

ACORD

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YYYY)

04/19/2009

PRODUCER

BOLLINGER
101 JFK PARKWAY
SHORT HILLS, NJ 07078
TELEPHONE: 1-800-526-1379

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

CODE SUB CODE

COMPANY LETTER **A** **MARKEL INSURANCE COMPANY**INSURED REGISTERED TEAMS OF THE AMATEUR
SOFTBALL ASSOCIATION OF AMERICACOMPANY LETTER **B** **EVEREST NATIONAL INSURANCE COMPANY**COMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E**

Andover Girls Softball
Michael Burns
2 Suffolk Circle
Andover MA, 01810

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	3602AH230069	1/1/2009	1/1/2010	GENERAL AGGREGATE \$5,000,000
	☒ COMMERCIAL GENERAL LIABILITY				PRODUCTS-CMPS/OPS AGGREGATE \$2,000,000
	☐ CLAIMS MADE ☒ OCCUR.				PERSONAL & ADVERTISING INJURY \$2,000,000
A	☒ PARTICIPANT LIABILITY				EACH OCCURRENCE \$2,000,000
					FIRE DAMAGE (Any one fire) \$300,000
					MEDICAL EXPENSE (Any one person) \$10,000 (Non-participants only)
		Certificate # 90347			
		*GENERAL AGGREGATE APPLIES PER TEAM			
B	☒ EXCESS LIABILITY	Policy Effective Date: 1/1/2009 Policy Expiration Date: 1/1/2010			EACH OCCURENCE \$3,000,000
	☐ CLAIMS MADE ☒ OCCUR.	POLICY # 71G1000013-071			AGGREGATE \$3,000,000

IMPORTANT: TEAMS MUST BE CURRENTLY REGISTERED WITH ASA TO BE ELIGIBLE FOR COVERAGE.

TEAM NAME:

Osullivan Bardetti Soph Div
Powers Soph Div
Zavrl Soph Div
Carmichael Soph Div
Jagger Soph Div
Flynn Jr Div
Lyons Jr Div
Goodwin Jr Div
Olson Jr Div
Driscoll Jr Div
Morgenstern Jr Div
Aumais Sr Div
Pellertier Sr Div
Alloca Sr Div
Jodoin Sr Div

COVERAGE UNDER THIS POLICY SHALL APPLY TO LIABILITY OF THE INSURED TEAM/LEAGUE LISTED ABOVE ARISING OUT OF THE ADMINISTRATION, PLAY OR PRACTICE OF AMATEUR SOFTBALL/BASEBALL, BUT ONLY FOR INCIDENTS INVOLVING BODILY INJURY, PERSONAL INJURY OR PROPERTY DAMAGE.

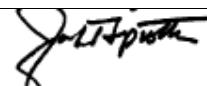
CERTIFICATE HOLDER

CANCELATION

Andover Girls Softball
Michael Burns
2 Suffolk Circle
Andover MA, 01810

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL ____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



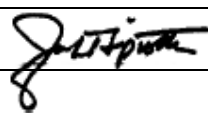
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION FOR
AMATEUR SOFTBALL ASSOCIATION OF AMERICA ACTIVITIES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Named Insured As shown on the attached Certificate Of Insurance		
Policy Number 3602AH230069	Policy Period 1/1/2009 - 1/1/2010	Endorsement Effective Date As shown on the attached Certificate of Insurance
Issued By MARKEL INSURANCE COMPANY		Authorized Representative 

The above information is required only when this endorsement is prepared after the policy is issued

SCHEDULE

Name of Person or Organization

As shown on the attached Certificate of Insurance

A. The following is added to Section II -WHO IS AN INSURED:

The person or organization shown in the above SCHEDULE but only with respect to liability arising out of the organization, promotion, administration and conduct of amateur softball activities, including games, practices, tournaments, and fund-raising activities, under the rules of the Amateur Softball Association of America, provided:

- a. That if the person or organization is designated as a Team, the person or organization so designated shall be deemed to include team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the team, and if so indicated, a Field Owner, but only for liability arising out of the designated Team's amateur softball activities covered under this policy;
- b. That if the person or organization is designated as a League, the interest of the League shall not be included unless all teams in the League purchase this insurance.

When the interest of the League is so included, the person or organization designated as a League shall be deemed to include all teams in the league and team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the League or of any such teams, and if so indicated, a Field Owner, but only for liability arising out of the designated League's amateur softball activities covered under this policy;

All other terms and conditions of this policy remain unchanged.