



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/3/2021

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
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Legacy Center, LLC Brighton Fit, LLC 9299 Goble Drive Brighton MI 48116	LEGACEN-01	<b>INSURER A :</b> Accident Fund National Insurance Company	<b>NAIC #</b> 12305
		<b>INSURER B :</b> Guarantee Trust Life Ins. Co.	64211
		<b>INSURER C :</b> The Hanover Insurance Company	22292
		<b>INSURER D :</b> Citizens Insurance of America	31534
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES**

CERTIFICATE NUMBER: 973338008

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.

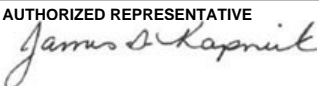
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZHHD082973	10/30/2020	10/30/2021	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	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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	10/30/2020	10/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			U7HD082964	10/30/2020	10/30/2021	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	N/A	WCV6119024	10/30/2020	10/30/2021	<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	10/30/2020	10/30/2021	Limit \$25,000

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

The Legacy Center is additional insured on General Liability in regards to:

Teams  
 ? 08U Mojo  
 ? 09U Mojo  
 ? 10U Mojo  
 ? 11U Mojo  
 ? 12U Mojo  
 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Legacy Center 9299 Goble Dr 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 Mojo
- ? 14U Mojo
- ? 15U Mojo
- ? 16U Mojo
- ? 17U Mojo
- ? 18U Mojo
- ? 08U Adidas
- ? 09U Adidas
- ? 10U Adidas
- ? 11U Adidas
- ? 12U Adidas
- ? 13U Adidas
- ? 14U Adidas
- ? 15U Adidas
- ? 16U Adidas
- ? 17U Adidas
- ? 18U Adidas
- ? 08U Select
- ? 09U Select
- ? 10U Select
- ? 11U Select
- ? 12U Select
- ? 13U Select
- ? 14U Select
- ? 15U Select
- ? 16U Select
- ? 17U Select
- ? 18U Select
- ? 08U Regional
- ? 09U Regional
- ? 10U Regional
- ? 11U Regional
- ? 12U Regional
- ? 13U Regional
- ? 14U Regional
- ? 15U Regional
- ? 16U Regional
- ? 17U Regional
- ? 18U Regional
- ? 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



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**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

- ? 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
- ? Athletx Sports Group, 11221 Plantside Drive, Louisville, KY 40299
- ? Five Tool LLC, 5900 Balcones Dr., Suite 100, Austin, TX 78731