			CER	TIFICATE OF IN	SURA	NCE					DATE (MM/DD/YY) 12/04/24
PRODUC	CER					CERTIFIC	CATE #	:	4054707-2025-1		4 05 47
Keys	tone Ris	sk Ma	anagers, LLC								
			hip Drive PA 17867			INSURE	RS AF	FORDIN	IG COVERAG	E:	
ADDITI	ONAL NAME	D INSU	RED:			INSURE	R A:	Intersta	te Fire & Casua	alty Co	mpany
	E OROVIL 6 CHARLE					INSURE		Nationa	I Union Fire Ins		
	VILLE, C					(Non-Lial		Pittsbu			
						INSURE	-		ecialty Insuran		
THE P			JRANCE LISTED BELOW HA	VE BEEN ISSUED TO 1					American Insu		
REQU PERT AGGR	IREMENT, AIN. THE II EGATE LII	TERN NSURA MITS S	I OR CONDITION OF ANY NCE AFFORDED BY THE P HOWN MAY HAVE BEEN RE	CONTRACT OR OTHE OLICIES DESCRIBED H EDUCED BY PAID CLAIM	ER DOC IEREIN I MS.	UMENT WITH S SUBJECT TO	I RESPE D ALL TH	CT TO WH	IICH THIS CERTIF EXCLUSIONS AND	CONDIT	AY BE ISSUED OR MAY IONS OF SUCH POLICIES.
			000 AGGREGATE SUBLIMIT AIMS AND COMMON LEAG								
			,000 AGGREGATE SUBLIM					IDER THE I	MASTER CYBER P	OLICY, F	OR SPECIFIED DEFENSE
	ADD'L						P	OLICY			
INSR LTR	NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER		Y EFFECTIVE MM/DD/YYYY)	1			LIN	NITS
							(MM/	DD/YYYY)			¢1 000 000
Α	Х	-	GENERAL LIABILITY	UST030987250	01/	01/2025	01/0	1/2026	EACH OCCURR	ENCE	\$1,000,000
		X	OCCURRENCE						GENERAL AGGR		\$2,000,000
		X	INCL PARTICIPANTS	Property Damage I	Deducti	ble: \$250	1		AGGREGAT Sexual Abus	E	\$1,000,000
		x	SEXUAL ABUSE							se CE	\$1,000,000
		~							Sexual Abuse AGG	REGATE	\$1,000,000
	MEDICAL PAYMENTS		1		1		Any One Pers	son			
с	х		RECTORS & OFFICERS	016033012	01/	01/2025	01/0	1/2026	EACH LOSS		\$1,000,000*
									AGGREGAT		\$1,000,000
С	Х		CYBER LIABILITY COVERAGE	017011565	01/	01/2025	01/0	1/2026	LIMIT OF LIABI CLAIMS MAD		\$100,000 PER LEAGUE AGGREGATE
	S&P	SECU	IRITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABIL	ΤΥ**			CONTINUITY DATE POLICY INCEPTION
		REG	ULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU			LIABIL	TY]		
	EM			\$100,000 PER LEAG			LIABIL	TY**	NOT APPLICABLE		POLICY INCEPTION
		EVEN	IT MANAGEMENT INSURANCE	\$1,000 PER LEAGU							
D	х	INL/	AND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/	/01/2025	01/0	01/2026	EACH LOS	S	\$35,000 Deductible: \$500
A	х		CRIME	UST030998250	01/	01/2025	01/0	01/2026	EACH LOS	S	\$35,000 Deductible: \$1,000
В	х	SPO	ORTS EXCESS ACCIDENT	SRG9105434	01/	01/2025	01/0)1/2026	As in Master Po Med. Max. \$10 Deductible \$5	0,000	As in Master Policy Excess
"X" II		s cov	VERAGE(S) SELECTED I			NSURED	1		1 2 0 4 4 0		I
			SURED								
Who is	an Insure	d (SEC	TION II) of the General Liabili								
organi	zations and	l subje	above-named Little League's ct to the following additional e	xclusions:		•					
			new construction, maintenand -named Little League; and	ce, repair, or demolition c	operation	s performed by	or on be	half of the p	erson or organizatio	n designa	ated in the Schedule and/or
			eld or other premises not beir								
	0.4										
	City of O ROVILLE		2. FEATHER RIVER F N HIGH SCHOOL DISTR						Y ELEMENTARY	SCHOO	DL DISTRICT 4.

