		CEF		SURAN	CE				DATE (MM/DD/YY) 11/04/23
PRODUC	CER					ATF #		4054707-2024-1	4 05 47
Keys	stone Ris	sk Managers, LLC			OEI(IIIII)	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>		4034707-2024-1	4 03 47
		ownship Drive land, PA 17867			INSURE	RS AF	FORDIN	G COVERAGE:	
ADDITI	ONAL NAME	ED INSURED:			INSURE	R A:	Intersta	te Fire & Casualty C	ompany
	E OROVIL CHARLE				INSURE	R B:	Nationa	I Union Fire Insuran	
	VILLE, C			-	(Non-Liab INSUREI		Pittsbu	•	
				-	INSURE	-	-	cialty Insurance Co American Insurance	
REQU PERT AGGR * SUB ALL C ** SUB	IREMENT, AIN. THE II REGATE LII JECT TO S LASS ACT BJECT TO	OF INSURANCE LISTED BELOW H , TERM OR CONDITION OF ANY NSURANCE AFFORDED BY THE F MITS SHOWN MAY HAVE BEEN R \$5,000,000 AGGREGATE SUBLIMI 10N CLAIMS AND COMMON LEAG \$5,000,000 AGGREGATE SUBLIM	CONTRACT OR OTHE POLICIES DESCRIBED HI EDUCED BY PAID CLAIM T OF LIABILITY FOR ALI SUE CLAIMS, AS MORE F 11T OF LIABILITY FOR A	er docui Erein IS : As. L league Fully de: Ll leagu	RED NAMED MENT WITH SUBJECT TO ES, COMBINI SCRIBED IN JES, COMBII	ABOVE RESPE DALL TH ED, UND ENDOR NED, UN	FOR THE P CT TO WH E TERMS, I ER THE MA SEMENT #3	OLICY PERIOD INDICATE ICH THIS CERTIFICATE EXCLUSIONS AND COND INSTER D&O POLICY, FOF 1 OF THE MASTER D&O F	D NOTWITHSTANDING ANY MAY BE ISSUED OR MAY TIONS OF SUCH POLICIES. ALL LOSS ARISING FROM POLICY.
	S, AS MOF ADD'L NAMED INSRD	RE FULLY DESCRIBED IN ENDOR: TYPE OF INSURANCE	POLICY NUMBER	POLICY I	EFFECTIVE W/DD/YYYY)	P(EXP [DLICY RATION DATE DD/YYYY)		IMITS
								EACH OCCURRENCE	\$1,000,000
A	Х	GENERAL LIABILITY X OCCURRENCE	UST030987240	01/01/2024 01/01/2025				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage Deductible: \$250					PRODUCTS/COMP OPS	\$1,000,000
								AGGREGATE Sexual Abuse OCCURRENCE	\$1,000,000
		X SEXUAL ABUSE						Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS						Any One Person	
	v		014674121	01/0/	1/2024	01/0	1/2025	EACH LOSS	\$1,000,000*
С	X	DIRECTORS & OFFICERS	014674121	01/0	1/2024	01/0	1/2025	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE	014681404	01/01	1/2024	01/0	1/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAG			LIABILI	ΤΥ**	RETROACTIVE DATE	CONTINUITY DATE
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAG \$1,000 PER LEAGU	GUE SUE	BLIMIT OF	LIABILI	ΤY	POLICY INCEPTION	POLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAG \$1,000 PER LEAGU			LIABILI	TY**	NOT APPLICABLE	POLICY INCEPTION
D	х	INLAND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/0 ⁻	01/2024 01/01/2025		1/2025	EACH LOSS	\$35,000
А									Deductible: \$500
	X	CRIME	UST030998240	01/01	1/2024	01/0	1/2025	EACH LOSS	Deductible: \$500 \$35,000 Deductible: \$1,000
В	x x	CRIME SPORTS EXCESS ACCIDENT	UST030998240 SRG9105434		1/2024 1/2024			EACH LOSS As in Master Policy: Med. Max. \$100,000 Deductible \$50	\$35,000
	x	SPORTS EXCESS ACCIDENT	SRG9105434	01/01	1/2024		1/2025	As in Master Policy: Med. Max. \$100,000	\$35,000 Deductible: \$1,000 As in Master Policy
"X" I	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01	1/2024		1/2025	As in Master Policy: Med. Max. \$100,000	\$35,000 Deductible: \$1,000 As in Master Policy
"X" II ADC Who is liability organi 1. Stru perform	X NDICATE DITIONA s an Insurer y arising ou zations and ictural alter med by the	SPORTS EXCESS ACCIDENT SCOVERAGE(S) SELECTED AL INSURED d (SECTION II) of the General Liabil t of the above-named Little League ² d subject to the following additional e rations, new construction, maintenar above-named Little League; and	SRG9105434 FOR ADDITIONAL NA lity policy is amended to in s maintenance or use of be exclusions: ince, repair, or demolition o	01/01 AMED IN Include as a all fields, o perations p	1/2024 SURED In insured the or other premi performed by	01/0 e person ises loan	1/2025 1/2025 pr organizati	As in Master Policy: Med. Max. \$100,000 Deductible \$50 on shown in the schedule, or rented to that Little Leag	\$35,000 Deductible: \$1,000 As in Master Policy Excess
"X" II ADC Who is liability organi 1. Stru perform	X NDICATE DITIONA s an Insurer y arising ou zations and ictural alter med by the	SPORTS EXCESS ACCIDENT S COVERAGE(S) SELECTED AL INSURED d (SECTION II) of the General Liabil t of the above-named Little League's d subject to the following additional e rations, new construction, maintenar	SRG9105434 FOR ADDITIONAL NA lity policy is amended to in s maintenance or use of be exclusions: ince, repair, or demolition o	01/0 ² AMED IN Include as a all fields, o perations p med Little L	1/2024 SURED In insured the or other premi performed by League.	01/0 e person ises loan or on be	1/2025 1/2025 or organizati ed, donated, half of the p	As in Master Policy: Med. Max. \$100,000 Deductible \$50 on shown in the schedule, or rented to that Little Leag	\$35,000 Deductible: \$1,000 As in Master Policy Excess
"X" II ADD Who is liability organi 1. Stru perforn 2. Tha 1.	X NDICATE DITIONA s an Insured y arising ou zations and ictural alter med by the at part of th City of O	SPORTS EXCESS ACCIDENT S COVERAGE(S) SELECTED AL INSURED d (SECTION II) of the General Liabilit to f the above-named Little League's d subject to the following additional of rations, new construction, maintenar above-named Little League; and the ball field or other premises not beil	SRG9105434 FOR ADDITIONAL NA ity policy is amended to in s maintenance or use of be exclusions: ice, repair, or demolition o ing used by the above-nam NAME AND ADDR RECREATION AND PA	01/07 AMED INS anclude as a all fields, o perations p med Little L ESS OF P ARKS DIS	1/2024 SURED In insured the or other premi performed by eague. ERSON OR STRICT	01/0 e person ses loan or on be ORGAN 3. ORO	1/2025 1/2025 or organizati ed, donated, half of the p ZATION: VILLE CIT	As in Master Policy: Med. Max. \$100,000 Deductible \$50 on shown in the schedule, or rented to that Little Leag	\$35,000 Deductible: \$1,000 As in Master Policy Excess but only with respect to ue by such person or nated in the Schedule and/or
"X" II ADD Who is liability organi 1. Stru perforn 2. Tha 1.	X NDICATE DITIONA s an Insured y arising ou zations and ictural alter med by the at part of th City of O	SPORTS EXCESS ACCIDENT SCOVERAGE(S) SELECTED AL INSURED d (SECTION II) of the General Liabil it of the above-named Little League ² d subject to the following additional ed ations, new construction, maintenar above-named Little League; and the ball field or other premises not beil proville 2. FEATHER RIVER	SRG9105434 FOR ADDITIONAL NA ity policy is amended to in s maintenance or use of be exclusions: ice, repair, or demolition o ing used by the above-nam NAME AND ADDR RECREATION AND PA	01/07 AMED INS anclude as a all fields, o perations p med Little L ESS OF P ARKS DIS	1/2024 SURED In insured the or other premi performed by eague. ERSON OR STRICT	01/0 e person ses loan or on be ORGAN 3. ORO	1/2025 1/2025 or organizati ed, donated, half of the p ZATION: VILLE CIT	As in Master Policy: Med. Max. \$100,000 Deductible \$50 on shown in the schedule, or rented to that Little Leag erson or organization desig	\$35,000 Deductible: \$1,000 As in Master Policy Excess but only with respect to ue by such person or nated in the Schedule and/or
"X" II ADE Who is liability organi 1. Stru perfor 2. Tha 1. O	X NDICATE DITIONA s an Insured y arising ou zations and ictural alter med by the at part of th City of O	SPORTS EXCESS ACCIDENT SCOVERAGE(S) SELECTED AL INSURED d (SECTION II) of the General Liabil it of the above-named Little League ² d subject to the following additional ed ations, new construction, maintenar above-named Little League; and the ball field or other premises not beil proville 2. FEATHER RIVER	SRG9105434 FOR ADDITIONAL NA ity policy is amended to in s maintenance or use of be exclusions: ice, repair, or demolition o ing used by the above-nam NAME AND ADDR RECREATION AND PA	01/0 ² AMED INS aclude as a all fields, o perations p med Little L RESS OF P ARKS DIS TO UNIO	1/2024 SURED In insured the or other premi performed by eague. ERSON OR STRICT	01/0 e person ises loan or on be ORGAN 3. ORO . DISTR	1/2025 1/2025 or organizati ed, donated, half of the p ZATION: VILLE CIT ICT 6. Y	As in Master Policy: Med. Max. \$100,000 Deductible \$50 on shown in the schedule, or rented to that Little Leag erson or organization desig	\$35,000 Deductible: \$1,000 As in Master Policy Excess but only with respect to ue by such person or nated in the Schedule and/or

