

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.

IS R R	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			Policy # FGLSP-100-18 Cert #FFL-S-0002	03/05/2018	01/01/2019 12:01 AM	GENERAL AGGREGATE	\$ 2,000,000.00		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$ 1,000,000.00		
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS						EACH OCCURRENCE	\$ 1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES	\$ 300,000.00		
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000.00		
								\$		
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
<input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$						
				\$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$			
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$			
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$			
							\$			
							\$			
							\$			
A	Excess Accident Medical			FR0134	03/05/2018	01/01/2019 12:01 AM	LIMIT	\$ 10,000.00		
							AD&D	\$ 10,000.00		
							DEDUCTIBLE	\$ 100.00		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
POLICY DEDUCTIBLE: \$0.00 PER EACH BODILY INJURY OR PROPERTY DAMAGE CLAIM.

25 teams: (45+) TBA, Buds, Colt 45s, Dodgers, Owls, Pirates, Patriots, Swamp Donkeys; (53+) Cardinals, Dodgers, Sharks, Grays, Knights, Huskies, Pirates, Black Sox, Patriots; (60+) Cardinals, Lions, Grays, Jets, Patriots, Pirates, Gameface, Black Sox
Certificate Holder is An Additional Insured, But Only As Respects The Operations Of The Named Insured.

CERTIFICATE HOLDER	CANCELLATION
City of Bridgeton, MO 4201 Fee Fee Road Bridgeton, MO 63044	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 <i>John W. Frazier</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/06/2018

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PRODUCER Frazier Insurance Agency, Inc. P.O. Box 1250 Midlothian, VA 23113-1250	CONTACT NAME Frazier Insurance Agency, Inc.
	PHONE (A/C, No, Ext): (804) 754-7610
	FAX (A/C, No): (804) 754-7613
	E-MAIL ADDRESS ifrazier@frazierinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Aegis Security Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED Sports and Special Event Risk Purchasing Group, Inc. Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball/St. Louis Baseball Forever League 2658 Horseshoe Ridge St. Charles, MO 63303	NAIC # 33898
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$ 1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS						EACH OCCURRENCE	\$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES	\$ 300,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000.00
								\$
								\$
								\$
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
								\$
								\$
								\$
A	Excess Accident Medical			FR0134	03/05/2018	01/01/2019 12:01 AM	LIMIT	\$ 10,000.00
							AD&D	\$ 10,000.00
							DEDUCTIBLE	\$ 100.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
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25 teams: (45+) TBA, Buds, Colt 45s, Dodgers, Owls, Pirates, Patriots, Swamp Donkeys; (53+) Cardinals, Dodgers, Sharks, Grays, Knights, Huskies, Pirates, Black Sox, Patriots; (60+) Cardinals, Lions, Grays, Jets, Patriots, Pirates, Gameface, Black Sox
Certificate Holder is An Additional Insured, But Only As Respects The Operations Of The Named Insured.

CERTIFICATE HOLDER	CANCELLATION
City of St. Louis, MO 5600 Clayton Ave. St. Louis, MO 63110	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
	John W. Frazier

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CERTIFICATE OF LIABILITY INSURANCE

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3/06/2018

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PRODUCER	Frazier Insurance Agency, Inc. P.O. Box 1250 Midlothian, VA 23113-1250	CONTACT NAME	Frazier Insurance Agency, Inc.	
		PHONE (A/C, No, Ext):	(804) 754-7610	FAX (A/C, No):
		E-MAIL ADDRESS	ifrazier@frazierinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A	Aegis Security Insurance Company	33898
INSURED	Sports and Special Event Risk Purchasing Group, Inc. Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball/St. Louis Baseball Forever League 2658 Horseshoe Ridge St. Charles, MO 63303	INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS						EACH OCCURRENCE \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES \$ 300,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000.00
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					
	DED	RETENTION \$					EACH OCCURRENCE \$
							AGGREGATE \$
A	Excess Accident Medical			FR0134	03/05/2018	01/01/2019 12:01 AM	LIMIT \$ 10,000.00 AD&D \$ 10,000.00 DEDUCTIBLE \$ 100.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
POLICY DEDUCTIBLE: \$0.00 PER EACH BODILY INJURY OR PROPERTY DAMAGE CLAIM.

