



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/01/2024

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 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> Fairway Underwriters Inc  PO Box 682242, Park City, UT, 84068	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 8006622141 <b>FAX (A/C No):</b> <b>E-MAIL ADDRESS:</b> ryan@fairwayunderwriters.com <b>PRODUCER CUSTOMER ID :</b>														
<b>INSURED</b> Sports Marketing Program Management Inc. SPY Academy Wolfpack  321 NW Bradford Lee's Summit, MO, 64064	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Texas Insurance Company</td><td>16543</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Texas Insurance Company	16543	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES****CERTIFICATE NUMBER:** A-SP-SU-24-07-16-313741**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS																
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS  GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	N	N	BESGLPTNV011301_170012_02	08/01/2024	08/01/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000.00</td></tr><tr><td>FIRE DAMAGE TO PREMISES RENTED (Any one premises)</td><td>\$ 300,000.00</td></tr><tr><td>MED EXP (any one person)</td><td>\$ 5,000.00</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000.00</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 3,000,000.00</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000.00</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000.00	FIRE DAMAGE TO PREMISES RENTED (Any one premises)	\$ 300,000.00	MED EXP (any one person)	\$ 5,000.00	PERSONAL & ADV INJURY	\$ 1,000,000.00	GENERAL AGGREGATE	\$ 3,000,000.00	PRODUCTS - COMP/OP AGG	\$ 2,000,000.00		\$		
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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$								
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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DEDUCTIBLE</b> <b>RETENTION \$</b>						<table><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$								
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	N / A					<table><tr><td>WC STATU-TORY LIMITS</td><td></td><td>OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td><td></td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td></td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td></td><td>\$</td></tr></table>	WC STATU-TORY LIMITS		OTH-ER		E.L. EACH ACCIDENT			\$	E.L. DISEASE - EA EMPLOYEE			\$	E.L. DISEASE - POLICY LIMIT			\$
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A	<b>OTHER</b> Abuse/Molestation	N	N	BESGLPTNV011301_170012_02	08/01/2024	08/01/2025	Each Occurrence: \$ 25,000.00 Aggregate: \$ 50,000.00																

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Liability Policy Deductible: \$0.00 Deductible for Bodily Injury and \$ 1000.00 per Property Damage Claim. ISO Occurrence form CG 00 01 04 13 and company's specific forms. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. RE: Registered Baseball participants: 08/01/2024 - 08/01/2025;

**CERTIFICATE HOLDER****CANCELLATION**

SPY Academy Wolfpack

321 NW Bradford

Lee's Summit, MO, 64064

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

Mark Di Perno



# ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

<b>AGENCY</b> Fairway Underwriters Inc		<b>NAMED INSURED</b> SPY Academy Wolfpack	
<b>POLICY NUMBER</b> BESGLPTNV011301_170012_02		<b>321 NW Bradford</b> <b>Lee's Summit, MO, 64064</b>	
<b>CARRIER</b> Texas Insurance Company	<b>NAIC CODE</b> 16543	<b>EFFECTIVE DATE:</b> 08/01/2024	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance