

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
3/17/2009

PRODUCER
K & K Insurance Group, Inc.
1712 Magnavox Way
P.O. Box 2338
Fort Wayne, IN 46801

INSURED
Babe Ruth League, Inc.
HERRIMAN YOUTH BABE RUTH LEAGUE
9429 S. Union Square
Sandy, UT 84070

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: NATIONWIDE LIFE INSURANCE COMPANY	
INSURER B: NATIONAL CASUALTY COMPANY	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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 OF 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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B		GENERAL LIABILITY	KRO0000150701	12:01 AM 03/12/2009	12:01 AM 2/01/10	EACH OCCURRENCE \$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$5,000
						PERSONAL & ADV INJURY \$1,000,000
						GENERAL AGGREGATE NONE
						PRODUCTS COMP/OP AGG \$1,000,000
						PARTICIPANT LEGAL LIABILITY \$1,000,000
B		AUTOMOBILE LIABILITY	KRO0000150701	12:01 AM 03/12/2009	12:01 AM 2/01/10	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC
						AGG
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE
		DEDUCTIBLE				
		RETENTION \$				
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT
						E.L. DISEASE-EA EMPLOYEE
						E.L. DISEASE-POLICY LIMIT
A		PARTICIPANT ACCIDENT	SPX0003548700	12:01 AM 03/12/2009	12:01 AM 2/01/10	AD&D \$10,000
						Primary Medical \$250,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

ADDITIONAL INSURED: ANY PERSON, ORGANIZATION, OR ENTITY ENGAGED IN SPONSORING OR PROVIDING THE PREMISES FOR THE NAMED INSURED'S OPERATIONS, BUT SOLELY AS RESPECTS THE OPERATIONS OF THE NAMED INSURED

Major / 70, Minor, Rookie, T-Ball, 13 - 15, 13 Prep, 16 - 18

CERTIFICATE HOLDER

HERRIMAN YOUTH BABE RUTH LEAGUE
Ron Taggart
9429 S. Union Square
Sandy, UT 84070

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _30_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Tim M. Lee