



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**12/28/2016**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Gagliardi Insurance Services, Inc.</b> <b>950 S. Bascom Ave. Suite 3010</b> <b>San Jose, CA. 95128</b> <b>0791300</b>	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No. Ext.):</b> <b>(408) 414-8100</b>	<b>FAX (A/C, No.):</b> <b>(408) 414-8199</b>
	<b>E-MAIL ADDRESS:</b> <b>sales@gsportsinsurance.com</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC#</b>
	<b>INSURER A:</b> <b>Great American Insurance</b>	<b>16691</b>
	<b>INSURER B:</b> <b>New York Marine &amp; General Ins.</b>	<b>16608</b>
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**INSURED** **William S. Hart Baseball/Softball**  
**P.O. Box 800669**  
**Santa Clarita, CA 91380**  
**661-250-8351**

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>						<b>EACH OCCURRENCE</b>
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b>
							<b>MED EXP (Any one person)</b>
							<b>PERSONAL &amp; ADV INJURY</b>
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						<b>GENERAL AGGREGATE</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						<b>PRODUCTS - COMP/OP AGG</b>
	<b>OTHER:</b>						
	<b>AUTOMOBILE LIABILITY</b>						<b>COMBINED SINGLE LIMIT (Ea accident)</b>
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS						<b>BODILY INJURY (Per person)</b>
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						<b>BODILY INJURY (Per accident)</b>
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/>						<b>PROPERTY DAMAGE (Per accident)</b>
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						<b>EACH OCCURRENCE</b>
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						<b>AGGREGATE</b>
	<b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b>	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A					<b>E.L. EACH ACCIDENT</b>
	<b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						<b>E.L. DISEASE - EA EMPLOYEE</b>
							<b>E.L. DISEASE - POLICY LIMIT</b>
<b>A</b>	<b>Directors &amp; Officers</b>			<b>EPP9712261</b>	<b>1/6/2017</b>	<b>1/6/2018</b>	<b>Limit \$1Mil / Cyber \$100K</b>
<b>B</b>	<b>Fidelity Bond</b>			<b>PK201700008909</b>	<b>1/6/2017</b>	<b>1/6/2018</b>	<b>Limit \$35,000 / \$250 DED</b>

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

**Proof of coverage.**

## CERTIFICATE HOLDER

**William S Hart Baseball/Softball**  
**P.O.Box 800669**  
**Santa Clarita, CA 91380**

## 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.

AUTHORIZED REPRESENTATIVE

*Donna Gagliardi*