourne Leisure Services 1551 Highland Avenue Melbourne, FL 32935

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

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.

1

and . AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

			•••					-	3/	30/2024	
CEF	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										
	PRESENTATIVE OR PRODUCER, AN ORTANT: If the certificate holder i					aa) muat ha			h	anderood	
If S	UBROGATION IS WAIVED, subject	to th	ne te	rms and conditions of th	e polic	y, certain po	olicies may i				
	certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ICh end						
PRODU	tone Risk Managers, LLC				NAME:	David In , Ext): (570) 4		FAX	(570)	473-2151	
· ·	Point Township Drive				ADDRE	DI	Keystoneinso	(A/C, No): arp.com	(070)	410 2101	
					ADDRE	33.	, (DING COVERAGE		NAIC #	
North	numberland			PA 17867	INSURE	La Canada		ualty Company		22829	
INSURE					INSURE	RB:					
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE	RC:					
	EAU GALLIE LL 2728 Kingsmill Avenue				INSURE						
	Melbourne			FL 32934	INSURE						
COVE	ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RE										
CER	TIFICATE MAY BE ISSUED OR MAY I	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED				
INSR	CLUSIONS AND CONDITIONS OF SUCH	ADDL	SUBR		BEEN F	POLICY EFF	POLICY EXP	LIMIT	re		
		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s	3,000,000	
ŀ	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	Excluded	
A _		Х	Х	UST030987240		01/15/2024	01/01/2025	PERSONAL & ADV INJURY	\$	3,000,000	
								GENERAL AGGREGATE	\$	3,000,000	
	POLICY PRO- V OTHER: Per League							PRODUCTS - COMP/OP AGG SEXUAL ABUSE OCC/AGG	\$ \$	3,000,000 1M/\$1M	
								COMBINED SINGLE LIMIT (Ea accident)	\$	1101/ \$ 1101	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
_	EXCESS LIAB OCCUR CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$ \$		
-	DED RETENTION \$							AGGREGATE	\$		
								PER OTH- STATUTE ER			
A	NYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
(N	Andatory in NH) yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
Ď	ÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	le, may be	e attached if mor	e space is require	ed)			
Certif	ficate Holder is named as Additional In	sure	d per	form CG 2026 (12/19)							
			•	× ,							
CERT	TIFICATE HOLDER				CANC	ELLATION					
					500			ESCRIBED POLICIES BE C			
City	of Melbourne Leisure Services				THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL Y PROVISIONS.			
155 <i>°</i>	1 Highland Avenue				AUTHO	RIZED REPRESE	NTATIVE				
N # - /*						(ノ、	9 (),			
Melk	pourne			FL 32935		$- \not\vdash$	an	" Velin	~~		
						″©19	88-2015 AC	ORD CORPORATION.	All rial	nts reserved.	

ACORD 25 (2016/03)

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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or City of Melbourne Leisure Services 1551 Highland Avenue Melbourne, FL 32935

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. 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.
- 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
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

City of Melbourne Leisure Services 1551 Highland Avenue Melbourne, FL 32935

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

			CER	TIFICATE OF IN	SURA	NCE				DATE (MM/DD/YY) 03/30/24		
PRODU						CERTIFIC	ATE #:		3090208-2024-3		3 09 02	
			anagers, LLC									
			ship Drive , PA 17867			INSUREI	RS AF	FORDIN	G COVERAG	E:		
			URED:			INSURE			te Fire & Casua			
	I GALLIE I 3 Kingsmil		nue						I Union Fire Ins	surance	e Company of	
	ourne, FL					(Non-Liak			rgh, PA ecialty Insurance Company			
						INSURE INSURE		-	American Insur			
REQU PERT AGGF * SUE ALL C ** SU	JIREMENT, AIN. THE II REGATE LII BJECT TO S LASS ACT BJECT TO	TER NSUR MITS \$5,000 ION C \$5,00	SURANCE LISTED BELOW HA M OR CONDITION OF ANY ANCE AFFORDED BY THE P SHOWN MAY HAVE BEEN RE 0,000 AGGREGATE SUBLIMI CLAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIM LLY DESCRIBED IN ENDORS	CONTRACT OR OTHE OLICIES DESCRIBED H EDUCED BY PAID CLAIM OF LIABILITY FOR AL UE CLAIMS, AS MORE F IT OF LIABILITY FOR A	ER DOC EREIN IS MS. L LEAGU FULLY D LL LEAG	JRED NAMED UMENT WITH S SUBJECT TO JES, COMBIN ESCRIBED IN GUES, COMBIN	ABOVE RESPE DALL TH ED, UND ENDOR: NED, UN	FOR THE P CT TO WH IE TERMS, I IER THE MA SEMENT #3	OLICY PERIOD IND ICH THIS CERTIFI EXCLUSIONS AND ASTER D&O POLIC 1 OF THE MASTER	CATED CATE M CONDITI Y, FOR A D&O PO	NOTWITHSTANDING ANY AY BE ISSUED OR MAY ONS OF SUCH POLICIES. ALL LOSS ARISING FROM LICY.	
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER		Y EFFECTIVE MM/DD/YYYY)	EXPI	OLICY IRATION DATE DD/YYYY)		LIM	IITS	
Α	x		GENERAL LIABILITY	10700007040	04/	45/0004	04/0	4/0005	EACH OCCURR	ENCE	\$3,000,000	
		Χ	OCCURRENCE	UST030987240	01/	1/15/2024 01/01/202		1/2025	GENERAL AGGRE	EGATE	\$3,000,000	
		Χ	INCL PARTICIPANTS	Property Damage [Deducti	ble: \$250			PRODUCTS/COM AGGREGAT	P OPS	\$3,000,000	
		v							Sexual Abus OCCURRENC	е	\$1,000,000	
		X	SEXUAL ABUSE						Sexual Abuse AGG		\$1,000,000	
			MEDICAL PAYMENTS						Any One Pers	on		
С	x			014674121	01/	01/2024	01/0	1/2025	EACH LOSS	6	\$1,000,000*	
Ŭ	Λ		DIRECTORS & OFFICERS	011011121	0.1,	0202.	0.70		AGGREGAT	E	\$1,000,000	
С	Х		CYBER LIABILITY COVERAGE	014681404	01/	01/2024	01/0	1/2025	LIMIT OF LIABI CLAIMS MAD		\$100,000 PER LEAGUE AGGREGATE	
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILI	TY **	RETROACTIVE D		CONTINUITY DATE	
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILI	ТҮ	POLICY INCEPTION	N	POLICY INCEPTION	
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILI	ΤΥ**	NOT APPLICABLE		POLICY INCEPTION	
D	Х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/	01/2024	01/0	01/2025	EACHLOSS	6	\$35,000 Deductible: \$500	
A	х		CRIME	UST030998240	01/	01/2024	01/0	1/2025	EACH LOSS	3	\$35,000 Deductible: \$1,000	
В	x		ORTS EXCESS ACCIDENT	SRG9105434		01/2024	01/0	1/2025	As in Master Po Med. Max. \$100 Deductible \$5	0,000,	As in Master Policy Excess	