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

2

and AUTHORIZED REPRESENTATIVE

			CEF	TIFICATE OF INS	SURANCE				DATE (MM/DD/YY) 11/04/23
PRODUC		sk M	anagers, LLC		CERTIFIC	CATE #:		4054707-2024-1	4 05 47
1995	Point T	own	ship Drive PA 17867		INSUREI	RS AFI	FORDIN	G COVERAGE:	
ADDITI	ONAL NAME	ED INS	URED:		INSURE	R A:	Interstat	e Fire & Casualty Co	mpany
	E OROVII				INSURE	R B:		Union Fire Insuranc	
	6 CHARLE VILLE. C				(Non-Liat	oility)	Pittsbur		
URC	VILLE, C	A 90	900		INSURE	R C:	AIG Spe	cialty Insurance Con	npany
			SURANCE LISTED BELOW H		INSURE		Markel A	American Insurance (Company
PERT AGGR * SUB ALL C ** SUB	AIN. THE I EGATE LI JECT TO S LASS ACT BJECT TO S, AS MOR	NSUR MITS \$5,000 10N C \$5,00	M OR CONDITION OF ANY ANCE AFFORDED BY THE F SHOWN MAY HAVE BEEN R 0,000 AGGREGATE SUBLIMI LAIMS AND COMMON LEAG 0,000 AGGREGATE SUBLIM LLY DESCRIBED IN ENDOR	POLICIES DESCRIBED H EDUCED BY PAID CLAIM T OF LIABILITY FOR AL GUE CLAIMS, AS MORE F IIT OF LIABILITY FOR A	EREIN IS SUBJECT TO AS. L LEAGUES, COMBIN FULLY DESCRIBED IN LL LEAGUES, COMBI	D ALL THI ED, UNDI ENDORS NED, UNI Y.	E TERMS, E ER THE MA SEMENT #3 DER THE M	EXCLUSIONS AND CONDIT STER D&O POLICY, FOR A 1 OF THE MASTER D&O PO	IONS OF SUCH POLICIES. ALL LOSS ARISING FROM DLICY.
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	EXPII	DLICY RATION ATE D/YYYY)	LIN	NITS
А	х		GENERAL LIABILITY		04/04/0004	01/0	1/0005	EACH OCCURRENCE	\$1,000,000
~	Χ	X	OCCURRENCE	UST030987240	01/01/2024	01/0	1/2025	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	Deductible: \$250			PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		x	SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000
			SEXONE NDOGE					Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS					Any One Person	
С	x			014674121	01/01/2024	01/0	1/2025	EACH LOSS	\$1,000,000*
Ũ	~		IRECTORS & OFFICERS					AGGREGATE	\$1,000,000
-	x		CYBER LIABILITY	014681404	04/04/0004	0.4/0	1/2025	LIMIT OF LIABILITY	\$100,000 PER LEAGUE
С	X		COVERAGE	014001404	01/01/2024	01/0	1/2025	CLAIMS MADE	AGGREGATE
С	X S&P	SEC		\$100,000 PER LEA \$1,000 PER LEAGL	GUE SUBLIMIT OF	LIABILI	ΓΥ**	CLAIMS MADE RETROACTIVE DATE POLICY INCEPTION	
С			COVERAGE URITY AND PRIVACY LIABILITY	\$100,000 PER LEA	GUE SUBLIMIT OF IE RETENTION GUE SUBLIMIT OF	LIABILI	ΓΥ**	RETROACTIVE DATE POLICY INCEPTION	AGGREGATE CONTINUITY DATE POLICY INCEPTION
С		RE	COVERAGE URITY AND PRIVACY LIABILITY INSURANCE GULATORY ACTION SUBLIMIT	\$100,000 PER LEAG \$1,000 PER LEAG \$100,000 PER LEAG	GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF		ГҮ**	RETROACTIVE DATE	AGGREGATE CONTINUITY DATE
C	S&P	RE	COVERAGE URITY AND PRIVACY LIABILITY INSURANCE GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU \$100,000 PER LEAGU \$1,000 PER LEAGU \$100,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF	LIABILIT	ГҮ**	RETROACTIVE DATE POLICY INCEPTION	AGGREGATE CONTINUITY DATE POLICY INCEPTION
-	S&P EM	RE	COVERAGE URITY AND PRIVACY LIABILITY INSURANCE GULATORY ACTION SUBLIMIT OF LIABILITY NT MANAGEMENT INSURANCE LAND MARINE/PROPERTY	\$100,000 PER LEAU \$1,000 PER LEAGU \$100,000 PER LEAGU \$1,000 PER LEAGU \$100,000 PER LEAGU \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION	LIABILIT LIABILIT LIABILIT 01/0	ГҮ** ГҮ ГҮ**	RETROACTIVE DATE POLICY INCEPTION NOT APPLICABLE	AGGREGATE CONTINUITY DATE POLICY INCEPTION POLICY INCEPTION \$35,000

