CERTIFICA	TE OF INSURANCE		DATE (MM/DD/YY) 12/10/24				
PRODUCER	CERTIFICATE #:	3180109-2025-1	9 18 06				
Keystone Risk Managers, LLC							
1995 Point Township Drive Northumberland, PA 17867	INSURERS AFF	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company				
MID-CITY LL	INSURER B:	National Union Fire Insura	nce Company of				
1005 Cathy Street Lake Charles, LA 70615	(Non-Liability)	Pittsburgh, PA	-				
Lake Chanes, LA 70013	INSURER C:	AIG Specialty Insurance C	ompany				
	INSURER D:	Markel American Insurance	e Company				

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE

COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
Α	Х		GENERAL LIABILITY	UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000	
,,		X	OCCURRENCE	051030987250	01/01/2025	01/01/2026	GENERAL AGGREGATE	\$2,000,000	
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$1,000,000		
		х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000	
			GENOAL ADOGE				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person		
С	Х			016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*	
	^	DIRECTORS & OFFICERS		010033012	01000012			\$1,000,000	
С	Х	X CYBER LIABILITY COVERAGE				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	GUE SUBLIMIT OF JE RETENTION	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION		
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	POLICY INCEPTION	POLICY INCEPTION	
	EM	EVEI	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION	
D	Х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$500	
Α	Х		CRIME	UST030998250	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$1,000	
В	Х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2025	01/01/2026	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess	

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED 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:

1. CALCASIEU PARISH SCHOOL BOARD 2. MLK Jr. Center - Ward 3 Recreations 3. Ward 3 Recreations

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.

CERTIFICA	TE OF INSURANCE		DATE (MM/DD/YY) 12/10/24				
PRODUCER	CERTIFICATE #:	3180109-2025-1	9 18 06				
Keystone Risk Managers, LLC							
1995 Point Township Drive Northumberland, PA 17867	INSURERS AFF	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company				
MID-CITY LL	INSURER B:	National Union Fire Insura	nce Company of				
1005 Cathy Street Lake Charles, LA 70615	(Non-Liability)	Pittsburgh, PA	-				
Lake Chanes, LA 70013	INSURER C:	AIG Specialty Insurance C	ompany				
	INSURER D:	Markel American Insurance	e Company				

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY

COST	,	RE FU	LLY DESCRIBED IN ENDORS	SEMENT #14 OF THE MA	ASTER CYBER POLIC					
INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	IITS		
Α	Х		GENERAL LIABILITY	UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000		
		X	OCCURRENCE	031030907230	01/01/2023	01/01/2020	GENERAL AGGREGATE \$2,000,000			
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000		
		Х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000		
			GENONE NEGGE				Sexual Abuse AGGREGATE	\$1,000,000		
			MEDICAL PAYMENTS				Any One Person			
С	X	DIRECTORS & OFFICERS		016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*		
	Α			010000012	0.70.72020	0.70.72020	AGGREGATE	\$1,000,000		
С	Х	CYBER LIABILITY COVERAGE		017011565	01/01/2025	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	GUE SUBLIMIT OF JE RETENTION	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION			
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	- FOLICY INCEPTION	FOLICY INCEPTION		
	EM	EVE	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION		
D	Х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$500		
А	Х		CRIME	UST030998250	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$1,000		
В	х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2025	01/01/2026	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED 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:

CALCASIEU PARISH SCHOOL BOARD 3310 BROAD ST LAKE CHARLES, LA 70615

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/10/2024

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 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).

tŀ	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su).				
PRO	DUCER				CONTA NAME:	David IIV	vin				
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570)	173-2150	F/	AX A/C, No):	(570)	473-2151
199	95 Point Township Drive				E-MAIL ADDRE	Dim.da @	Keystoneinsg	Jrp.com			
								DING COVERAGE			NAIC# 22829
	rthumberland			PA 17867	INSURER A: Interstate Fire & Casualty Company						
INSU					INSURER B:						
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE						
	MID-CITY LL				INSURE	RD:					
	1005 Cathy Street				INSURE						
	Lake Charles			LA 70615	INSURE	RF:					
				NUMBER:	/F DEE	N IOOUED TO		REVISION NUMB		F BOI	IOV PERIOR
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH F	RESPEC	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	;	
	COMMERCIAL GENERAL LIABILITY					· · · · · · · · · · · · · · · · · · ·		EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre		\$	300,000
								MED EXP (Any one per		\$	Excluded
Α		Х	Х	UST030987250		01/01/2025	01/01/2026	PERSONAL & ADV INJ	JURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	TE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O	OP AGG	\$	1,000,000
	X OTHER: Per League							SEXUAL ABUSE OCC/		\$	1M/\$1M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	IMIT	\$	
	ANY AUTO							BODILY INJURY (Per p	person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per a	accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$							1858	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMI	PLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT	\$	
DEC	LOCATION OF OPERATIONS / LOCATIONS / VEHICL	EC //	CORD	101 Additional Bamarka Sahadu	la may b	attached if mor	anaca ia raguira	Al)			
DES	CRIFTION OF OPERATIONS / LOCATIONS / VEHICL	LES (F	ACORD	101, Additional Remarks Schedu	ie, iliay bi	attacheu ii more	s space is require	eu)			
Се	rtificate Holder is named as Additional Ir	sure	d per	form CG 2026 (12/19)							
CF	RTIFICATE HOLDER				CANO	ELLATION					
<u> </u>	THE POLICE				OAI4C	,AIION					
С	ALCASIEU PARISH SCHOOL BOARD				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES REOF, NOTICE V Y PROVISIONS.			
33	310 BROAD ST				AUTHORIZED REPRESENTATIVE						

