

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
2/25/2010

**PRODUCER**

**BOLLINGER**  
101 JFK PARKWAY  
SHORT HILLS, NJ 07078  
TELEPHONE: 1-800-526-1379

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.

**COMPANIES AFFORDING COVERAGE**

CODE SUB-CODE

**INSURED REGISTERED TEAMS OF THE AMATEUR  
SOFTBALL ASSOCIATION OF AMERICA**

Suncoast SB LG Inc  
Scott Lenker  
PO Box 151492  
Tampa, FL 33684

- COMPANY LETTER **A** **MARKEL INSURANCE COMPANY**
- COMPANY LETTER **B** **EVEREST NATIONAL INSURANCE COMPANY**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>	3602AH230069	*SEE EFFECTIVE DATES BELOW	01/01/11	GENERAL AGGREGATE \$5,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE \$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	Number of Teams: 22			PERSONAL & ADVERTISING INJURY \$2,000,000
<b>A</b>	<input checked="" type="checkbox"/> PARTICIPANT LIABILITY	Certificate # 39317	*GENERAL AGGREGATE APPLIES PER TEAM		EACH OCCURRENCE \$2,000,000
	<input checked="" type="checkbox"/> EXCESS LIABILITY	Policy Effective Date: *See Below	Policy Expiration Date: 1/1/2011		FIRE DAMAGE (Any one fire) \$300,000
<b>B</b>	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	POLICY # 71G1000013-071			MEDICAL EXPENSES (Any one person) \$10,000 <small>(Non-participants only)</small>
					EACH OCCURRENCE \$3,000,000
					AGGREGATE \$3,000,000

**IMPORTANT: TEAMS MUST BE CURRENTLY REGISTERED WITH ASA TO BE ELIGIBLE FOR COVERAGE.**

EFFECTIVE DATE / TEAM NAME	EFFECTIVE DATE / TEAM NAME	EFFECTIVE DATE / TEAM NAME
1/1/2010 Brigade	1/1/2010 Charlie's Angels	1/1/2010 Crocs - D Div.
1/1/2010 Dog Pound	1/1/2010 ice	1/1/2010 Inferno
1/1/2010 Renegades	1/1/2010 Starlets	1/1/2010 Warriors
1/1/2010 Live Wire	1/1/2010 Voodoo	1/1/2010 Commandos
1/1/2010 Havoc	1/1/2010 Crocs - C Div.	1/1/2010 Mojo
1/1/2010 Otters	1/1/2010 Riptide	1/1/2010 S.W.A.T.
1/1/2010 Venom	1/1/2010 7th Avenue Marys	1/1/2010 Aces
1/1/2010 Eagles D Division		

Important Note - If Waiver and Release Plan purchased, signed forms must be kept by Team/League for a minimum of three years.

COVERAGE UNDER THIS POLICY SHALL APPLY TO LIABILITY OF THE INSURED TEAM/LEAGUE LISTED ABOVE ARISING OUT OF THE ADMINISTRATION, PLAY OR PRACTICE OF AMATEUR SOFTBALL/BASEBALL, BUT ONLY FOR INCIDENTS INVOLVING BODILY INJURY, PERSONAL INJURY OR PROPERTY DAMAGE.

**CERTIFICATE HOLDER**

Suncoast SB LG Inc  
Scott Lenker  
PO Box 151492  
Tampa, FL 33684

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION FOR  
AMATEUR SOFTBALL ASSOCIATION OF AMERICA ACTIVITIES**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Named Insured

As shown on the attached Certificate of Insurance

Policy Number

3602AH230069

Policy Period

01/01/10 - 01/01/11

Endorsement Effective Date

As shown on the attached Certificate of Insurance

Issued By

**MARKEL INSURANCE COMPANY**

Authorized Representative



(The above information is required only when this endorsement is prepared after the policy is issued.)

