

**NON-PROFIT ORGANIZATION
DIRECTORS AND OFFICERS
INCLUDING EMPLOYMENT PRACTICES LIABILITY
CERTIFICATE OF INSURANCE**

Certificate

Number: W02632093 02/23/2024

ISSUED: February 23, 2024

Company Affording Coverage:

Nationwide Mutual Insurance Company

AUTHORIZED AGENT:

K&K Insurance Group, Inc.

**THE COVERAGE SHOWN ON THIS CERTIFICATE IS CLAIMS MADE COVERAGE
WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE COVERAGE PERIOD.**

This Certificate of Insurance provides you (the Insured Member) with the insurance indicated below as part of Master Policy # 6BDNO0000007893800 issued to the Sports, Leisure and Entertainment RPG. This Certificate of Insurance together with the Master Policy Declarations, Coverage Form, Endorsements and Enrollment Form constitute the contact between the Insurer, the Organization and the Individual Insureds.

ITEM A. INSURED MEMBER/PARENT ORGANIZATION

West Jefferson Baseball Association
P. O. Box 494
Evergreen, CO 80437
A Member of the Sports, Leisure & Entertainment RPG

ITEM B. COVERAGE PERIOD: **Effective:** 02/23/2024 **Expiration:** 02/23/2025
(at 12:01 a.m. Standard Time at the address of the Parent Organization)

ITEM C. LIMITS OF INSURANCE	PREMIUM	
<u>\$1,000,000</u>	Limit of Liability	<u>\$657.00</u>
	Maximum Aggregate Limit of Liability for each Policy Year:	
<u>Excluded</u>	Outside Service Coverage:	<u> </u>
<u>\$1,000</u>	Retention (Each Claim):	
	Medical Payments for Participants	
<u>\$10,000</u>	Directors:	<u> </u>
<u>Excluded</u>	Volunteers:	<u> </u>
Total Premium Fully Earned at Inception:		<u>\$657.00</u>

**NOTICES: ALL NOTICES REQUIRED TO BE GIVEN TO THE
INSURER UNDER THIS COVERAGE SHALL BE ADDRESSED TO:**
K&K Insurance Group
P.O. Box 2338
Fort Wayne, IN 46801-2338

By: 

AUTHORIZED REPRESENTATIVE SIGNATURE