



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/20/2020

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).

PRODUCER Kapnick Insurance Group 333 Industrial Dr Adrian MI 49221	CONTACT NAME: Amy Reidy PHONE (A/C. No. Ext): 517-263-4600 E-MAIL ADDRESS: amy.reidy@kapnick.com	FAX (A/C. No): 517-266-6653
	INSURER(S) AFFORDING COVERAGE	
INSURED Legacy Center, LLC Brighton Fit, LLC 9299 Goble Drive Brighton MI 48116	INSURER A : Accident Fund National Insurance Company	NAIC # 12305
	INSURER B : Guarantee Trust Life Ins. Co.	64211
	INSURER C : The Hanover Insurance Company	22292
	INSURER D : Citizens Insurance of America	31534
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1123811764

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
C	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ZHHD082973	10/30/2019	10/30/2020	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 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ZHHD082973	10/30/2019	10/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			U7HD082964	10/30/2019	10/30/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV6119024	10/30/2019	10/30/2020	PER STATUTE 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-B	10/30/2019	10/30/2020	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...

CERTIFICATE HOLDER**CANCELLATION**

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

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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 Tourneys 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