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Eastern Florida State College 3865 N Wickham Road Melbourne, FL 32935

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

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.

7

and, AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

		•••						3/3	30/2024	
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					oc) must ha		IAL INSURED provision	s or bo	ondorsod	
If SUBROGATION IS WAIVED, subject										
this certificate does not confer rights				uch enc	lorsement(s		•			
PRODUCER				CONTAC NAME:	Daviu III					
Keystone Risk Managers, LLC				PHONE (A/C, No	, Ext): (570) 4	473-2150	FAX (A/C, No):	(570)	473-2151	
1995 Point Township Drive				E-MAIL	ss: DIrwin@	Keystoneins	grp.com			
					INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
Northumberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829	
INSURED				INSURE	RB:					
Little League Baseball Risk	Purch	asing	Group, Incorporated	INSURE	RC:					
EAU GALLIE LL				INSURE	RD:					
2728 Kingsmill Avenue				INSURE	RE:					
Melbourne			FL 32934	INSURE	RF:					
		-	E NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F										
CERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY "	THE POLICIE	S DESCRIBED				
EXCLUSIONS AND CONDITIONS OF SUCH		CIES.		BEENR	EDUCED BY	PAID CLAIMS. POLICY EXP				
	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		0.000.000	
							EACH OCCURRENCE DAMAGE TO RENTED	\$	3,000,000	
							PREMISES (Ea occurrence)	\$	300,000	
	-	V					MED EXP (Any one person)	\$	Excluded	
A	. X	X	UST030987240		01/15/2024	01/01/2025	PERSONAL & ADV INJURY	\$	3,000,000	
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							PRODUCTS - COMP/OP AGG	\$ \$	3,000,000	
AUTOMOBILE LIABILITY							SEXUAL ABUSE OCC/AGG	\$ \$	1M/\$1M	
							COMBINED SINGLE LIMIT (Ea accident)	\$ \$		
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OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT			
If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	Φ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (/	CORD	0 101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)	1		
				-						
Certificate Holder is named as Additional	Insure	d per	form CG 2026 (12/19)							
CERTIFICATE HOLDER				CANC	ELLATION					
							ESCRIBED POLICIES BE C			
Eastern Florida State College							EREOF, NOTICE WILL I	DE DEI	IVERED IN	
3865 N Wickham Road				AUTHOR	RIZED REPRESE	NTATIVE	\frown			
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Melbourne			FL 32935		L	an	" velin			
				•	19 © 19		ORD CORPORATION.	All rial	nts reserved.	

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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or

Eastern Florida State College 3865 N Wickham Road Melbourne, FL 32935

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. 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.
- 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
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Eastern Florida State College 3865 N Wickham Road Melbourne, FL 32935

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

			CEF	TIFICATE OF IN	SURANCE				DATE (MM/DD/YY) 03/30/24			
PRODUC		sk M	anagers, LLC		CERTIF	ICATE #	<u>t:</u>	3090208-2024-3	3 09 02			
1995	Point T	own	ship Drive PA 17867		INSUR	ERS AF	FORDIN	G COVERAGE:				
ADDITI	ONAL NAME	ED INS	URED:		INSUR	ER A:	Intersta	te Fire & Casualty Co	mpany			
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		x	SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000			
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						01/	01/2025	EACH LOSS	\$35,000			
D	х	INI	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/	01/2020		Deductible: \$500			
D	x x	INI		MKLM7IM0054394 UST030998240	01/01/2024		01/2025	EACH LOSS	\$35,000 Deductible: \$1,000			

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

City of Melbourne 900 E Strawbridge Avenue Melbourne, FL 32901

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

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

7

and, AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

This CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS EERTIFICATE DOES NOT AFFIRMATIVELY ON RECENTED A CONSTITUE A CONST										3/	30/2024	
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ACORD 25 (2016/03)

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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or

City of Melbourne 900 E Strawbridge Avenue Melbourne, FL 32901

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. 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.
- 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
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

City of Melbourne 900 E Strawbridge Avenue Melbourne, FL 32901

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.