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

City of Oroville 1735 Montgomery St Oroville, CA 95965

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

7

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

					DILI		UNANC		11	/4/2023
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS	IVEL SURA	Y OR	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE	POLICIES
	EPRESENTATIVE OR PRODUCER, A MPORTANT: If the certificate holder				olicy/i	os) must ha			s or be	andorsed
	SUBROGATION IS WAIVED, subject									
tł	nis certificate does not confer rights t	o the	e cert	ificate holder in lieu of su		~ (,	-		
-	DUCER				CONTA NAME:	Daviu III				
	ystone Risk Managers, LLC				(A/C, No	o, Ext): (570) 4		FAX (A/C, No):	(570)	473-2151
19	95 Point Township Drive				Ê-MAIL ADDRE	ss: DIrwin@	Keystoneins	grp.com		
										NAIC #
	rthumberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829
INSU	JRED	-		0	INSURE	RB:				
	Little League Baseball Risk I	Jurch	asing	Group, Incorporated	INSURE	RC:				
					INSURE					
	3476 CHARLENE AVE OROVILLE			CA 95966	INSURE					
		TIEI	^ATE	E NUMBER:	INSURE	RF:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES		-	-	VE BEE	N ISSUED TO			HE POL	
C E	NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED	D HEREIN IS SUBJECT TO		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
								EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
A		X	X	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/AGG	\$ \$	1M/\$1M
								COMBINED SINGLE LIMIT (Ea accident)	ծ \$	
	OWNED SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)	ծ \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	э \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
								EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	э \$	
	DED RETENTION \$	1						AGGREGATE	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)		
	rtificate Holder is named as Additional I	SURO	d nor	form CG 2026 $(12/10)$						
	nincate holder is hamed as Additional in	ISUIC	u pei	101111 CO 2020 (12/13)						
CE	RTIFICATE HOLDER					ELLATION				
с	ity of Oroville				ТНЕ	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I Y PROVISIONS.		
17	735 Montgomery St					RIZED REPRESE				
	roville					(ノ、	1 (),		
\Box^{0}	roville			CA 95965		-	an	" Velin		
					-	19 °C		ORD CORPORATION.	All riał	nts reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or

City of Oroville 1735 Montgomery St Oroville, CA 95965

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization: City of Oroville 1735 Montgomery St Oroville, CA 95965

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

			CER	TIFICATE OF IN	SURA	NCE					DATE (MM/DD/YY) 11/04/23
PRODU	CER					CERTIFIC	ATE #	:	4054707-2024-1		4 05 47
			lanagers, LLC								
			ship Drive , PA 17867			INSUREI	RS AF	FORDIN	G COVERAG	E:	
ADDITI	onal name	D INS	URED:			INSURE	R A:	Intersta	te Fire & Casua	alty Co	mpany
3476	E OROVIL	INE /	AVE			INSURE (Non-Liat		Nationa Pittsbur	l Union Fire Ins ah. PA	suranc	e Company of
ORC	VILLE, C	A 95	5966			INSURE	• /		cialty Insurance	ce Con	ipany
						INSURE			American Insur		
REQU PERT AGGR * SUB ALL C ** SUB	IREMENT, AIN. THE II REGATE LII JECT TO \$ LASS ACT BJECT TO S, AS MOF	TER NSUF MITS 5,000 ION 0 \$5,00	SURANCE LISTED BELOW HA M OR CONDITION OF ANY KANCE AFFORDED BY THE P SHOWN MAY HAVE BEEN RE 0,000 AGGREGATE SUBLIMIT LAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIM ILLY DESCRIBED IN ENDORS	CONTRACT OR OTHE OLICIES DESCRIBED H EDUCED BY PAID CLAIM OF LIABILITY FOR AL UE CLAIMS, AS MORE I IT OF LIABILITY FOR A	ER DOC EREIN IS MS. L LEAGU FULLY D LL LEAC	UMENT WITH S SUBJECT TO JES, COMBINI ESCRIBED IN GUES, COMBI	I RESPE D ALL TH ED, UND ENDOR NED, UN Y.	CT TO WH HE TERMS, I DER THE MA SEMENT #3 IDER THE M	ICH THIS CERTIFI EXCLUSIONS AND ASTER D&O POLIC 1 OF THE MASTER	CATE M CONDITI Y, FOR A	AY BE ISSUED OR MAY ONS OF SUCH POLICIES. ALL LOSS ARISING FROM DLICY.
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER		Y EFFECTIVE MM/DD/YYYY)	EXP	OLICY IRATION DATE DD/YYYY)		LIN	IITS
Α	х		GENERAL LIABILITY				0.1.10		EACH OCCURRE	ENCE	\$1,000,000
	~	Χ	OCCURRENCE	UST030987240	01/	01/2024	01/0)1/2025	GENERAL AGGRE		\$2,000,000
		Χ	INCL PARTICIPANTS	Property Damage I	Deducti	ble: \$250			PRODUCTS/COM AGGREGATI	P OPS	\$1,000,000
		x	SEXUAL ABUSE						Sexual Abus OCCURRENC	е	\$1,000,000
		^	SEXUAL ABUSE						Sexual Abuse AGGF	REGATE	\$1,000,000
			MEDICAL PAYMENTS						Any One Pers	on	
С	x			014674121	01/	01/2024	01/0)1/2025	EACH LOSS		\$1,000,000*
		L	DIRECTORS & OFFICERS						AGGREGATI	E	\$1,000,000
С	Х		CYBER LIABILITY COVERAGE	014681404	01/	01/2024	01/0	01/2025	LIMIT OF LIABI CLAIMS MAD		\$100,000 PER LEAGUE AGGREGATE
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILI	TY**	RETROACTIVE D		CONTINUITY DATE
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SI	JBLIMIT OF	LIABILI	ΤY	POLICY INCEPTION	1	POLICY INCEPTION
	EM	EVE	INT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILI	TY**	NOT APPLICABLE		POLICY INCEPTION
D	х	IN	LAND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/	01/2024	01/0	01/2025	EACH LOSS	3	\$35,000 Deductible: \$500
A	х		CRIME	UST030998240	01/	01/2024	01/0)1/2025	EACH LOSS	8	\$35,000 Deductible: \$1,000
В	х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/	01/2024	01/0)1/2025	As in Master Po Med. Max. \$100 Deductible \$5	0,000	As in Master Policy Excess
"X" I	NDICATE	s co	VERAGE(S) SELECTED	FOR ADDITIONAL N	AMED I	NSURED					
ADD	ITIONA		NSURED								