INSURED	
Little League Baseball Risk Purchasing Group, Incorporated	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
539 U.S. RT. 15 Highway	EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH
South Williamsport, PA 17702	THE POLICY PROVISIONS

AUTHORIZED P	Æ	PRESENTA	TIVE

			CER	TIFICATE OF IN	SURANCE				DATE (MM/DD/YY) 12/04/24		
PRODU		sk M	anagers, LLC		CERTIFIC	CATE #	:	4054707-2025-1	4 05 47		
1995	Point T	own	ship Drive , PA 17867		INSURE	RS AF	FORDIN	G COVERAGE:			
ADDIT	ONAL NAM	ED INS	URED:		INSURE	RA:	Intersta	te Fire & Casualty Co	mpany		
	E OROVI				INSURE	R B:		I Union Fire Insurance Company of			
	CHARLE				(Non-Lia	bility)	Pittsbur				
URC	VILLE, C	A 90	900		INSURE	R C:	AIG Spe	cialty Insurance Con	npany		
			SURANCE LISTED BELOW H		INSURE			American Insurance (
PERT AGGF * SUB ALL C ** SUI	AIN. THE I EGATE LI JECT TO LASS ACT BJECT TO	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 00,000 AGGREGATE SUBLIN LLY DESCRIBED IN ENDOR	OLICIES DESCRIBED H EDUCED BY PAID CLAIM T OF LIABILITY FOR AL UE CLAIMS, AS MORE I IT OF LIABILITY FOR A	IEREIN IS SUBJECT T MS. L LEAGUES, COMBIN FULLY DESCRIBED IN ALL LEAGUES, COMB	O ALL TH NED, UND N ENDOR: INED, UN	HE TERMS, I DER THE MA SEMENT #3	EXCLUSIONS AND CONDIT ASTER D&O POLICY, FOR / 1 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 EFFECTIVE DATE (MM/DD/YYYY)	EXP	OLICY IRATION DATE DD/YYYY)	LIN	NITS		
А	х		GENERAL LIABILITY		04/04/0005	01/2025 01/01/2026		EACH OCCURRENCE	\$1,000,000		
A	Λ	X	OCCURRENCE	UST030987250	01/01/2025	01/0	01/2026	GENERAL AGGREGATE	\$2,000,000		
		Χ	INCL PARTICIPANTS	Property Damage I	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			016033012	01/01/2025	01/0	01/2026	EACH LOSS	\$1,000,000*		
C	~		DIRECTORS & OFFICERS	010000012	01/01/2020	01/0	172020	AGGREGATE	\$1,000,000		
С	Х		CYBER LIABILITY COVERAGE	017011565	01/01/2025	01/0	01/2026	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		LIABILI	ITY				
	EM	EM EVENT MANAGEMENT INSURANCE \$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION						NOT APPLICABLE	POLICY INCEPTION		
D	Х	INI	AND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/01/2025			EACH LOSS	\$35,000 Deductible: \$500		
			CRIME	UST030998250	01/01/2025	01/0)1/2026	EACH LOSS	\$35,000 Deductible: \$1,000		
A	X CRIME				01/01/2025 01/01/2026						

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:

City of Oroville 1735 Montgomery St 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)