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LA 70615

LAKE CHARLES

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 CALCASIEU PARISH SCHOOL BOARD 3310 BROAD ST LAKE CHARLES, LA 70615

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
- 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
- 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:
CALCASIEU PARISH SCHOOL BOARD 3310 BROAD ST LAKE CHARLES, LA 70615

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 "products-completed 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.

CERTIFICA	TE OF INSURANCE		DATE (MM/DD/YY) 12/10/24				
PRODUCER	CERTIFICATE #:	3180109-2025-1	9 18 06				
Keystone Risk Managers, LLC 1995 Point Township Drive							
Northumberland, PA 17867	INSURERS AFF	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company				
MID-CITY LL	INSURER B:	National Union Fire Insura	nce Company of				
1005 Cathy Street Lake Charles, LA 70615	(Non-Liability)	Pittsburgh, PA					
Lake Chanes, LA 70013	INSURER C:	AIG Specialty Insurance C	ompany				
	INSURER D:	Markel American Insurance	e Company				

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE

COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE	OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
Α	Х	GENE	RAL LIABILITY	UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000
'`		X occi	URRENCE	031030987230	01/01/2023	01/01/2020	GENERAL AGGREGATE	\$2,000,000
		X INCL	PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXU	JAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		A GEAG	JAL ADOOL				Sexual Abuse AGGREGATE	\$1,000,000
		MEDI	ICAL PAYMENTS				Any One Person	
С	Х			016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*
	^	DIRECTORS & OFFICERS		010033012	3.3333.2			\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		017011565	01/01/2025	01/01/2026	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P		ND PRIVACY LIABILITY NSURANCE	\$100,000 PER LEA \$1,000 PER LEAGL		RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION	
			ORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGL		LIABILITY	POLICY INCEPTION	FOLICY INCEPTION
	EM	EVENT MAN	AGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION
D	Х		MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$500
Α	Х		CRIME	UST030998250	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$1,000
В	х	SPORTS E	EXCESS ACCIDENT	SRG9105434	01/01/2025	01/01/2026	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED 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:

MLK Jr. Center - Ward 3 Recreations 2009 N. Simmons Street Lake Charles, LA 70601

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



Lake Charles

ACORD 25 (2016/03)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/10/2024

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 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

th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of si		·-					
PRO	DUCER				CONTAC NAME:	David IIV	vin				
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	o, Ext): (570) 4	473-2150		FAX (A/C, No):	(570)	473-2151
199	95 Point Township Drive				E-MAIL ADDRES	ss: DIrwin@	Keystoneins	grp.com			
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
No	rthumberland			PA 17867	INSURER A: Interstate Fire & Casualty Company						22829
INSU	RED				INSURER B:						
	Little League Baseball Risk F	urch	asing	Group, Incorporated	INSURE						
	MID-CITY LL				INSURE						
	1005 Cathy Street				INSURER E :						
	Lake Charles			LA 70615	INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				IE POL	ICY PERIOD
	IDICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH) HEREIN IS SU	IBJECT TO	ALL	THE TERMS,
INSR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	<u> </u>	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(MIM/DD/TTTT)	(IVIIVI/DD/TTTT)	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT	ΓED		300,000
	CLAIMS-MADE Z							PREMISES (Ea occ	,	\$	Excluded
Α		X	X	UST030987250		01/01/2025	01/01/2026	MED EXP (Any one		\$	1,000,000
А		^	^	031030907230		01/01/2023	01/01/2020	PERSONAL & ADV		\$	2,000,000
	POLICY PRO- JECT LOC							GENERAL AGGRE		\$	1,000,000
	POLICY JECT LOC OTHER: Per League							PRODUCTS - COM		\$	
	AUTOMOBILE LIABILITY							COMBINED SINGL		\$	1M/\$1M
	ANY AUTO							(Ea accident)		\$	
	OWNED SCHEDULED							BODILY INJURY (F			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (F	•	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	<u></u>	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$							DED	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)			
Co	rtificate Holder is named as Additional Ir	ouro	d nor	form CC 2026 (12/10)							
Ce	Tillicate Holder is harried as Additional II	isuie	u pei	101111 CG 2020 (12/19)							
CE	RTIFICATE HOLDER				CANC	ELLATION					
	LK la Ocatea Weal C.B.							ESCRIBED POLICE EREOF, NOTICE			
M	LK Jr. Center - Ward 3 Recreations							Y PROVISIONS.	. **:LL [,_ DE	FIATURED IIA
20	100 N. Simmono Street										
20	009 N. Simmons Street				AUTHO	RIZED REPRESE	NTATIVE				
				() , ()							