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

FEATHER RIVER RECREATION AND PARKS DISTRICT 1875 FEATHER RIVER BLVD OROVILLE, CA 95965

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

7

and. AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

			-11							11	/4/2023
CER BELC	TIFICATE DOES NOT	AFFIRMATI TE OF INS	VEL` URA	Y OR NCE	OF INFORMATION ONLY NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	ВҮ ТНЕ	POLICIES
If SU	JBROGATION IS WAIVE	ED, subject	to th	ne tei	ITIONAL INSURED, the p rms and conditions of th	e polic	y, certain p	olicies may i			
		iter rights to	o the	cert	ificate holder in lieu of su	CONTA NAME:	CT David In				
	one Risk Managers, LLC					PHONE	bavia int		FAX (A/C, No):	(570)	473-2151
	Point Township Drive					E-MAIL ADDRE	ss. DIrwin@	Keystoneins		()	
						ADDIL		URER(S) AFFOR			NAIC #
Northu	umberland				PA 17867	INSURE	La Canada		ualty Company		22829
INSURED						INSURE	RB:				
	Ũ		urch	asing	Group, Incorporated	INSURE	RC:				
						INSURE					
	3476 CHARLENI OROVILLE	EAVE			CA 95966	INSURE					
COVE		CER	TIFIC		NUMBER:	INSURE	RF:		REVISION NUMBER:		
		-		-	RANCE LISTED BELOW HAV	VE BEE	N ISSUED TO			HE POL	ICY PERIOD
CERT	TIFICATE MAY BE ISSUE	d or may f	PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE	S DESCRIBED	D HEREIN IS SUBJECT T		
INSR LTR	TYPE OF INSURANC		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
X	•	ABILITY	_						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		OCCUR							PREMISES (Ea occurrence)	\$	300,000
			v	v	10700007040		04/04/0004	04/04/0005	MED EXP (Any one person)	\$	Excluded
A			Х	Х	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$	1,000,000 2,000,000
GE	EN'L AGGREGATE LIMIT APPLIE								GENERAL AGGREGATE	\$	1,000,000
X		LOC							PRODUCTS - COMP/OP AGG SEXUAL ABUSE OCC/AGG	\$ \$	1M/\$1M
	JTOMOBILE LIABILITY								COMBINED SINGLE LIMIT	\$	110// \$1101
	ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUT								BODILY INJURY (Per accident)	\$	
	HIRED NON	N-OWNED OS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		OU OINET								\$	
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$									\$	
	DRKERS COMPENSATION ID EMPLOYERS' LIABILITY	Y/N							PER OTH- STATUTE ER		
	YPROPRIETOR/PARTNER/EXEC FICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$	
(Ma	andatory in NH) es. describe under								E.L. DISEASE - EA EMPLOYEE		
DÉ	SCRIPTION OF OPERATIONS b	elow							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIP	PTION OF OPERATIONS / LOCA	TIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	le, may be	e attached if mor	e space is require	ed)	1	
Certific	cate Holder is named as	Additional In	sure	d per	form CG 2026 (12/19)						
CERTI	FICATE HOLDER					CANC	ELLATION				
FEAT	THER RIVER RECREATI	ION AND PA	RKS	DIS	TRICT	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		
1875	FEATHER RIVER BLVD	1					RIZED REPRESE				
ORO	VILLE				CA 95965		$\overset{(}{\leftarrow}$	an	1 permin	>	
•	1					-	1 © 19		ORD CORPORATION.	All rial	nts reserved

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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or FEATHER RIVER RECREATION AND PARKS DISTRICT 1875 FEATHER RIVER BLVD OROVILLE, CA 95965

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - **1.** In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