_ ī					DILI				12	/4/2024
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, AI				olicy/i	oc) must ha		IAL INSURED provision	s or bo	ondorsod
	SUBROGATION IS WAIVED, subject									
th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su		<u></u>	,			
-	DUCER				CONTA NAME:	Daviu III				
· ۱	vstone Risk Managers, LLC				(A/C, No	o, Ext): (570) 4		FAX (A/C, No):	(570)	473-2151
199	5 Point Township Drive				È-MAIL ADDRE	ss: DIrwin@	Keystoneins	Jrp.com		
	dhe car be a dia a di			DA 47007						NAIC #
	thumberland			PA 17867	INSURE	NA.	te Fire & Cas	ualty Company		22829
11130	Little League Baseball Risk F	Purch	asino	Group Incorporated	INSURE					
	LAKE OROVILLE LL	uron	uoning		INSURE					
	3476 CHARLENE AVE				INSURE					
	OROVILLE			CA 95966	INSURE					
co	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIES									
C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED			
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	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		X	X	UST030987250		01/01/2025	01/01/2026	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 SEXUAL ABUSE OCC/AGG	\$ \$	1,000,000
								COMBINED SINGLE LIMIT (Ea accident)	\$	1M/\$1M
								(Ea accident) BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							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 (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)		
Ce	tificate Holder is named as Additional Ir	nsure	d per	form CG 2026 (12/19)						
CE					CANO	ELLATION				
					0/111					
С	ty of Oroville				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I		
17	35 Montgomery St				ACC			Y PROVISIONS.		
''					AUTHO	RIZED REPRESE	NTATIVE			
0	oville			CA 95965		, Ì		1. (/'		
				0		-f	an	" Vetan		
						″©19	88-2015 AC	ORD CORPORATION.	All rial	nts reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

POLICY NUMBER: UST030987250

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 INS	SURA	NCE					DATE (MM/DD/YY) 12/04/24
PRODU	CER					CERTIFIC	CATE #		4054707-2025-1		4 05 47
			lanagers, LLC								
			ship Drive , PA 17867			INSURE	RS AF	FORDIN	G COVERAG	E:	
ADDITI	onal name	D INS	URED:			INSURE	R A:	Intersta	te Fire & Casua	alty Co	mpany
	E OROVIL 6 CHARLE					INSURE			I Union Fire Ins	surance	e Company of
	VILLE, C					(Non-Liat		Pittsbur			
						INSURE			ecialty Insurance		
THE F)F INS	SURANCE LISTED BELOW HA	VE BEEN ISSUED TO T	HE INSU			FOR THE P	American Insur	DICATED	OMPANY
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	M OR CONDITION OF ANY ANCE AFFORDED BY THE P SHOWN MAY HAVE BEEN RE 0,000 AGGREGATE SUBLIMI CLAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIM ILLY DESCRIBED IN ENDORS	CONTRACT OR OTHE DLICIES DESCRIBED H EDUCED BY PAID CLAIN OF LIABILITY FOR AL JE CLAIMS, AS MORE F T OF LIABILITY FOR A	ER DOC EREIN IS IS. L LEAGU FULLY D LL LEAC	UMENT WITH S SUBJECT TO JES, COMBIN ESCRIBED IN GUES, COMBI	I RESPE D ALL TH ED, UND ENDOR NED, UN Y.	CT TO WH IE TERMS, I ER THE MA SEMENT #3 IDER THE N	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 ONS OF SUCH POLICIES. ALL LOSS ARISING FROM LICY.
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER		Y EFFECTIVE MM/DD/YYYY)	EXP	OLICY IRATION DATE DD/YYYY)		LIN	птя
Α	х		GENERAL LIABILITY						EACH OCCURRENCE		\$1,000,000
A	~	Χ	OCCURRENCE	UST030987250 01/		01/2025	01/0	1/2026	GENERAL AGGR		\$2,000,000
		X	INCL PARTICIPANTS	Property Damage [Deducti	ble: \$250	I		PRODUCTS/COM AGGREGAT	IP OPS	\$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					
С	х			016033012	016033012 01/01/2025			1/2026	EACH LOSS	3	\$1,000,000*
Ŭ	~		DIRECTORS & OFFICERS	01000012	0.1,	0.12020	0.70	AGGREGA		E	\$1,000,000
С	Х		CYBER LIABILITY COVERAGE	017011565	01/	01/2025	01/0	1/2026	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	N	POLICY INCEPTION
	EM	EVE	INT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU			LIABILI	TY**	NOT APPLICABLE		POLICY INCEPTION
D	х	INI	LAND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/	01/2025	01/0)1/2026	EACH LOSS	8	\$35,000 Deductible: \$500
A	х		CRIME	UST030998250	01/	01/2025	01/0	1/2026	EACH LOSS	3	\$35,000 Deductible: \$1,000
в	х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/	01/2025	01/0	1/2026	As in Master Po Med. Max. \$100 Deductible \$5	0,000	As in Master Policy Excess
"X" I	NDICATE	s cc	OVERAGE(S) SELECTED	OR ADDITIONAL NA	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)

