



OLIVEHURST PUBLIC UTILITY DISTRICT
 Business Office
 1970 9TH Avenue/P.O. Box 670
 Olivehurst, CA 95961
 Phone (530) 743-4657 Fax (530) 743-3023 www.opud.org

Application must be submitted to Business Office a minimum of 30 business days prior to date of event.

Special Events Application/Permit
 (YOU MUST HAVE YOUR COPY OF YOUR PERMIT IN POSSESSION DURING EVENT)

Organization/Group: Plumas Lake Little League Contact Person(s): Laurie Martinez
 Contact Phone #(s): 916 960 8343 Email: plumaslake11volun.fund@gmail.com
 Event Location (name of park/facility): Eufay Park (parking lot)
 Name/Type of Event: Fireworks Booth Date(s) of Event: 6/23-7/5
 Hours of event: 8 am/pm - 9 (booth stays up) am/pm (Include set up and clean up time)
 Estimate: Number of Participants: 10 Spectators: 1-10 Staff: 10
 Will you be using a public address system or any other type of amplified sound equipment? Yes _____ No X
 If yes, provide a detailed plan for all electronics including music, public address systems, etc.: _____

Will there be any vendors or contractors operating a booth, shop, or mobile operation during event? Yes _____ No X
 If yes, provide number of vendors _____ and vendor type(s): _____

(Must provide copies of all permits and written approvals from other agencies that may be required prior to conducting event)

Will alcoholic beverages be served or given away? Yes _____ No X If yes, must provide valid ABC license and provide licensed security. (Per OPUD Special Events Policy)

Is this a for-profit or non-profit event: _____ Will you be charging fees to participants? Yes _____ No X

Will dumpsters be required: Yes _____ No X Will portable toilets be required: Yes _____ No X

(If yes, see OPUD Special Events Policy regarding dumpsters and portable toilets.)

INSURANCE: Applicant must provide Olivehurst Public Utility District a properly worded Certificate of Insurance from an insurance company licensed to do business in the State of California as proof of possession of general liability, owner, landlords and tenants, or general homeowners insurance, providing for personal injury, death and property damage in the amount of not less than \$1,000,000.00. In the case of other than private use, said certificate shall also provide as additionally insured the Olivehurst Public Utility District, its officers, agents, and employees. Such insurance will be primary coverage for any liability arising from applicants' use of the facilities. The certificate must cover all dates and hours of facility use. INITIAL HERE SM

Any change, alteration or modification of intended use must be approved by Olivehurst Public Utility District. Change can result in cancellation of use. Any misrepresentation of your group or use, or failure to comply with Special Events Policy may result in expulsion from the park. INITIAL HERE SM

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION SHALL SAVE, KEEP AND HOLD HARMLESS OLIVEHURST PUBLIC UTILITY DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ALL DAMAGES, COSTS OR EXPENSES IN LAW OR EQUITY THAT MAY AT ANY TIME ARISE OR BE SET UP BECAUSE OF DAMAGES TO PROPERTY OR PERSONAL INJURY RECEIVED BY REASON OF OR IN THE COURSE OF USING OR OCCUPYING THE FACILITY. INITIAL HERE SM

I AND/OR MY ORGANIZATION FURTHER EXPRESSLY CERTIFY THAT I AND/OR MY ORGANIZATION WILL BE RESPONSIBLE FOR ANY DAMAGE OR LOSS SUSTAINED TO THE GROUNDS, BUILDING, OR EQUIPMENT OCCURRING, OR UNUSUAL CLEAN-UP REQUIRED, AS A RESULT OF MY AND/OR MY ORGANIZATION'S USE OF THE FACILITY. AMOUNT OF CLEANING DEPOSIT WILL BE BASED ON TYPE AND SIZE OF EVENT. IT IS UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION WILL CLEAN UP ALL DECORATIONS AND TRASH OR CLEANING DEPOSIT WILL BE FORFEITED. **NO PERSONAL VEHICLES ARE ALLOWED ON PARK GRASS AREAS** AS GRASS AND SPRINKLER HEADS CAN BE DAMAGED. INITIAL HERE SM