FEATHER RIVER RECREATION AND PARKS DISTRICT 1875 FEATHER RIVER BLVD OROVILLE, CA 95965

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

			CEF	RTIFICATE OF INS	SURANCE				DATE (MM/DD/YY) 11/04/23
PRODUC		sk M	anagers, LLC		CERTIFIC	ATE #:		4054707-2024-1	4 05 47
1995	Point T	own	ship Drive , PA 17867		INSURE	RS AF	FORDIN	G COVERAGE:	
ADDITI	ONAL NAME	ED INS	URED:		INSURE	RA:	Interstat	e Fire & Casualty Co	ompany
	E OROVII				INSURE			Union Fire Insurance	
	CHARLE				(Non-Liat	oility)	Pittsbur		
URC	VILLE, C	A 95	900		INSURE	R C:	AIG Spe	cialty Insurance Cor	npany
			SURANCE LISTED BELOW H		INSURE		Markel A	American Insurance	Company
PERT. AGGR * SUB ALL C ** SUI	AIN. THE I EGATE LI JECT TO S LASS ACT BJECT TO S, AS MOF	NSUR MITS : \$5,000 10N C \$5,00	M OR CONDITION OF ANY ANCE AFFORDED BY THE F SHOWN MAY HAVE BEEN R 0,000 AGGREGATE SUBLIMI CLAIMS AND COMMON LEAG 0,000 AGGREGATE SUBLIN LLY DESCRIBED IN ENDOR	POLICIES DESCRIBED HI EDUCED BY PAID CLAIM T OF LIABILITY FOR ALI GUE CLAIMS, AS MORE F MIT OF LIABILITY FOR A	EREIN IS SUBJECT TO AS. L LEAGUES, COMBIN FULLY DESCRIBED IN .LL LEAGUES, COMBI	O ALL TH ED, UNDI ENDORS NED, UNI Y.	E TERMS, E ER THE MA SEMENT #3 [.] DER THE M	EXCLUSIONS AND CONDIT STER D&O POLICY, FOR 1 OF THE MASTER D&O PO	IONS OF SUCH POLICIES ALL LOSS ARISING FROM DLICY.
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	EXPI	DLICY RATION ATE D/YYYY)	LI	MITS
А	х		GENERAL LIABILITY		04/04/0004	04/0	4/0005	EACH OCCURRENCE	\$1,000,000
~	Χ	X	OCCURRENCE	- UST030987240	01/01/2024	01/0	1/2025	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	Deductible: \$250			PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		x	SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ADUSE					Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS					Any One Person	
С	х						1/2025	EACH LOSS	\$1,000,000*
		L _		014674121	01/01/2024	01/0	1/2025		
Ũ	~	D	DIRECTORS & OFFICERS	014674121	01/01/2024	01/0	1/2025	AGGREGATE	\$1,000,000
C	x		DIRECTORS & OFFICERS CYBER LIABILITY COVERAGE	014674121 014681404	01/01/2024 01/01/2024		1/2025		
-			CYBER LIABILITY		01/01/2024 GUE SUBLIMIT OF	01/0	1/2025	AGGREGATE	\$1,000,000 \$100,000 per leagu
-	х	SEC	CYBER LIABILITY COVERAGE	014681404 \$100,000 PER LEAG	01/01/2024 GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF	01/0	1/2025 TY **	AGGREGATE LIMIT OF LIABILITY CLAIMS MADE RETROACTIVE DATE	\$1,000,000 \$100,000 per leagu Aggregate CONTINUITY DATE POLICY INCEPTION
-	х	SEC	CYBER LIABILITY COVERAGE URITY AND PRIVACY LIABILITY INSURANCE GULATORY ACTION SUBLIMIT	014681404 \$100,000 PER LEAG \$1,000 PER LEAGU \$100,000 PER LEAGU	01/01/2024 GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF	01/0 LIABILI ⁻	1/2025 TY** TY	AGGREGATE LIMIT OF LIABILITY CLAIMS MADE RETROACTIVE DATE	\$1,000,000 \$100,000 per leagu Aggregate CONTINUITY DATE
-	X S&P	SEC RE EVE	CYBER LIABILITY COVERAGE URITY AND PRIVACY LIABILITY INSURANCE GULATORY ACTION SUBLIMIT OF LIABILITY	014681404 \$100,000 PER LEAG \$1,000 PER LEAGU \$100,000 PER LEAGU \$1,000 PER LEAGU \$100,000 PER LEAGU	01/01/2024 GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF	01/0 LIABILI ⁻ LIABILI ⁻	1/2025 TY** TY	AGGREGATE LIMIT OF LIABILITY CLAIMS MADE RETROACTIVE DATE POLICY INCEPTION	\$1,000,000 \$100,000 per leagu Aggregate CONTINUITY DATE POLICY INCEPTION
C	X S&P EM	SEC RE EVE	CYBER LIABILITY COVERAGE URITY AND PRIVACY LIABILITY INSURANCE GULATORY ACTION SUBLIMIT OF LIABILITY NT MANAGEMENT INSURANCE LAND MARINE/PROPERTY	014681404 \$100,000 PER LEAG \$1,000 PER LEAGU \$100,000 PER LEAGU \$1,000 PER LEAGU \$100,000 PER LEAGU \$1,000 PER LEAGU	01/01/2024 GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION	01/0 LIABILI [*] LIABILI [*] 01/0	1/2025 TY** TY TY**	AGGREGATE LIMIT OF LIABILITY CLAIMS MADE RETROACTIVE DATE POLICY INCEPTION NOT APPLICABLE	\$1,000,000 \$100,000 PER LEAGU AGGREGATE CONTINUITY DATE POLICY INCEPTION POLICY INCEPTION \$35,000

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

OROVILLE CITY ELEMENTARY SCHOOL DISTRICT 2795 Yard Street OROVILLE, CA 95966

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

and AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

		_ 1 \							11	/4/2023
CERTIFICATE DOES I	NOT AFFIRMATI	VEL	Y OR	OF INFORMATION ONLY NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	Y THE	POLICIES
IMPORTANT: If the ce	ertificate holder i	s an	ADD	DITIONAL INSURED, the p						
				rms and conditions of th ificate holder in lieu of su				require an endorsemen	. A st	atement on
PRODUCER					CONTA NAME:	CT David Irv	win			
Keystone Risk Managers					PHONE (A/C, No	5, Ext): (070)		FAX (A/C, No):	(570)	473-2151
1995 Point Township Driv	/e				É-MAIL ADDRE		Keystoneins			
Northumberland				PA 17867		م ا مع ا		NDING COVERAGE		NAIC # 22829
INSURED					INSURE					22020
Little Leagu	ie Baseball Risk F	Purch	asing	Group, Incorporated	INSURE					
LAKE ORO	VILLE LL				INSURE	RD:				
	RLENE AVE			04 05000	INSURE					
OROVILLE COVERAGES		TIFI	CATE	CA 95966	INSURE	RF:		REVISION NUMBER:		
THIS IS TO CERTIFY TH	AT THE POLICIES	OF I	INSUF	RANCE LISTED BELOW HAV			THE INSURE	D NAMED ABOVE FOR T		
CERTIFICATE MAY BE I	SSUED OR MAY	PERT POLI	AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE	S DESCRIBED			
INSR LTR TYPE OF INSU		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
CLAIMS-MADE								PREMISES (Ea occurrence)	\$	300,000 Excluded
		x	х	UST030987240		01/01/2024	01/01/2025	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
GEN'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
X _{OTHER:} Per Leag	ue							SEXUAL ABUSE OCC/AGG	\$	1M/\$1M
								COMBINED SINGLE LIMIT (Ea accident)	\$ \$	
OWNED	SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)	ъ \$	
AUTOS ONLY HIRED AUTOS ONLY	AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	ACTOCONET								\$	
UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
DED RETENT								PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILIT ANYPROPRIETOR/PARTNEI								E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUD (Mandatory in NH)	ED?	N/A						E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERAT	IONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS	/ LOCATIONS / VEHICI	ES (A	CORD) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)		
Contificante l Ioldon in nome				form CC 2020 (42/40)						
Certificate Holder is name	a as Additional Ir	isure	a per	10fm CG 2026 (12/19)						
CERTIFICATE HOLDER					CANO	ELLATION				
OROVILLE CITY ELEMI	ENTARY SCHOO	LDI	STRIC	СТ	THE	EXPIRATIO	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		
2795 Yard Street					AUTHO	RIZED REPRESE	NTATIVE			
OROVILLE				CA 95966		().	1 (),		
				UN 30300		$-\not\leftarrow$	an	" Velan		
						″©19	88-2015 AC	ORD CORPORATION.	All righ	nts reserved.

