



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/1/2026

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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).

PRODUCER Terry L. Green & Associates 3100 Five Forks Tricum Rd Suite 101 Lilburn, GA 30047	CONTACT NAME: PHONE (A/C, No, Ext): 1-800-550-5029 E-MAIL ADDRESS: info@esportsinsurance.com FAX (A/C, No): 770-978-2780																					
INSURED Kempsville Pony Baseball PO Box 65243 Virginia Beach, Virginia 23464	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A :</td><td>Fortegra Specialty Insurance Company</td><td># 16823</td></tr><tr><td>INSURER B :</td><td>AXIS Insurance Company</td><td># 37273</td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Fortegra Specialty Insurance Company	# 16823	INSURER B :	AXIS Insurance Company	# 37273	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS		KSG1000001-04-C26192	10/8/2026 12:01 AM	10/8/2027 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐ N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident Coverage Excess Coverage		SRPOAGI-ESA205843	10/8/2026 12:01 AM	10/8/2027 12:01 AM	Accident Medical Expense Benefit \$25,000 Accident Medical Expense Deductible \$250

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

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Activities Covered: Youth Baseball Eff: 10/8/2026

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

Tabernacle Baptist Church
717 Whitehurst Landing Rd.
Virginia Beach, Virginia 23464

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



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Activities Covered: Youth Baseball Eff: 10/8/2026

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

Virginia Beach City Parks & Recreation
2408 Courthouse Drive Bldg. 21
Virginia Beach, Virginia 23456

CANCELLATION

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AUTHORIZED REPRESENTATIVE



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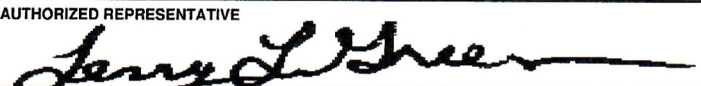
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INSURED Kempsville Pony Baseball PO Box 65243 Virginia Beach, Virginia 23464	NAIC # # 16823 # 37273	

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Activities Covered: Youth Baseball Eff: 10/8/2026

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

City of Chesapeake
306 Cedar Rd.
Chesapeake, Virginia 23322

CANCELLATION

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INSURED Kempsville Pony Baseball PO Box 65243 Virginia Beach, Virginia 23464	INSURER A : Fortegra Specialty Insurance Company	NAIC # 16823
	INSURER B : AXIS Insurance Company	NAIC # 37273
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Participant ☒ Sexual Abuse GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	KSG1000001-04-C26192	10/8/2026 12:01 AM	10/8/2027 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 SEXUAL ABUSE AGG \$ 1,000,000
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS		KSG1000001-04-C26192	10/8/2026 12:01 AM	10/8/2027 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident Coverage Excess Coverage		SRPOAGI-ESA205843	10/8/2026 12:01 AM	10/8/2027 12:01 AM	Accident Medical Expense Benefit \$25,000 Accident Medical Expense Deductible \$250

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

Coverage is provided under this policy for sponsored and supervised activities of the named insured for which a premium has been paid.

Activities Covered: Youth Baseball Eff: 10/8/2026

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

CANCELLATION

Nations Baseball Tournament Association
10801 Hammerly Blvd., Ste. 210
Houston, Texas 77043

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/1/2026

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	PHONE (A/C, No, Ext): 1-800-550-5029	FAX (A/C, No): 770-978-2780
	E-MAIL ADDRESS: info@esportsinsurance.com	
INSURED Kempsville Pony Baseball PO Box 65243 Virginia Beach, Virginia 23464	INSURER(S) AFFORDING COVERAGE	
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COVERAGES

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

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Activities Covered: Youth Baseball Eff: 10/8/2026

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

Top Gun Sports
579 Union Cemetery Rd.
Concord, North Carolina 28027

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/1/2026

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	INSURER B : AXIS Insurance Company	NAIC # 37273
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	INSURER F :	

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CERTIFICATE NUMBER:

REVISION NUMBER:

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Activities Covered: Youth Baseball Eff: 10/8/2026

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

Pony Baseball/Softball, Inc.
1951 Pony Place
PO Box 255
Washington, Pennsylvania 15301

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/1/2026

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INSURED Kempsville Pony Baseball PO Box 65243 Virginia Beach, Virginia 23464	INSURER(S) AFFORDING COVERAGE	
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COVERAGES

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Activities Covered: Youth Baseball Eff: 10/8/2026

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

CANCELLATION

Eastern Officials Association
PO Box 12453
Norfolk, Virginia 23541

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/1/2026

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

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Activities Covered: Youth Baseball Eff: 10/8/2026

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

City of Virginia Beach Public Schools; School Board of the City of Virginia Beach & their employees, member
2512 George Mason Drive
Virginia Beach, Virginia 23456

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

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 Virginia Beach Public Schools; School Board of the City of Virginia Beach & their employees, members
2512 George Mason Drive
Virginia Beach Virginia 23456

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Participant ☒ Sexual Abuse GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	KSG1000001-04-C26192	10/8/2026 12:01 AM	10/8/2027 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 SEXUAL ABUSE AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS		KSG1000001-04-C26192	10/8/2026 12:01 AM	10/8/2027 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐ N / A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident Coverage Excess Coverage		SRPOAGI-ESA205843	10/8/2026 12:01 AM	10/8/2027 12:01 AM	Accident Medical Expense Benefit \$25,000 Accident Medical Expense Deductible \$250

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

Coverage is provided under this policy for sponsored and supervised activities of the named insured for which a premium has been paid.
10/3/2025 Added 2 19 year old participants

Activities Covered: Youth Baseball Eff: 10/8/2026

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER

CANCELLATION

Kempsville Pony Baseball
PO Box 65243
Virginia Beach, Virginia 23467

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