		• • •						12	2/4/2024
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS DEDESENTATIVE OF DEDDUCCED A	IVEL` SURA	Y OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	POLICIES
REPRESENTATIVE OR PRODUCER, A IMPORTANT: If the certificate holder				olicy/i	as) must ha		IAL INSURED provision	s or he	andorsed
If SUBROGATION IS WAIVED, subject									
this certificate does not confer rights t				uch ene	dorsement(s).			
PRODUCER				CONTA NAME:	Daviu III		FAV		
Keystone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (010)		FAX (A/C, No):	(570)	473-2151
1995 Point Township Drive				È-MAIL ADDRE	ss: DIrwin@	Keystoneins	Jrp.com		
N la utha angle a ni ang ai			DA 47007		مدمدما				NAIC #
Northumberland			PA 17867	INSURE		te Fire & Cas	ualty Company		22829
Little League Baseball Risk I	Durch	asino	Group Incorporated	INSURE					
	uron	uonng		INSURE					
3476 CHARLENE AVE				INSURE					
OROVILLE			CA 95966	INSURE					
COVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES									
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	THE INSURANCE AFFORD	ED BY	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS.			
INSR LTR TYPE OF INSURANCE	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
							PREMISES (Ea occurrence)	\$	300,000
		v	10700007050		04/04/0005	04/04/0000	MED EXP (Any one person)	\$	Excluded
	X	Х	UST030987250	01/01/2025	01/01/2026	PERSONAL & ADV INJURY	\$	1,000,000 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC							GENERAL AGGREGATE	\$	1,000,000
POLICY JECT LOC X OTHER: Per League							PRODUCTS - COMP/OP AGG SEXUAL ABUSE OCC/AGG	\$ \$	1M/\$1M
							COMBINED SINGLE LIMIT (Ea accident)	\$	110// \$1101
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
				(Per accident) \$					
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (4	CORD	101, Additional Remarks Schedu	le, mav b	e attached if more	e space is require	ed)		
			,	., y 19			· · · /		
Certificate Holder is named as Additional I	nsure	d per	form CG 2026 (12/19)						
CERTIFICATE HOLDER				CANO	CELLATION				
FEATHER RIVER RECREATION AND PA	ARKS	DIS	TRICT	ТНЕ	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		
1875 FEATHER RIVER BLVD				AUTHO	RIZED REPRESE	NTATIVE	<u> </u>		
					Ć).	9 (),		
OROVILLE			CA 95965		L	an	1 pelan		
					© 19		ORD CORPORATION.	All rial	ts reserved