ACORD 25 (2016/03)

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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or OROVILLE CITY ELEMENTARY SCHOOL DISTRICT 2795 Yard Street OROVILLE, CA 95966

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization: OROVILLE CITY ELEMENTARY SCHOOL DISTRICT 2795 Yard Street OROVILLE, CA 95966

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

			CER	TIFICATE OF IN	SURANCE					DATE (MM/DD/YY) 11/04/23
PRODUC	CER				CERTIFIC	CATE #:		4054707-2024-1		4 05 47
			anagers, LLC ship Drive							
			PA 17867		INSURE	RS AFF	ORDIN	G COVERAG	E:	
	onal name				INSURE			te Fire & Casua		
					INSURE			I Union Fire Ins	surance	e Company of
	CHARLE				(Non-Lial		Pittsbur			
	,				INSURE	R C:	AIG Spe	cialty Insurance	ce Com	npany
					INSURE	RD:	Markel /	American Insur	rance C	Company
REQU PERT AGGR * SUB ALL C ** SUB	IREMENT, AIN. THE II EGATE LII JECT TO \$ LASS ACT BJECT TO S, AS MOF	TER NSUR MITS 5,000 ION C \$5,00	SURANCE LISTED BELOW HA M OR CONDITION OF ANY ANCE AFFORDED BY THE P SHOWN MAY HAVE BEEN RE 0,000 AGGREGATE SUBLIMIT LAIMS AND COMMON LEAG 0,000 AGGREGATE SUBLIM LLY DESCRIBED IN ENDORS	CONTRACT OR OTHE OLICIES DESCRIBED H EDUCED BY PAID CLAIN FOF LIABILITY FOR AL UE CLAIMS, AS MORE I IT OF LIABILITY FOR A	ER DOCUMENT WITH IEREIN IS SUBJECT TO MS. L LEAGUES, COMBIN FULLY DESCRIBED IN ALL LEAGUES, COMBI	I RESPEC O ALL THE ED, UNDE ENDORS NED, UNE Y.	ET TO WH E TERMS, E ER THE MA EMENT #3 DER THE M	ICH THIS CERTIFI EXCLUSIONS AND ASTER D&O POLIC 1 OF THE MASTER	ICATE M CONDITI Y, FOR A D&O PC	AY BE ISSUED OR MAY IONS OF SUCH POLICIES. ALL LOSS ARISING FROM DLICY.
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	EXPIF	LICY RATION ATE D/YYYY)		LIN	NITS
Α	х		GENERAL LIABILITY	UST030987240	01/01/2024	01/01	/2025	EACH OCCURRE	ENCE	\$1,000,000
		X	OCCURRENCE	001000307240	01/01/2024		1/2020	GENERAL AGGRE	EGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250	1		PRODUCTS/COM AGGREGAT		\$1,000,000
		v						Sexual Abus OCCURRENC	e	\$1,000,000
		X	SEXUAL ABUSE					Sexual Abuse AGG		\$1,000,000
			MEDICAL PAYMENTS		•			Any One Pers	on	
	Ň			044074404	04/04/2024	04/04	1/2025	EACH LOSS	S	\$1,000,000*
С	Х		IRECTORS & OFFICERS	014674121	01/01/2024	01/01	1/2025	AGGREGAT	E	\$1,000,000
С	Х		CYBER LIABILITY COVERAGE	014681404	01/01/2024	01/01	1/2025	LIMIT OF LIABI CLAIMS MAD		\$100,000 PER LEAGUE AGGREGATE
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE		GUE SUBLIMIT OF	LIABILIT	'Y**	RETROACTIVE D	DATE	CONTINUITY DATE
				\$1,000 PER LEAGU	GUE SUBLIMIT OF		v	POLICY INCEPTION	4	POLICY INCEPTION
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$1,000 PER LEAGU		LIADILII	1			
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILIT	'Y**	NOT APPLICABLE		POLICY INCEPTION
D	х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/01	1/2025	EACH LOSS	8	\$35,000 Deductible: \$500
A	х		CRIME	UST030998240	01/01/2024	01/01	1/2025	EACH LOSS	6	\$35,000 Deductible: \$1,000
в	х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2024	01/01	1/2025	As in Master Po Med. Max. \$100 Deductible \$5	0,000	As in Master Policy Excess
			VERAGE(S) SELECTED	FOR ADDITIONAL N	AMED INSURED					

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

OROVILLE UNION HIGH SCHOOL DISTRICT 2211 WASHINGTON AVE OROVILLE, CA 95966

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

and AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

		_1\	• • •						11	1/4/2023
CER ⁻ BELC	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT OW. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, AI	VEL	Y OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	зү тне	POLICIES
If SU	DRTANT: If the certificate holder IBROGATION IS WAIVED, subject	to ti	ne te	rms and conditions of th	ne polic	certain p	olicies may			
this of PRODUC	certificate does not confer rights t	o the	cert	ificate holder in lieu of si	UCh en CONTA NAME:		,			
	one Risk Managers, LLC				DUONE	(530)	473-2150	FAX (A/C, No):	(570)	473-2151
	Point Township Drive				(A/C, No E-MAIL ADDRE		Keystoneins		(010)	
					ADDRE		, ,	RDING COVERAGE		NAIC #
Northu	Imberland			PA 17867	INSURE	ملمسلما		ualty Company		22829
INSURED)				INSURE	RB:				
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	RC:				
	LAKE OROVILLE LL				INSURE	RD:				
	3476 CHARLENE AVE				INSURE	RE:				
	OROVILLE			CA 95966	INSURE	RF:				
								REVISION NUMBER:		
INDIC CERT	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE FIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
Α		Х	Х	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$	1,000,000
GE								GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	1,000,000
								SEXUAL ABUSE OCC/AGG	\$	1M/\$1M
AU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	RKERS COMPENSATION D EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
AN	YPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
(Ma	andatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
DES	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DEGODID		50 (/	00000					0		
DESCRIP	PTION OF OPERATIONS / LOCATIONS / VEHIC	_ES (/	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is require	ed)		
Certific	cate Holder is named as Additional Ir	sure	d per	form CG 2026 (12/19)						
CERTI	FICATE HOLDER				CANO	CELLATION				
ORO	VILLE UNION HIGH SCHOOL DIST	RICT			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		
2211	WASHINGTON AVE				Αυτήο	RIZED REPRESE	NTATIVE			
ORO	VILLE			CA 95966		-	an	d Jelin		
						Ϋ́© 19	88-2015 AC	ORD CORPORATION.	All rig	hts reserved.

