

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										ES	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
	DUCER	) the	Certi		CONTA NAME:						
						NAME:         Introduction           PHONE         [AIC, No, Ext):           (A/C, No, Ext):         (919) 803-6949					
Sparklebird LLC											
209 Windrush Lane											
Durkern NG 07700					INSURER(S) AFFORDING COVERAGE INSURER A : VantaPro Specialty Insurance Company					NAIC # 44768	
Durham NC 27703											
West Raleigh Baseball Association											
830 BARRINGER DR											
RALEIGH     NC 27606-1500       COVERAGES     CERTIFICATE NUMBER:											
				-	REVISION NUMBER:					D	
INI CE EX	DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN, OLICI	/IENT, THE IES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE B	NY CON THE PO	NTRACT OR OT DLICIES DESCE DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WI	HICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	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)	\$		
А		Y		5075-6162-00		02/15/2022	02/15/2023	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:							Abuse and molestation	\$	1,000,000	
								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
А	OWNED SCHEDULED AUTOS			5075-6162-00		02/15/2022	02/15/2023	BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/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	\$		
								per occurrence		100,000	
В	Accident Policy			PHPA096110		02/15/2022	02/15/2023				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACOR	D 101, Additional Remarks Sche	dule, may	be attached if m	ore space is req	uired)			
CERTIFICATE HOLDER						CANCELLATION					
Top Notch Tournaments					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
3002 Graham Drive											
Kinston NC 28504					"D"00						

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