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POLICY NUMBER: UST030987250

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	TIFICATE OF INS	SURANCE				DATE (MM/DD/YY) 12/04/24				
PRODU	CER				CERTIFIC	CATE #:		4054707-2025-1	4 05 47				
			anagers, LLC										
			ship Drive										
Nort	humber	and	, PA 17867		INSURE	RS AF	FORDIN	G COVERAGE:	COVERAGE:				
	onal name				INSURE	RA:	Interstat	te Fire & Casualty Co	mpany				
					INSURE	R B:	Nationa	I Union Fire Insuranc	Union Fire Insurance Company of				
	6 CHARLE 1 VILLE, C				(Non-Lia	bility)	Pittsbur	gh, PA					
0	,				INSURE	R C:	AIG Spe	cialty Insurance Con	ce Company				
					INSURE	R D:	Markel A	American Insurance (Company				
REQU PERT AGGF * SUE ALL C ** SU	IREMENT, AIN. THE II EGATE LII JECT TO S LASS ACT BJECT TO	, TER NSUR MITS \$5,000 10N 0 \$5,000	SURANCE LISTED BELOW H M OR CONDITION OF ANY ANCE AFFORDED BY THE F SHOWN MAY HAVE BEEN R 0,000 AGGREGATE SUBLIM CLAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIN LLY DESCRIBED IN ENDOR	CONTRACT OR OTHE OLICIES DESCRIBED H EDUCED BY PAID CLAIM T OF LIABILITY FOR AL UE CLAIMS, AS MORE F IIT OF LIABILITY FOR A	ER DOCUMENT WITH EREIN IS SUBJECT T AS. L LEAGUES, COMBIN FULLY DESCRIBED IN LL LEAGUES, COMBI	I RESPE O ALL TH IED, UND I ENDOR: INED, UN	CT TO WH IE TERMS, E ER THE MA SEMENT #3	ICH THIS CERTIFICATE M EXCLUSIONS AND CONDIT STER D&O POLICY, FOR A 1 OF THE MASTER D&O PO	IAY 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)	P(EXPI	OLICY IRATION DATE DD/YYYY)	LI	NITS				
А	х		GENERAL LIABILITY	10700007050	04/04/0005	01/2025 01/01/		EACH OCCURRENCE	\$1,000,000				
Α	Χ	Χ	OCCURRENCE	UST030987250	01/01/2025	01/0	1/2020	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			016033012	01/01/2025	01/0	1/2026	EACH LOSS	\$1,000,000*				
C	^		IRECTORS & OFFICERS	010033012	01/01/2023	01/0	1/2020	AGGREGATE	\$1,000,000				
С	Х		CYBER LIABILITY COVERAGE	017011565	01/01/2025	25 01/01/2026		LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE				
	S&P	SEC	URITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU		LIABILI	TY**	RETROACTIVE DATE	CONTINUITY DATE				
			GULATORY ACTION SUBLIMIT	\$100,000 PER LEA	GUE SUBLIMIT OF								
		RE	OF LIABILITY	\$1,000 PER LEAGL									
	EM				JE RETENTION GUE SUBLIMIT OF	LIABILI	TY**	NOT APPLICABLE	POLICY INCEPTION				
D	EM X	EVE	OF LIABILITY	\$1,000 PER LEAGU \$100,000 PER LEA	JE RETENTION GUE SUBLIMIT OF		TY**)1/2026	NOT APPLICABLE EACH LOSS	POLICY INCEPTION \$35,000 Deductible: \$500				
D		EVE	OF LIABILITY NT MANAGEMENT INSURANCE AND MARINE/PROPERTY	\$1,000 PER LEAGU \$100,000 PER LEAGU \$1,000 PER LEAGU	JE RETENTION GUE SUBLIMIT OF JE RETENTION	01/0			\$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)

									12	2/4/2024
CERTIFICATE DOES BELOW. THIS CER	S NOT AFFIRMAT	IVEL'	Y OR	OF INFORMATION ONLY NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	Y THE	POLICIES
IMPORTANT: If the	certificate holder WAIVED, subject	is an to th	ADD	ITIONAL INSURED, the prms and conditions of th	e polic	y, certain p	olicies may			
this certificate does	not confer rights t	o the	cert	ificate holder in lieu of su	CONTAC NAME:	dorsement(s ^{ст} David Irv				
Keystone Risk Manage	ers. LLC				NAME: PHONE	bavid in , Ext): (570) 4		FAX (A/C, No):	(570)	473-2151
1995 Point Township D	-				E-MAIL ADDRE	ss. DIrwin@	Keystoneins		(0.0)	
					7122112		SURER(S) AFFOR	DING COVERAGE		NAIC #
Northumberland				PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829
INSURED	ave Deechall Diele I		:		INSURE	RB:				
	igue Baseball Risk F ROVILLE LL	urcn	asing	Group, Incorporated	INSURE					
					INSURE					
OROVIL				CA 95966	INSURE					
COVERAGES	CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
INDICATED. NOTWIT CERTIFICATE MAY BI	HSTANDING ANY RE E ISSUED OR MAY	equif Pert	REME AIN,	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	ст то у	WHICH THIS
INCO	NSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
X COMMERCIAL GE								EACH OCCURRENCE	\$	1,000,000
CLAIMS-MAE	e 🗙 occur							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
		v	v	10700007050		04/04/0005		MED EXP (Any one person)	\$	Excluded
		X	X	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV INJURY	\$	1,000,000 2,000,000
GEN'L AGGREGATE LI							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	1,000,000	
X OTHER: Per Le								SEXUAL ABUSE OCC/AGG	\$ \$	1M/\$1M
								COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO								BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY	NÓN-ÓWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
UMBRELLA LIAB									\$	
EXCESS LIAB	OCCUR CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$ \$	
	INTION \$							AGGREGATE	\$	
WORKERS COMPENSA AND EMPLOYERS' LIAB	TION							PER OTH- STATUTE ER	Ţ.	
ANYPROPRIETOR/PART OFFICER/MEMBER EXCL		N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPEN	RATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIO	NS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is require	ed)		
Certificate Holder is na	med as Additional Ir	sure	d ner	form CG 2026 (12/19)						
		louro	a poi							
CERTIFICATE HOLD	ER				CANC	ELLATION				
OROVILLE CITY ELE	MENTARY SCHOO	DL DIS	STRI	ст	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
2795 Yard Street					AUTHO		NTATIVE			
						().	9 (),		
OROVILLE				CA 95966		$- \not\vdash$	an	" velin		
						″©19	88-2015 AC	ORD CORPORATION.	All rigi	nts reserved.

