



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/27/2023

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).

<b>PRODUCER</b> Kapnick Insurance Group 333 Industrial Dr Adrian MI 49221	<b>CONTACT NAME:</b> Amy Reidy <b>PHONE (A/C, No, Ext):</b> 517-263-4600 <b>E-MAIL ADDRESS:</b> amy.reidy@kapnick.com	<b>FAX (A/C, No):</b> 517-266-6653													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Accident Fund National Insurance Company</td> <td>12305</td> </tr> <tr> <td>INSURER B : Guarantee Trust Life Ins. Co.</td> <td>64211</td> </tr> <tr> <td>INSURER C : The Hanover Insurance Company</td> <td>22292</td> </tr> <tr> <td>INSURER D : The Hanover Insurance Group, Inc.</td> <td>22292</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Accident Fund National Insurance Company	12305	INSURER B : Guarantee Trust Life Ins. Co.	64211	INSURER C : The Hanover Insurance Company	22292	INSURER D : The Hanover Insurance Group, Inc.	22292	INSURER E :		INSURER F :
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<b>INSURED</b> Legacy Center, LLC Brighton Fit, LLC 9299 Goble Drive Brighton MI 48116	LEGACEN-01														

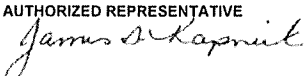
<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 1051317435	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ZHHD082973	10/30/2023	10/30/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
D	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ZHHD082973	10/30/2023	10/30/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			U7HD082964	10/30/2023	10/30/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			100068100	10/30/2023	10/30/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Accident/Medical			214-121-434-D	10/30/2023	10/30/2024	Limit \$25,000

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

Teams  
 08U Select  
 09U Select  
 10U Select  
 11U Select  
 12U Select  
 See Attached...

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Legacy Center, LLC 9299 Goble Drive Brighton MI 48116	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 



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Kapnick Insurance Group		NAMED INSURED Legacy Center, LLC Brighton Fit, LLC 9299 Goble Drive Brighton MI 48116	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

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

- 13U Select
- 14U Select
- 15U Select
- 16U Select
- 17U Select
- 18U Select
- 08U Community
- 09U Community
- 10U Community
- 11U Community
- 12U Community
- 13U Community
- 14U Community
- 15U Community
- 16U Community
- 17U Community
- 18U Community
- 08U Hybrid Community
- 09U Hybrid Community
- 10U Hybrid Community
- 11U Hybrid Community
- 12U Hybrid Community
- 13U Hybrid Community
- 14U Hybrid Community
- 15U Hybrid Community
- 16U Hybrid Community
- 17U Hybrid Community
- 18U Hybrid Community
- 14U Spring Team

Additionally Insured  
 Cedar Point Park, LLC: 1 Cedar Point Drive, Sandusky, OH 44870  
 Sports Force Parks Sandusky, LLC: 3115 Cleveland Rd W, Sandusky, OH 44870  
 Cedar Fair L.P.: 1 Cedar Point Drive, Sandusky, OH 44870  
 Sports Fields, Inc.: 3760 Sixes Road, Suite 126-331, Canton, GA 30114  
 County of Erie, Ohio: 2900 Columbus Avenue, Sandusky, OH 44870  
 Hawks GOLD Travel Baseball, PO Box 2457, Howell, MI 48844  
 Triple Play Sports Management, 381 Timbermill Lane, Howell, MI 48843  
 Hidden Springs Church, 5860 N Latson Rd., Howell, MI 48855  
 SonRise Church, 1130 W Highland Rd, Howell, MI 48843  
 Our Savior Lutheran Church, 13667 Highland Rd, Hartland, MI 48353  
 PERFECT GAME GROUP INC. ITS SUBSIDIARIES, DBAS, AFFILIATES 850 Twixt Town Rd NE Cedar Rapids, IA 52402  
 Northern Ohio Baseball Group 6740 Wesley dr. Walbridge, OH 43465  
 SAYB&S P.O. Box 542 Saline, MI 48176  
 Championship Tournaments PO BOX 643 Pinckney, MI 48169  
 Extra Bases, LLC 3051 Ripken Way Blvd. Myrtle Beach, SC 29577  
 Shepherd of the Lakes, 2101 South Hacker, Brighton, MI 48116  
 Nations Baseball 220230 Cypress Rosehill Road · Tomball, TX 77377  
 Huron Valley Athletic Complex 201 Lone Tree Rd, Milford, MI 48380  
 Michigan Wolves Baseball Inc." 8841 Macomb St. #772 Grosse Ile, Michigan 48138  
 Town of Amherst NY, 5583 Main Street, Williamsville NY 14221  
 Amherst Girls Softball League, PO Box 680 Williamsville NY 14231  
 Bullpen Tournaments  
 The City of Westfield, 711 East 191st Street, Westland, IN 46704