LA 70601

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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

MLK Jr. Center - Ward 3 Recreations 2009 N. Simmons Street Lake Charles, LA 70601

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
- 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
- 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: MLK Jr. Center - Ward 3 Recreations 2009 N. Simmons Street Lake Charles, LA 70601

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 "products-completed 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.

CERTIFICA	TE OF INSURANCE		DATE (MM/DD/YY) 12/10/24				
PRODUCER	CERTIFICATE #:	3180109-2025-1	9 18 06				
Keystone Risk Managers, LLC							
1995 Point Township Drive Northumberland, PA 17867	INSURERS AFF	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED:	INSURER A:	Interstate Fire & Casualty	Company				
MID-CITY LL	INSURER B:	National Union Fire Insura	nce Company of				
1005 Cathy Street Lake Charles, LA 70615	(Non-Liability)	Pittsburgh, PA	-				
Lake Chanes, LA 70013	INSURER C:	AIG Specialty Insurance C	ompany				
	INSURER D:	Markel American Insurance	e Company				

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE

COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
Α	X		GENERAL LIABILITY	UST030987250	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000	
		X	OCCURRENCE	031030967230	01/01/2025	01/01/2020	GENERAL AGGREGATE	\$2,000,000	
		X	INCL PARTICIPANTS	Property Damage I	Deductible: \$250		PRODUCTS/COMP OPS \$1,000,000		
		х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000	
			X SEXONE NEGGE				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person		
С	Х			016033012	01/01/2025	01/01/2026	EACH LOSS	\$1,000,000*	
	^	DIRECTORS & OFFICERS		010033012	3.3333.2			\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE				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	GUE SUBLIMIT OF JE RETENTION	RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION		
		REG	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY	POLICY INCEPTION POLICY INCEPTION		
	EM	EVEI	NT MANAGEMENT INSURANCE	\$100,000 PER LEA \$1,000 PER LEAGU	GUE SUBLIMIT OF JE RETENTION	LIABILITY**	NOT APPLICABLE	POLICY INCEPTION	
D	Х	INL	AND MARINE/PROPERTY FLOATER	MKLM7IM0055290	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$500	
А	Х		CRIME	UST030998250	01/01/2025	01/01/2026	EACH LOSS	\$35,000 Deductible: \$1,000	
В	х	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2025	01/01/2026	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess	

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED 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:

Ward 3 Recreations 3210 Power Center Parkway Lake Charles, LA 70607

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/10/2024

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 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).

	is certificate does not confer rights to							equire an endorsemen	31	atement on	
	DUCER				CONTACT NAME: David Irwin						
Ke	ystone Risk Managers, LLC				PHONE (A/C, No	p. Ext); (570) 4	473-2150	FAX (A/C, No):	(570)	473-2151	
199	95 Point Township Drive				E-MAIL ADDRE	ss: Dlrwin@	Keystoneins				
							SURER(S) AFFOR	DING COVERAGE		NAIC#	
No	rthumberland			PA 17867	INSURE	RA: Intersta	te Fire & Cas	ualty Company		22829	
INSU	RED				INSURER B:						
	Little League Baseball Risk F	Purch	asing	Group, Incorporated	INSURE	R C :					
	MID-CITY LL				INSURE	RD:					
	1005 Cathy Street				INSURE						
	Lake Charles			LA 70615	INSURE	RF:					
				NUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR							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	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	X OTHER: Per League							SEXUAL ABUSE OCC/AGG COMBINED SINGLE LIMIT	\$	1M/\$1M	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	1		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							AGOREGATE	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	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	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
Се	rtificate Holder is named as Additional Ir	sure	d per	form CG 2026 (12/19)							
CE	RTIFICATE HOLDER				CANO	CELLATION					
<u>UL</u>	THI IOATE HOLDER				CAN	JEELA HON					
W	ard 3 Recreations				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
32	10 Power Center Parkway				AUTHORIZED REPRESENTATIVE						

Lake Charles

LA 70607

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

Ward 3 Recreations 3210 Power Center Parkway Lake Charles, LA 70607

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
- 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
- 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:
Ward 3 Recreations 3210 Power Center Parkway Lake Charles, LA 70607
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 "products-completed 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.