ACORD 25 (2016/03)

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POLICY NUMBER: UST030987250

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) 12/04/24
PRODU	CER				CERTIF	CATE #	:	4054707-2025-1		4 05 47
			anagers, LLC							
			ship Drive , PA 17867		INSURI	ERS AF	FORDIN	IG COVERAG	E:	
	onal name				INSUR	ER A:		te Fire & Casua		
	E OROVII 6 CHARLE				INSUR			I Union Fire Ins	suranc	e Company of
	VILLE, C				(Non-Lia		Pittsbu			
					INSUR		-	ecialty Insurance		
-			SURANCE LISTED BELOW HA		INSUR			American Insur		
REQU PERT AGGR * SUB ALL C ** SUB	IREMENT, AIN. THE II REGATE LII JECT TO S LASS ACT BJECT TO S, AS MOF	TER NSUR MITS 5,000 ION C \$5,00	M OR CONDITION OF ANY ANCE AFFORDED BY THE P SHOWN MAY HAVE BEEN RE 0,000 AGGREGATE SUBLIMIT CLAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIM LLY DESCRIBED IN ENDORS	CONTRACT OR OTHE OLICIES DESCRIBED H EDUCED BY PAID CLAIN F OF LIABILITY FOR AL UE CLAIMS, AS MORE I IT OF LIABILITY FOR A	ER DOCUMENT WIT EREIN IS SUBJECT //S. L LEAGUES, COMBI FULLY DESCRIBED LL LEAGUES, COMI	TH RESPE TO ALL TH NED, UNE N ENDOR BINED, UN CY.	ECT TO WH HE TERMS, I DER THE M/ SEMENT #3 IDER THE N	NICH THIS CERTIFI EXCLUSIONS AND ASTER D&O POLIC 11 OF THE MASTER	CONDITI CONDITI Y, FOR A	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)	EXP	OLICY IRATION DATE DD/YYYY)		LIN	NITS
Α	X GENERAL LIABILITY			UST030987250	01/01/2025	01/2025 01/01/2026		EACH OCCURRE	ENCE	\$1,000,000
		X	OCCURRENCE	031030987250	01/01/2025)1/2020	GENERAL AGGRE		\$2,000,000
		Χ	INCL PARTICIPANTS	Property Damage I	Deductible: \$250			PRODUCTS/COM AGGREGAT		\$1,000,000
		x	SEXUAL ABUSE					Sexual Abus OCCURRENC	е	\$1,000,000
		^							REGATE	\$1,000,000
			MEDICAL PAYMENTS			Any One Pers				
С	х			016033012	01/01/2025	01/0	01/2026	EACH LOSS	3	\$1,000,000*
C	^	C	DIRECTORS & OFFICERS	010055012	01/01/2023		01/2020	AGGREGAT	E	\$1,000,000
С	Х		CYBER LIABILITY COVERAGE	017011565	01/01/2025	01/0	01/2026	LIMIT OF LIABI CLAIMS MAD		\$100,000 PER LEAGUE AGGREGATE
	S&P	SEC	URITY AND PRIVACY LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU		F LIABIL	ITY**	RETROACTIVE	DATE	CONTINUITY DATE
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAG	GUE SUBLIMIT O	F LIABIL	ITY	POLICY INCEPTION	1	POLICY INCEPTION
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT O	F LIABIL	ITY**	NOT APPLICABLE		POLICY INCEPTION
D	х	INI	LAND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/01/2025	01/	01/2026	EACH LOSS	3	\$35,000 Deductible: \$500
A	х		CRIME	UST030998250	01/01/2025	01/0)1/2026	EACH LOSS	3	\$35,000 Deductible: \$1,000
в	x	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2025	01/0)1/2026	As in Master Po Med. Max. \$100 Deductible \$5	0,000,	As in Master Policy Excess
"X" I	NDICATE	s cc	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.