I have read and understand the attached OPUD Special Events Policy INITIAL HERE SM

FOR OFFICIAL USE ONLY: Application/Permit Fee \$ _____ Amount Refundable \$ _____ Cash Check # _____
 Insurance: Yes No Food Sale/Use _____ Alcohol Sale/Use _____ Law Enforcement Notified _____
 Permits/Written Approvals: _____ ABC License: _____ Licensed Security: _____
 Approved: Disapproved: Remarks: _____ Cleaning Deposit \$ _____
 Processed by: _____ Date: _____

Property Permission Use

To: City Clerk, Local Fire Agency, and/or Other Interested Parties

THE UNDERSIGNED OWNER AND/OR CONTROLLING PARTY OF THE PROPERTY LISTED BELOW HEREBY GRANTS PERMISSION TO:

Plumas Lake Little League and Phantom Fireworks Western Region LLC,
Organization Name

The EXCLUSIVE use of the property located at:

Parkington Eufay Park 1280 Zanes dr
Location Name *Address*

Plumas Lake Ca 95961 Yuba
City, State, Zip *County*

FOR THE FIREWORKS SEASON OF:

2021 2022 2023 2024

PLEASE INITIAL YEARS OF APPROVAL

THE ORGANIZATION AND/OR PHANTOM FIREWORKS, AGREE TO SEE THAT THE PROPERTY LISTED ABOVE WILL BE CLEARED OF ALL STANDS AND REFUSE WITHIN 5-10 DAYS OF THE CLOSE OF THE SEASON.

Please Complete in Entirety for Insurance Certificate:

Property Owner/Controller of Property

Mailing Address

City, State, Zip

Phone Number

Email Address

Signature

Date

Print Name

Each individual signing expressly represents and warrants that they are authorized by the entity for which they sign, to commit that entity to the terms set forth herein.

Notes:

Phantom Fireworks Western Region LLC
8341 Demetre Avenue
Sacramento, CA 95828
916-388-1479

To OPUD:

Plumas Lake Little League is gearing up for our yearly fireworks booth. In the past we have used your Eufay Park parking lot and would like to again this year!

This year as always we will have 1 fireworks stand to sell the product, we would also like to rent a storage container that we may set somewhere in the parking lot next to our fireworks booth to store our product. In the past we have moved the product back and forth in a trailer every night and morning and it was extremely time consuming and extra work. We would love to be able to have the storage container on site so we can store them on sight. We have looked in to an 8 ft wide by 20 ft long high security storage container. It can be delivered June 23rd and picked up July 5th. We would greatly appreciate adding a location for this container.

Thank you very much,

Sincerely,

Laurie Martinez

Plumas Lake Little League Volunteer and Fundraiser Coordinator

916-960-8343

Plumaslakellvolun.fund@gmail.com

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/23/20

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland, PA 17867		CERTIFICATE #: 308407-2020-3	4 05 02
ADDITIONAL NAMED INSURED: PLUMAS LAKE LL Kenneth Gandy 1407 Edwards Court Plumas Lake, CA 95961		INSURERS AFFORDING COVERAGE:	
		INSURER A:	Lexington Insurance Company
		INSURER B: (Non-Liability)	National Union Fire Insurance Company of Pittsburgh, PA
		INSURER C:	AIG Specialty Insurance Company

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 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE			Sexual Abuse OCCURRENCE	\$1,000,000	
					Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS				Any One Person	
C	X	DIRECTORS & OFFICERS	018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000
						AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
		S&P				SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION		
	EM	EVENT MANAGEMENT INSURANCE				NOT APPLICABLE	POLICY INCEPTION
A	X	CRIME COVERAGE	011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000
						Crime Deductible: \$250 Property/\$1,000 Money	AGGREGATE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

1. Olivehurst Public Utility District 2. Plumas Lake ESD

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
 539 U.S. RT. 15 Highway
 South Williamsport, PA 17702