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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or OROVILLE UNION HIGH SCHOOL DISTRICT 2211 WASHINGTON AVE OROVILLE, CA 95966

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization: OROVILLE UNION HIGH SCHOOL DISTRICT 2211 WASHINGTON AVE OROVILLE, CA 95966

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

			CEF	RTIFICATE OF INS	SURANCE				DATE (MM/DD/YY) 11/04/23
PRODUC		sk M	anagers, LLC		CERTIFIC	ATE #:		4054707-2024-1	4 05 47
1995	Point T	own	ship Drive , PA 17867		INSURE	RS AF	FORDIN	G COVERAGE:	
ADDITI	ONAL NAME	ED INS	URED:		INSURE	RA:	Interstat	e Fire & Casualty Co	ompany
	E OROVII				INSURE			Union Fire Insurance	
	CHARLE				(Non-Liat	oility)	Pittsbur		
URC	VILLE, C	A 95	900		INSURE	R C:	AIG Spe	cialty Insurance Cor	npany
			SURANCE LISTED BELOW H		INSURE		Markel A	American Insurance	Company
PERT. AGGR * SUB ALL C ** SUI	AIN. THE I EGATE LI JECT TO S LASS ACT BJECT TO S, AS MOF	NSUR MITS : \$5,000 10N C \$5,00	M OR CONDITION OF ANY ANCE AFFORDED BY THE F SHOWN MAY HAVE BEEN R 0,000 AGGREGATE SUBLIMI CLAIMS AND COMMON LEAG 0,000 AGGREGATE SUBLIN LLY DESCRIBED IN ENDOR	POLICIES DESCRIBED HI EDUCED BY PAID CLAIM T OF LIABILITY FOR ALI GUE CLAIMS, AS MORE F MIT OF LIABILITY FOR A	EREIN IS SUBJECT TO AS. L LEAGUES, COMBIN FULLY DESCRIBED IN .LL LEAGUES, COMBI	O ALL TH ED, UNDI ENDORS NED, UNI Y.	E TERMS, E ER THE MA SEMENT #3 [.] DER THE M	EXCLUSIONS AND CONDIT STER D&O POLICY, FOR 1 OF THE MASTER D&O PO	IONS OF SUCH POLICIES ALL LOSS ARISING FROM DLICY.
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	EXPI	DLICY RATION ATE D/YYYY)	LI	MITS
А	х		GENERAL LIABILITY		04/04/0004	04/0	4/0005	EACH OCCURRENCE	\$1,000,000
~	Χ	X	OCCURRENCE	- UST030987240	01/01/2024	01/0	1/2025	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage	Deductible: \$250			PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		x	SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000
		^	SEXUAL ADUSE					Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS					Any One Person	
С	х						1/2025	EACH LOSS	\$1,000,000*
		L _		014674121	01/01/2024	01/0	1/2025		
Ũ	~	D	DIRECTORS & OFFICERS	014674121	01/01/2024	01/0	1/2025	AGGREGATE	\$1,000,000
C	x		DIRECTORS & OFFICERS CYBER LIABILITY COVERAGE	014674121 014681404	01/01/2024 01/01/2024		1/2025		
-			CYBER LIABILITY		01/01/2024 GUE SUBLIMIT OF	01/0	1/2025	AGGREGATE	\$1,000,000 \$100,000 per leagu
-	х	SEC	CYBER LIABILITY COVERAGE	014681404 \$100,000 PER LEAG	01/01/2024 GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF	01/0	1/2025 TY **	AGGREGATE LIMIT OF LIABILITY CLAIMS MADE RETROACTIVE DATE	\$1,000,000 \$100,000 per leagu Aggregate CONTINUITY DATE POLICY INCEPTION
-	х	SEC	CYBER LIABILITY COVERAGE URITY AND PRIVACY LIABILITY INSURANCE GULATORY ACTION SUBLIMIT	014681404 \$100,000 PER LEAG \$1,000 PER LEAGU \$100,000 PER LEAGU	01/01/2024 GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF	01/0 LIABILI ⁻	1/2025 TY** TY	AGGREGATE LIMIT OF LIABILITY CLAIMS MADE RETROACTIVE DATE	\$1,000,000 \$100,000 per leagu Aggregate CONTINUITY DATE
-	X S&P	SEC RE EVE	CYBER LIABILITY COVERAGE URITY AND PRIVACY LIABILITY INSURANCE GULATORY ACTION SUBLIMIT OF LIABILITY	014681404 \$100,000 PER LEAG \$1,000 PER LEAGU \$100,000 PER LEAGU \$1,000 PER LEAGU \$100,000 PER LEAGU	01/01/2024 GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF	01/0 LIABILI [*] LIABILI [*]	1/2025 TY** TY	AGGREGATE LIMIT OF LIABILITY CLAIMS MADE RETROACTIVE DATE POLICY INCEPTION	\$1,000,000 \$100,000 per leagu Aggregate CONTINUITY DATE POLICY INCEPTION
C	X S&P EM	SEC RE EVE	CYBER LIABILITY COVERAGE URITY AND PRIVACY LIABILITY INSURANCE GULATORY ACTION SUBLIMIT OF LIABILITY NT MANAGEMENT INSURANCE LAND MARINE/PROPERTY	014681404 \$100,000 PER LEAG \$1,000 PER LEAGU \$100,000 PER LEAGU \$1,000 PER LEAGU \$100,000 PER LEAGU \$1,000 PER LEAGU	01/01/2024 GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION GUE SUBLIMIT OF JE RETENTION	01/0 LIABILI [*] LIABILI [*] 01/0	1/2025 TY** TY TY**	AGGREGATE LIMIT OF LIABILITY CLAIMS MADE RETROACTIVE DATE POLICY INCEPTION NOT APPLICABLE	\$1,000,000 \$100,000 PER LEAGU AGGREGATE CONTINUITY DATE POLICY INCEPTION POLICY INCEPTION \$35,000

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

THERMALITO UNION SCHOOL DISTRICT 400 GRAND AVE OROVILLE, CA 95965

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

and AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

		_1\							11	/4/2023
CER BEL	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMATI OW. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, AN	VEL	Y OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	POLICIES
If SU	DRTANT: If the certificate holder i IBROGATION IS WAIVED, subject	to ti	ne te	rms and conditions of th	ne polic	y, certain p	olicies may			
PRODUC	certificate does not confer rights t	o the	cert	ificate holder in lieu of si	UCh end CONTAG NAME:		,			
	one Risk Managers, LLC				DUONE	(530)	473-2150	FAX (A/C, No):	(570)	473-2151
-	Point Township Drive				E-MAIL		Keystoneins		(010)	
					ADDRES		, ,	RDING COVERAGE		NAIC #
Northu	umberland			PA 17867	INSURE	ملمسلم		ualty Company		22829
INSURED)				INSURE	RB:				
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	RC:				
	LAKE OROVILLE LL				INSURE	RD:				
	3476 CHARLENE AVE				INSURE	RE:				
	OROVILLE			CA 95966	INSURE	RF:				
								REVISION NUMBER:		
INDIC CERT	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE FIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
X	COMMERCIAL GENERAL LIABILITY					·		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
A		Х	Х	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$	1,000,000
GE								GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	1,000,000
								SEXUAL ABUSE OCC/AGG	\$	1M/\$1M
AL	JTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	
	OWNED SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	DRKERS COMPENSATION D EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
AN	YPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
(Ma	andatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
DE	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DEOODIE		50 (/	00000					- 0		
DESCRIF	PTION OF OPERATIONS / LOCATIONS / VEHICI	_ES (/	CORD	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is require	ed)		
Certifie	cate Holder is named as Additional Ir	sure	d per	form CG 2026 (12/19)						
CERTI	FICATE HOLDER				CANC	ELLATION				
THE	RMALITO UNION SCHOOL DISTRIC	т			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
400 0	GRAND AVE				AUTHO	RIZED REPRESE	NTATIVE	,		
ORO	VILLE			CA 95965		-	an			
						″©19	88-2015 AC	ORD CORPORATION.	All rig	hts reserved.