7

AUTHORIZED REPRESENTATIVE

(



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

		• • •					12	2/4/2024
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEND OR AL	FER THE CO	VERAGE AFFORDED B	Y THE	POLICIES
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject	to ti	ne te	rms and conditions of th	e policy, certain	oolicies may			
this certificate does not confer rights	o the	cert	ificate holder in lieu of si	CONTACT David I	,			
Keystone Risk Managers, LLC					473-2150	FAX (A/C, No):	(570)	473-2151
1995 Point Township Drive				(A/C, NO, LAU).	@Keystoneins		(010)	110 2101
								NAIC #
Northumberland			PA 17867			ualty Company		22829
INSURED				INSURER B :				
Little League Baseball Risk	Purch	asing	Group, Incorporated	INSURER C :				
LAKE OROVILLE LL				INSURER D :				
3476 CHARLENE AVE				INSURER E :				
OROVILLE			CA 95966	INSURER F :				
						REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equif Pert	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRAC ED BY THE POLICI	T OR OTHER I ES DESCRIBEI	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	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)	LIMIT	s	
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE 🗙 OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	Excluded
A	X	Х	UST030987250	01/01/2025	01/01/2026	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 COMBINED SINGLE LIMIT (Ea accident)	۶ \$	1M/\$1M
ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$	
OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
AUTOS ONLY AUTOS ONLY							\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION \$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be attached if mo	ore space is requir	ed)		
	- (,			···,		
Certificate Holder is named as Additional I	nsure	d per	form CG 2026 (12/19)					
CERTIFICATE HOLDER				CANCELLATION	1			
OROVILLE UNION HIGH SCHOOL DIST	RICT				ON DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I		
2211 WASHINGTON AVE				AUTHORIZED REPRES				
OROVILLE			CA 95966		an	1 permin		
· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·		ORD CORPORATION.		nte rosorvod

The ACORD name and logo are registered marks of ACORD

POLICY NUMBER: UST030987250

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.