**SCHEDULE**

**Name of Person or Organization:**

As shown on the attached Certificate of Insurance

**A. The following is added to Section II – WHO IS AN INSURED:**

The person or organization shown in the above SCHEDULE but only with respect to liability arising out of the organization, promotion, administration and conduct of amateur softball/baseball activities, including games, practices, tournaments, and fund-raising activities, under the rules of the Amateur Softball Association of America, provided:

- a. That if the person or organization is designated as a Team, the person or organization so designated shall be deemed to include team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the team, and if so indicated, a Field Owner, but only for liability arising out of the designated Team's amateur softball/baseball activities covered under this policy;
- b. That if the person or organization is designated as a League, the interest of the League shall not be included unless all teams in the League purchase this insurance.

When the interest of the League is so included, the person or organization designated as a League shall be deemed to include all teams in the league and team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the League or of any such teams, and if so indicated, a Field Owner, but only for liability arising out of the designated League's amateur softball/baseball activities covered under this policy;

All other terms and conditions of this policy remain unchanged.

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
2/25/2010

**PRODUCER**

**BOLLINGER**  
101 JFK PARKWAY  
SHORT HILLS, NJ 07078  
TELEPHONE: 1-800-526-1379

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**COMPANIES AFFORDING COVERAGE**

CODE SUB-CODE

- COMPANY LETTER **A** **MARKEL INSURANCE COMPANY**
- COMPANY LETTER **B** **EVEREST NATIONAL INSURANCE COMPANY**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**INSURED REGISTERED TEAMS OF THE AMATEUR SOFTBALL ASSOCIATION OF AMERICA**

Suncoast SB LG Inc  
Scott Lenker  
PO Box 151482  
Tampa, FL 33684

**COVERAGES**

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.

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<b>A</b>	<b>GENERAL LIABILITY</b>	3602AH230069	*SEE EFFECTIVE DATES BELOW	01/01/11	GENERAL AGGREGATE <b>\$5,000,000</b>
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE <b>\$2,000,000</b>
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	Number of Teams: <b>22</b>			PERSONAL & ADVERTISING INJURY <b>\$2,000,000</b>
<b>A</b>	<b>PARTICIPANT LIABILITY</b>	Certificate # 39317			EACH OCCURRENCE <b>\$2,000,000</b>
		<b>*GENERAL AGGREGATE APPLIES PER TEAM</b>			FIRE DAMAGE (Any one fire) <b>\$300,000</b>
		Policy Effective Date: *See Below	Policy Expiration Date: 1/1/2011		MEDICAL EXPENSES (Any one person) <b>\$10,000</b> (Non-participants only)
<b>B</b>	<b>EXCESS LIABILITY</b>	POLICY # 71G1000013-071			EACH OCCURRENCE <b>\$3,000,000</b>
	Claims Made <input checked="" type="checkbox"/> Occur				AGGREGATE <b>\$3,000,000</b>

**IMPORTANT: TEAMS MUST BE CURRENTLY REGISTERED WITH ASA TO BE ELIGIBLE FOR COVERAGE.**

EFFECTIVE DATE / TEAM NAME	EFFECTIVE DATE / TEAM NAME	EFFECTIVE DATE / TEAM NAME
1/1/2010 Brigade	1/1/2010 Charlie's Angels	1/1/2010 Crocs - D Div.
1/1/2010 Dog Pound	1/1/2010 Ice	1/1/2010 Inferno
1/1/2010 Renegades	1/1/2010 Starlets	1/1/2010 Warriors
1/1/2010 Live Wire	1/1/2010 Voodoo	1/1/2010 Commandos
1/1/2010 Havoc	1/1/2010 Crocs - C Div.	1/1/2010 Mojo
1/1/2010 Otters	1/1/2010 Riptide	1/1/2010 S.W.A.T.
1/1/2010 Venom	1/1/2010 7th Avenue Marys	1/1/2010 Aces
1/1/2010 Eagles D Division		

Important Note - If Waiver and Release Plan purchased, signed forms must be kept by Team/League for a minimum of three years.