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

IMPORTANT

DISCLAIMER

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		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE			Sexual Abuse OCCURRENCE	\$1,000,000	
					Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS				Any One Person	
C	X	DIRECTORS & OFFICERS	018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000
						AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
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		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION		POLICY INCEPTION	POLICY INCEPTION	
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION		NOT APPLICABLE	POLICY INCEPTION	
A	X	CRIME COVERAGE	011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000
						Crime Deductible: \$250 Property/\$1,000 Money	AGGREGATE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

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ADDITIONAL INSURED

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- That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Olivehurst Public Utility District
 1970 9th Ave.
 P.O. Box 670
 Olivehurst, CA 95961

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
 539 U.S. RT. 15 Highway
 South Williamsport, PA 17702

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

IMPORTANT

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/23/2020

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IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or 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 Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867	CONTACT NAME: David Irwin PHONE (A/C. No. Ext): (570) 473-2150 E-MAIL ADDRESS: Dlrwin@Keystoneinsgrp.com	FAX (A/C. No): (570) 473-2151
	INSURER(S) AFFORDING COVERAGE	
INSURED Little League Baseball Risk Purchasing Group, Incorporated PLUMAS LAKE LL 1407 Edwards Court Plumas Lake CA 95961	INSURER A: Lexington Insurance Company	NAIC # 19437
	INSURER B: AIG Specialty Insurance Company	NAIC # 26883
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

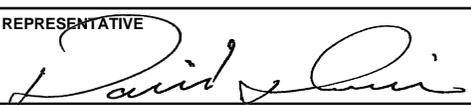
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League	X		011405740	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER**CANCELLATION**

Olivehurst Public Utility District 1970 9th Ave. P.O. Box 670 Olivehurst CA 95961	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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Olivehurst Public Utility District
1970 9th Ave.
P.O. Box 670
Olivehurst, CA 95961

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/23/20

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland, PA 17867		CERTIFICATE #: 308407-2020-3	4 05 02
ADDITIONAL NAMED INSURED: PLUMAS LAKE LL Kenneth Gandy 1407 Edwards Court Plumas Lake, CA 95961		INSURERS AFFORDING COVERAGE:	
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COVERAGES

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INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A	X	GENERAL LIABILITY	011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000		
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS				Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000		
						Sexual Abuse AGGREGATE	\$1,000,000		
		MEDICAL PAYMENTS				Any One Person			
C	X	DIRECTORS & OFFICERS	018251940	01/01/2020	01/01/2021	EACH LOSS	\$1,000,000		
						AGGREGATE	\$1,000,000		
C	X	CYBER LIABILITY COVERAGE	019502676	01/01/2020	01/01/2021	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
						S&P SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	RETROACTIVE DATE	CONTINUITY DATE
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION				
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION				
A	X	CRIME COVERAGE	011408729	01/01/2020	01/01/2021	EACH LOSS	\$35,000		
						Crime Deductible: \$250 Property/\$1,000 Money		AGGREGATE	NONE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2020	01/01/2021	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

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- That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Plumas Lake ESD
 2743 Plumas School Road
 Plumas Lake, CA 95961

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
 539 U.S. RT. 15 Highway
 South Williamsport, PA 17702

CANCELLATION

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		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Lexington Insurance Company	NAIC # 19437
		INSURER B: AIG Specialty Insurance Company	26883
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Little League Baseball Risk Purchasing Group, Incorporated PLUMAS LAKE LL 1407 Edwards Court Plumas Lake CA 95961			

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

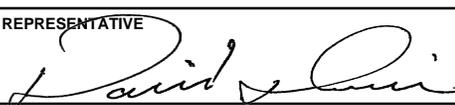
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		011405740	01/01/2020	01/01/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League						MED EXP (Any one person)	\$ Excluded
	<input type="checkbox"/> ANY AUTO						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB						SEXUAL ABUSE OCC/AGG	\$ 1M/\$1M
	<input type="checkbox"/> EXCESS LIAB						COMBINED SINGLE LIMIT (Ea accident)	\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OCCUR						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					PER STATUTE	
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER**CANCELLATION**

Plumas Lake ESD 2743 Plumas School Road Plumas Lake CA 95961	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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Plumas Lake ESD
2743 Plumas School Road
Plumas Lake, CA 95961

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.