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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or THERMALITO UNION SCHOOL DISTRICT 400 GRAND AVE OROVILLE, CA 95965

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - **1.** In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization: THERMALITO UNION SCHOOL DISTRICT 400 GRAND AVE OROVILLE, CA 95965

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

				DATE (MM/DD/YY) 11/04/23								
PRODUCER Keystone Risk Managers, LLC					CERTI	FICATE #	4054707-2024-1	4 05 47				
1995	Point T	own	ship Drive PA 17867		INSUF	INSURERS AFFORDING COVERAGE:						
ADDITI	ONAL NAME	ED INS	URED:		INSU	e Fire & Casualty Company						
	E OROVI		-					I Union Fire Insurance Company of				
	CHARLE				(Non-L			Pittsburgh, PA AIG Specialty Insurance Company				
One	, ville, o	/A 00	300		INSU							
									American Insurance Company OLICY PERIOD INDICATED NOTWITHSTANDING AN			
PERT. AGGR * SUB ALL C ** SUI	AIN. THE I EGATE LI JECT TO S LASS ACT BJECT TO S, AS MOR	NSUR MITS \$5,000 TON C \$5,00	M OR CONDITION OF ANY ANCE AFFORDED BY THE F SHOWN MAY HAVE BEEN R ,000 AGGREGATE SUBLIM LAIMS AND COMMON LEAG 0,000 AGGREGATE SUBLIM LLY DESCRIBED IN ENDOR	POLICIES DESCRIBED H EDUCED BY PAID CLAIM T OF LIABILITY FOR AL GUE CLAIMS, AS MORE 11T OF LIABILITY FOR A	IEREIN IS SUBJEC MS. L LEAGUES, COM FULLY DESCRIBEI ALL LEAGUES, COI	T TO ALL T BINED, UN D IN ENDOF MBINED, U ∟ICY.	HE TERMS, DER THE M/ RSEMENT #3 NDER THE I	EXCLUSIONS AND CONDIT ASTER D&O POLICY, FOR / 11 OF THE MASTER D&O PC	IONS OF SUCH POLICIES ALL LOSS ARISING FROI DLICY.			
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIV DATE (MM/DD/YYY	E EX Y)	POLICY PIRATION DATE I/DD/YYYY)	LIN	LIMITS			
A	x		GENERAL LIABILITY		04/04/0004		104/0005	EACH OCCURRENCE	\$1,000,000			
		X	OCCURRENCE	UST030987240	01/01/2024	01/	/01/2025	GENERAL AGGREGATE	\$2,000,000			
		X	INCL PARTICIPANTS	Property Damage Deductible: \$250				PRODUCTS/COMP OPS AGGREGATE	\$1,000,000			
		v						Sexual Abuse OCCURRENCE	\$1,000,000			
		X	SEXUAL ABUSE					Sexual Abuse AGGREGATE	\$1,000,000			
			MEDICAL PAYMENTS					Any One Person				
С	Х			014674121	01/01/2024	01/	/01/2025	EACH LOSS	\$1,000,000*			
0	~	DIRECTORS & OFFICERS		014014121	01/01/2021	01,	01/2020	AGGREGATE	\$1,000,000			
С	Х		CYBER LIABILITY COVERAGE	014681404 01/01/2024 01/01/2025				LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGU AGGREGATE			
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	JE RETENTION	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION					
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU								
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU		NOT APPLICABLE	POLICY INCEPTION					
									\$35,000			
D	Х	INI	AND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01	/01/2025	EACHLOSS	Deductible: \$500			
D	x x	INI		MKLM7IM0054394 UST030998240	01/01/2024		/01/2025 /01/2025	EACH LOSS EACH LOSS				

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and

2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

YMCA of Superior California 1200 Myers Street Oroville, CA 95965

INSURED

Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

7

and, AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

								1	/4/2023		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE PO BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHO REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
IMPORTANT: If the certificate holder	is an	ADD	ITIONAL INSURED, the p								
If SUBROGATION IS WAIVED, subject							require an endorsement	t. A sta	atement on		
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER David Irwin											
Keystone Risk Managers, LLC				PHONE (570) 472 0450 FAX (570) 472 0454							
1995 Point Township Drive	(A/C, No, Ext): (370) 473-2150 (A/C, No): (570) 473-2151 E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com										
	INSURER(S) AFFORDING COVERAGE					NAIC #					
Northumberland	INSURER A : Interstate Fire & Casualty Company					22829					
Northumberland PA 17867					INSURER B :						
Little League Baseball Risk	Group, Incorporated	INSURE									
LAKE OROVILLE LL				INSURER D :							
3476 CHARLENE AVE				INSURER E :							
OROVILLE			CA 95966	INSURER F :							
COVERAGES CEF	RTIFI	CATE	E NUMBER:	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R											
CERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORDI	ED BY "	THE POLICIE	S DESCRIBED					
		CIES.		BEEN R		PAID CLAIMS. POLICY EXP					
INSR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s			
							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000		
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	300,000		
		N					MED EXP (Any one person)	\$	Excluded		
A	X	X	UST030987240		01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$	1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
							PRODUCTS - COMP/OP AGG	\$ \$	1,000,000		
AUTOMOBILE LIABILITY							SEXUAL ABUSE OCC/AGG	\$ \$	1M/\$1M		
							COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$			
OWNED SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$			
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$			
AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$			
DED RETENTION \$	-						AGONEGATE	\$			
WORKERS COMPENSATION							PER OTH- STATUTE ER	, v			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if mor	e space is require	ed)				
Certificate Holder is named as Additional I	nsuro	d ner	form CG 2026 (12/10)								
Common Finite is named as Additional I	isule	a hei	10/11/10/2020 (12/19)								
CERTIFICATE HOLDER					ELLATION						
YMCA of Superior California	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
1200 Myers Street				AUTHORIZED REPRESENTATIVE							
Oroville			CA 95965		-	an	1 Jami				
					⁷ © 19		ORD CORPORATION.	All rial	nts reserved.		

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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or YMCA of Superior California 1200 Myers Street Oroville, CA 95965

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

YMCA of Superior California 1200 Myers Street Oroville, CA 95965

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.