COVERAGE UNDER THIS POLICY SHALL APPLY TO LIABILITY OF THE INSURED TEAM/LEAGUE LISTED ABOVE ARISING OUT OF THE ADMINISTRATION, PLAY OR PRACTICE OF AMATEUR SOFTBALL/BASEBALL, BUT ONLY FOR INCIDENTS INVOLVING BODILY INJURY, PERSONAL INJURY OR PROPERTY DAMAGE. THE CERTIFICATE HOLDER BELOW IS NAMED AS AN ADDITIONAL INSURED TO THIS POLICY (SEE ENDORSEMENT PAGE ATTACHED).

**CERTIFICATE HOLDER**

**CANCELLATION**

Greco Softball Complex  
11000 N. 50th Street  
Tampa, FL 33617 0000

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



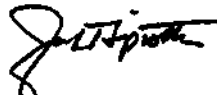
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION FOR  
AMATEUR SOFTBALL ASSOCIATION OF AMERICA ACTIVITIES**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Named Insured As shown on the attached Certificate of Insurance		
Policy Number 3602AH230069	Policy Period 01/01/10 - 01/01/11	Endorsement Effective Date As shown on the attached Certificate of Insurance
Issued By <b>MARKEL INSURANCE COMPANY</b>	Authorized Representative 	

(The above information is required only when this endorsement is prepared after the policy is issued.)

**SCHEDULE**

**Name of Person or Organization:**

As shown on the attached Certificate of Insurance

**A. The following is added to Section II – WHO IS AN INSURED:**

The person or organization shown in the above SCHEDULE but only with respect to liability arising out of the organization, promotion, administration and conduct of amateur softball/baseball activities, including games, practices, tournaments, and fund-raising activities, under the rules of the Amateur Softball Association of America, provided:

- a. That if the person or organization is designated as a Team, the person or organization so designated shall be deemed to include team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the team, and if so indicated, a Field Owner, but only for liability arising out of the designated Team's amateur softball/baseball activities covered under this policy;
- b. That if the person or organization is designated as a League, the interest of the League shall not be included unless all teams in the League purchase this insurance.

When the interest of the League is so included, the person or organization designated as a League shall be deemed to include all teams in the league and team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the League or of any such teams, and if so indicated, a Field Owner, but only for liability arising out of the designated League's amateur softball/baseball activities covered under this policy;

All other terms and conditions of this policy remain unchanged.

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
2/25/2010

**PRODUCER**

**BOLLINGER**  
101 JFK PARKWAY  
SHORT HILLS, NJ 07078  
TELEPHONE: 1-800-526-1379

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**COMPANIES AFFORDING COVERAGE**

CODE	SUB-CODE	COMPANY LETTER	COMPANY NAME
		A	MARKEL INSURANCE COMPANY
		B	EVEREST NATIONAL INSURANCE COMPANY
		C	
		D	
		E	

**INSURED REGISTERED TEAMS OF THE AMATEUR SOFTBALL ASSOCIATION OF AMERICA**  
  
Suncoast SB LG Inc  
Scott Lenker  
PO Box 151492  
Tampa, FL 33684

**COVERAGES**

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.


CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	3602AH230069	*SEE EFFECTIVE DATES BELOW	01/01/11	GENERAL AGGREGATE \$5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE \$2,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	Number of Teams: 22			PERSONAL & ADVERTISING INJURY \$2,000,000
A	<input checked="" type="checkbox"/> PARTICIPANT LIABILITY	Certificate # 39317			EACH OCCURRENCE \$2,000,000
		*GENERAL AGGREGATE APPLIES PER TEAM			FIRE DAMAGE (Any one fire) \$300,000
		Policy Effective Date: *See Below	Policy Expiration Date: 1/1/2011		MEDICAL EXPENSES (Any one person) \$10,000 (Non-participants only)
B	<input checked="" type="checkbox"/> EXCESS LIABILITY	POLICY # 71G1000013-071			EACH OCCURRENCE \$3,000,000
	Claims Made <input checked="" type="checkbox"/> Occur				AGGREGATE \$3,000,000

