





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/31/2018

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 have **ADDITIONAL INSURED** provisions or 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> Bene-Marc, Inc. 6301 Southwest Blvd, Suite 101 Fort Worth, TX 76132	<b>CONTACT NAME:</b> Bene-Marc, Inc <b>PHONE (A/C, No, Ext):</b> (817) 738-6899 <b>FAX (A/C, No):</b> (817) 738-1811 <b>E-MAIL ADDRESS:</b> contact@bene-marc.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> International Insurance Company of Hannover <b>NAIC #</b>	
<b>INSURED</b> Northville Baseball/Softball Association PO Box 147 Northville, MI 48167	<b>INSURER A:</b>	Axis Global Accident & Health
	<b>INSURER B:</b>	International Insurance Company of Hannover
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** Cert #: 5439-34441-227631-0      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES Participant Legal Liability	X		18LB1652-34441	1/1/2019 12:01 am	1/1/2020 12:01 am	EACH OCCURRENCE \$ 1,000,000.00
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
							MED EXP (Any one person) \$ 5,000.00
							PERSONAL & ADV INJURY \$ 1,000,000.00
							GENERAL AGGREGATE \$ 3,000,000.00
							PRODUCTS - COMP/OP AGG \$ 1,000,000.00
							Med Exp for Spectators Only
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			18EX1286-34441	1/1/2019 12:01 am	1/1/2020 12:01 am	EACH OCCURRENCE \$ 2,000,000.00
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$ 2,000,000.00
							\$
	<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				PER STATUTE    OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Participants Excess Accident			SRPO-30000-4000-0797	1/1/2019 12:01 am	1/1/2020 12:01 am	Medical Limit \$100,000.00
							Deductible \$100.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
This policy includes a blanket additional insured endorsement that provides additional insured status to the certificate holder per form CG2011 01/96.

Covered Applies to Activities: Youth Baseball / T-Ball / Softball League.  
Abuse or Molestation Coverage - Each Incident Limit \$1,000,000.00, Aggregate Limit \$2,000,000.00.  
Sports Equipment Coverage: Policy Number 17IM1001 limit \$20,000 with a \$500.00 deductible.

<b>CERTIFICATE HOLDER</b> Cert #: 5439-34441-227631-0 Northville Public Schools 501 W. Main Northville, MI 48167	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Alisa Lynn Hall <i>Alisa Lynn Hall</i>





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	<b>INSURER(S) AFFORDING COVERAGE</b> International Insurance Company of Hannover	
<b>INSURED</b> Northville Baseball/Softball Association  PO Box 147 Northville, MI 48167	<b>INSURER A:</b> Axis Global Accident & Health	<b>NAIC #</b>
	<b>INSURER B:</b> International Insurance Company of Hannover	
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	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** Cert #: 5439-34441-227633-0      **REVISION NUMBER:**

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	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00 Med Exp for Spectators Only
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED      RETENTION \$			18EX1286-34441	1/1/2019 12:01 am	1/1/2020 12:01 am	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000.00
	<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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
B	Participants Excess Accident			SRPO-30000-4000-0797	1/1/2019 12:01 am	1/1/2020 12:01 am	Medical Limit \$100,000.00 Deductible \$100.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
This policy includes a blanket additional insured endorsement that provides additional insured status to the certificate holder per form CG2011 01/96.

Covered Applies to Activities: Youth Baseball / T-Ball / Softball League.  
Abuse or Molestation Coverage - Each Incident Limit \$1,000,000.00, Aggregate Limit \$2,000,000.00.  
Sports Equipment Coverage: Policy Number 171M1001 limit \$20,000 with a \$500.00 deductible.

**CERTIFICATE HOLDER**      Cert #: 5439-34441-227633-0      **CANCELLATION**

Charter Township of Northville 44405 Six Mile Northville, MI 48168	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> Alisa Lynn Hall <i>Alisa Lynn Hall</i>

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	<b>INSURER(S) AFFORDING COVERAGE</b> International Insurance Company of Hannover INSURER A: Axis Global Accident & Health INSURER B: International Insurance Company of Hannover INSURER C: INSURER D: INSURER E: INSURER F:		<b>NAIC #</b>
<b>INSURED</b> Northville Baseball/Softball Association  PO Box 147 Northville, MI 48167			

**COVERAGES**

CERTIFICATE NUMBER: Cert #: 5439-34441-227634-0

REVISION NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES Participant Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		18LB1652-34441	1/1/2019 12:01 am	1/1/2020 12:01 am	EACH OCCURRENCE \$ 1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00						
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			18EX1286-34441	1/1/2019 12:01 am	1/1/2020 12:01 am	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000.00
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B	Participants Excess Accident			SRPO-30000-4000-0797	1/1/2019 12:01 am	1/1/2020 12:01 am	Medical Limit \$100,000.00 Deductible \$100.00

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Abuse or Molestation Coverage - Each Incident Limit \$1,000,000.00, Aggregate Limit \$2,000,000.00.

Sports Equipment Coverage: Policy Number 171M1001 limit \$20,000 with a \$500.00 deductible.

## CERTIFICATE HOLDER

Cert #: 5439-34441-227634-0

## CANCELLATION

City of Northville 215 W Main Street Northville, MI 48167-	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 Alisa Lynn Hall <i>Alisa Lynn Hall</i>
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	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> International Insurance Company of Hannover</td> <td></td> <td></td> </tr> <tr> <td><b>INSURER B:</b> Axis Global Accident &amp; Health</td> <td></td> <td></td> </tr> <tr> <td><b>INSURER C:</b> International Insurance Company of Hannover</td> <td></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b> International Insurance Company of Hannover			<b>INSURER B:</b> Axis Global Accident & Health			<b>INSURER C:</b> International Insurance Company of Hannover			<b>INSURER D:</b>			<b>INSURER E:</b>			<b>INSURER F:</b>	
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<b>INSURED</b>  Northville Baseball/Softball Association  PO Box 147 Northville, MI 48167																					

**COVERAGES**      **CERTIFICATE NUMBER:** Cert #: 5439-34441-227636-0      **REVISION NUMBER:**

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C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			18EX1286-34441	1/1/2019 12:01 am	1/1/2020 12:01 am	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ 2,000,000.00 \$
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Livonia Public Schools 15125 Farmington Livonia, MI 48154	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> Alisa Lynn Hall <i>Alisa Lynn Hall</i>
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**COVERAGES**      **CERTIFICATE NUMBER:** Cert #: 5439-34441-227637-0      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES Participant Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		18LB1652-34441	1/1/2019 12:01 am	1/1/2020 12:01 am	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00 Med Exp for Spectators Only
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 DED      RETENTION \$			18EX1286-34441	1/1/2019 12:01 am	1/1/2020 12:01 am	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ 2,000,000.00 \$
	<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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Participants Excess Accident			SRPO-30000-4000-0797	1/1/2019 12:01 am	1/1/2020 12:01 am	Medical Limit \$100,000.00 Deductible \$100.00

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

This policy includes a blanket additional insured endorsement that provides additional insured status to the certificate holder per form CG2011 01/96.

Covered Applies to Activities: Youth Baseball / T-Ball / Softball League.  
Abuse or Molestation Coverage - Each Incident Limit \$1,000,000.00, Aggregate Limit \$2,000,000.00.  
Sports Equipment Coverage: Policy Number 171M1001 limit \$20,000 with a \$500.00 deductible.

<b>CERTIFICATE HOLDER</b> Cert #: 5439-34441-227637-0 St. Pauls Ev. Luthern Church 201 Elm Street Northville, MI 48167-	<b>CANCELLATION</b> 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 Alisa Lynn Hall
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