CERTIFICATE OF INSURANCE									DATE (MM/DD/YY) 12/04/24			
PRODU	CER				CERTIFIC	CATE #	:	4054707-2025-1	4 05 47			
			anagers, LLC									
			ship Drive									
Nort	humber	and	, PA 17867		INSURE	G COVERAGE:						
	onal name				INSURE	RA:	Interstat	te Fire & Casualty Company				
					INSURE	R B:	Nationa	I Union Fire Insurance Company of				
	6 CHARLE 1 VILLE, C				(Non-Lia			ittsburgh, PA IG Specialty Insurance Company				
0	,				INSURE							
					INSURE	INSURER D: Markel America			n Insurance Company RIOD INDICATED NOTWITHSTANDING ANY			
REQU PERT AGGF * SUE ALL C ** SU	IREMENT, AIN. THE II EGATE LII JECT TO S LASS ACT BJECT TO	, TER NSUR MITS \$5,000 10N 0 \$5,000	M OR CONDITION OF ANY ANCE AFFORDED BY THE F SHOWN MAY HAVE BEEN R 0,000 AGGREGATE SUBLIMI LAIMS AND COMMON LEAG 00,000 AGGREGATE SUBLIN LLY DESCRIBED IN ENDOR	CONTRACT OR OTHE POLICIES DESCRIBED H EDUCED BY PAID CLAIN T OF LIABILITY FOR AL SUE CLAIMS, AS MORE I IIT OF LIABILITY FOR A	ER DOCUMENT WITH EREIN IS SUBJECT T MS. L LEAGUES, COMBIN FULLY DESCRIBED IN LL LEAGUES, COMB	H RESPE O ALL TH IED, UND I ENDOR: INED, UN	CT TO WH IE TERMS, E DER THE MA SEMENT #3	ICH THIS CERTIFICATE M EXCLUSIONS AND CONDIT STER D&O POLICY, FOR A 1 OF THE MASTER D&O PO	IAY 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)	P(EXP	OLICY IRATION DATE DD/YYYY)	LI	LIMITS			
А	х	GENERAL LIABILITY			04/04/0005	04/0)1/2026	EACH OCCURRENCE	\$1,000,000			
Α				UST030987250	01/01/2025	/01/2025 01/0		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			016033012	01/01/2025	01/0	1/2026	EACH LOSS	\$1,000,000*			
C	^		IRECTORS & OFFICERS	010033012	01/01/2023		1/2020	AGGREGATE	\$1,000,000			
С	Х	CYBER LIABILITY COVERAGE		017011565	01/01/2025 01/01/20		1/2026	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE			
	S&P	&P SECURITY AND PRIVACY LIABILITY INSURANCE REGULATORY ACTION SUBLIMIT OF LIABILITY		\$100,000 PER LEA \$1,000 PER LEAGU		RETROACTIVE DATE	TE CONTINUITY DATE POLICY INCEPTION					
				\$100,000 PER LEA	GUE SUBLIMIT OF							
			OF LIABILITY	\$1,000 PER LEAGU	JE RETENTION							
	EM		OF LIABILITY	\$1,000 PER LEAGU \$100,000 PER LEAGU \$1,000 PER LEAGU	GUE SUBLIMIT OF	LIABILI	TY**	NOT APPLICABLE	POLICY INCEPTION			
D	EM X	EVE		\$100,000 PER LEA	GUE SUBLIMIT OF		TY**)1/2026	NOT APPLICABLE EACH LOSS	POLICY INCEPTION \$35,000 Deductible: \$500			
D		EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF IE RETENTION	01/0			\$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)

\underline{C}		_ 1 \							12	2/4/2024		
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 POLIC BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORI REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										POLICIES		
If SUB	TANT: If the certificate holder i ROGATION IS WAIVED, subject	to th	ne te	rms and conditions of th	ne polic	y, certain po	olicies may ı					
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTRACT David Irwin												
	e Risk Managers, LLC				CONTACT NAME: David Irwin PHONE (AVC, No, Ext): (570) 473-2150							
	int Township Drive				E-MAIL		Keystoneins		(010)			
					ADDRES	NAIC #						
Northum	berland			PA 17867	INSURE	22829						
INSURED					INSURE							
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE							
	LAKE OROVILLE LL				INSURER D :							
	3476 CHARLENE AVE				INSURE	RE:						
	OROVILLE			CA 95966	INSURE							
COVER								REVISION NUMBER:				
INDICA CERTIF	TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY I SIONS AND CONDITIONS OF SUCH	QUIF	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	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			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
								MED EXP (Any one person)	\$	Excluded		
Α		Х	Х	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV INJURY	\$	1,000,000		
								GENERAL AGGREGATE	\$	2,000,000		
								PRODUCTS - COMP/OP AGG	\$ \$	1,000,000		
	OTHER: Per League							SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT (Ea accident)	۵ ۶	1M/\$1M		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONLY AUTOS ONLY								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	KERS COMPENSATION							PER OTH- STATUTE ER				
ANYP	ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
DÉSC	RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTI	ON OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)				
Certifica	te Holder is named as Additional In	sure	d per	form CG 2026 (12/19)								
CERTIF	CATE HOLDER					ELLATION						
THERMALITO UNION SCHOOL DISTRICT						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
400 GR	400 GRAND AVE						AUTHORIZED REPRESENTATIVE					
OROVI	LLE			CA 95965		Ĺ	an					
						″©19	88-2015 AC	ORD CORPORATION.	All ria	hts reserved.		

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POLICY NUMBER: UST030987250

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:

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

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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.