**IMPORTANT: TEAMS MUST BE CURRENTLY REGISTERED WITH ASA TO BE ELIGIBLE FOR COVERAGE.**

EFFECTIVE DATE / TEAM NAME	EFFECTIVE DATE / TEAM NAME	EFFECTIVE DATE / TEAM NAME
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1/1/2010 Dog Pound	1/1/2010 Ice	1/1/2010 Inferno
1/1/2010 Renegades	1/1/2010 Starlets	1/1/2010 Warriors
1/1/2010 Live Wire	1/1/2010 Voodoo	1/1/2010 Commandos
1/1/2010 Havoc	1/1/2010 Crocs - C Div.	1/1/2010 Mojo
1/1/2010 Otters	1/1/2010 Riptide	1/1/2010 S.W.A.T.
1/1/2010 Venom	1/1/2010 7th Avenue Marys	1/1/2010 Aces
1/1/2010 Eagles D Division		

Important Note - If Waiver and Release Plan purchased, signed forms must be kept by Team/League for a minimum of three years.

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CERTIFICATE HOLDER	CANCELLATION
Woodlawn Playground Fields 1701 15th Avenue N St. Petersburg, FL 33713 0000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 

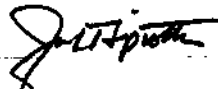
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**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION FOR  
AMATEUR SOFTBALL ASSOCIATION OF AMERICA ACTIVITIES**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

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Named Insured As shown on the attached Certificate of Insurance		
Policy Number 3602AH230069	Policy Period 01/01/10 - 01/01/11	Endorsement Effective Date As shown on the attached Certificate of Insurance
Issued By <b>MARKEL INSURANCE COMPANY</b>	Authorized Representative 	

(The above information is required only when this endorsement is prepared after the policy is issued.)

**SCHEDULE**

**Name of Person or Organization:**

As shown on the attached Certificate of Insurance

**A. The following is added to Section II – WHO IS AN INSURED:**

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- b. That if the person or organization is designated as a League, the interest of the League shall not be included unless all teams in the League purchase this insurance.

When the interest of the League is so included, the person or organization designated as a League shall be deemed to include all teams in the league and team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the League or of any such teams, and if so indicated, a Field Owner, but only for liability arising out of the designated League's amateur softball/baseball activities covered under this policy;

All other terms and conditions of this policy remain unchanged.

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
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**PRODUCER**

**BOLLINGER**  
101 JFK PARKWAY  
SHORT HILLS, NJ 07078  
TELEPHONE: 1-800-526-1379

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**COMPANIES AFFORDING COVERAGE**

CODE SUB-CODE

**INSURED REGISTERED TEAMS OF THE AMATEUR  
SOFTBALL ASSOCIATION OF AMERICA**

Suncoast SB LG Inc  
Scott Lenker  
PO Box 151492  
Tampa, FL 33684

- COMPANY LETTER **A** **MARKEL INSURANCE COMPANY**
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- COMPANY LETTER **C**
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**COVERAGES**

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B	Claims Made <input checked="" type="checkbox"/> Occur.	POLICY # 71G1000013-071			EACH OCCURRENCE \$3,000,000
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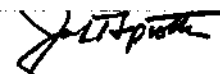
**CERTIFICATE HOLDER**

Ed Radice Sports Complex  
14720 Ed Radice Drive  
Tampa, FL 33626 0000

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



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Named Insured

As shown on the attached Certificate of Insurance

Policy Number

3602AH230069

Policy Period

01/01/10 - 01/01/11


Endorsement Effective Date

As shown on the attached Certificate of Insurance

Issued By

**MARKEL INSURANCE COMPANY**

Authorized Representative



(The above information is required only when this endorsement is prepared after the policy is issued.)

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- a. That if the person or organization is designated as a Team, the person or organization so designated shall be deemed to include team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the team, and if so indicated, a Field Owner, but only for liability arising out of the designated Team's amateur softball/baseball activities covered under this policy;
- b. That if the person or organization is designated as a League, the interest of the League shall not be included unless all teams in the League purchase this insurance.

When the interest of the League is so included, the person or organization designated as a League shall be deemed to include all teams in the league and team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the League or of any such teams, and if so indicated, a Field Owner, but only for liability arising out of the designated League's amateur softball/baseball activities covered under this policy;

All other terms and conditions of this policy remain unchanged.