25 teams: (45+) TBA, Buds, Colt 45s, Dodgers, Owls, Pirates, Patriots, Swamp Donkeys; (53+) Cardinals, Dodgers, Sharks, Grays, Knights, Huskies, Pirates, Black Sox, Patriots; (60+) Cardinals, Lions, Grays, Jets, Patriots, Pirates, Gameface, Black Sox
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CERTIFICATE HOLDER	CANCELLATION
City of Sauget, IL 2301 Grizzlie Bear Blvd. Sauget, IL 62206	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 John W. Frazier



CERTIFICATE OF LIABILITY INSURANCE

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		PHONE (A/C, No. Ext)	(804) 754-7610	FAX (A/C, No)
		E-MAIL ADDRESS	ifrazier@frazierinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A	Aegis Security Insurance Company 33898	
INSURED	Sports and Special Event Risk Purchasing Group, Inc. Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball/St. Louis Baseball Forever League 2658 Horseshoe Ridge St. Charles, MO 63303	INSURER B		
		INSURER C		
		INSURER D		
		INSURER E		
		INSURER F		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	GENERAL LIABILITY					Policy # FGLSP-100-18 Cert #FFL-S-0002	03/05/2018	01/01/2019 12:01 AM	GENERAL AGGREGATE	\$ 2,000,000.00	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY							PRODUCTS - COMP/OP AGG	\$ 2,000,000.00	
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$ 1,000,000.00	
	<input checked="" type="checkbox"/>	INCLUDES ATHLETIC PARTICIPANTS								EACH OCCURRENCE	\$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:								DAMAGE TO RENTED PREMISES	\$ 300,000.00	
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000.00	
											\$
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
<input type="checkbox"/>	ANY AUTO							BODILY INJURY (Per person)	\$		
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
<input type="checkbox"/>	HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
<input type="checkbox"/>			<input type="checkbox"/>						\$		
UMBRELLA LIAB			<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$		
<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$		
<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$						\$		
								<input type="checkbox"/>	\$		
									\$		
									\$		
									\$		
A	Excess Accident Medical					FR0134	03/05/2018	01/01/2019 12:01 AM	LIMIT	\$ 10,000.00	
									AD&D	\$ 10,000.00	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
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CERTIFICATE HOLDER	CANCELLATION
Lindenwood University 209 S. Kings Hwy. St. Charles, MO 63301	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
	John W. Frazier



CERTIFICATE OF LIABILITY INSURANCE

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	PHONE (A/C, No, Ext):	(804) 754-7610	FAX (A/C, No) (804) 754-7613
	E-MAIL ADDRESS	ifrazier@frazierinsurance.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Sports and Special Event Risk Purchasing Group, Inc. Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball/St. Louis Baseball Forever League 2658 Horseshoe Ridge St. Charles, MO 63303	INSURER A	Aegis Security Insurance Company	
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	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR	PERSONAL & ADV INJURY				\$ 1,000,000.00		
	<input checked="" type="checkbox"/>	INCLUDES ATHLETIC PARTICIPANTS			EACH OCCURRENCE				\$ 1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			DAMAGE TO RENTED PREMISES	\$ 300,000.00						
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>				LOC	MED EXP (Any one person)	\$ 5,000.00
											\$
AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	
<input type="checkbox"/>	ANY AUTO								BODILY INJURY (Per person)	\$	
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
<input type="checkbox"/>	HIRED AUTO	<input type="checkbox"/>	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
<input type="checkbox"/>										\$	
UMBRELLA LIAB			<input type="checkbox"/>	OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB			<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE	\$	
<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$							\$	
											\$
											\$
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CERTIFICATE HOLDER	CANCELLATION
City of Cahokia, IL Little Avenue Sauget, IL 62206	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 John W. Frazier



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A	GENERAL LIABILITY					Policy # FGLSP-100-18 Cert #FFL-S-0002	03/05/2018	01/01/2019 12:01 AM	GENERAL AGGREGATE	\$ 2,000,000.00	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY							PRODUCTS - COMP/OP AGG	\$ 2,000,000.00	
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$ 1,000,000.00	
	<input checked="" type="checkbox"/>	INCLUDES ATHLETIC PARTICIPANTS								EACH OCCURRENCE	\$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:								DAMAGE TO RENTED PREMISES	\$ 300,000.00	
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000.00
	<input type="checkbox"/>										\$
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/>	ANY AUTO							BODILY INJURY (Per person)	\$	
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/>	HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/>									\$	
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$	
	<input type="checkbox"/> DED	<input type="checkbox"/>	RETENTION \$							\$	
										\$	
									<input type="checkbox"/>	\$	
										\$	
										\$	
										\$	
A	Excess Accident Medical					FR0134	03/05/2018	01/01/2019 12:01 AM	LIMIT	\$ 10,000.00	
									AD&D	\$ 10,000.00	
									DEDUCTIBLE	\$ 100.00	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
POLICY DEDUCTIBLE: \$0.00 PER EACH BODILY INJURY OR PROPERTY DAMAGE CLAIM.

25 teams: (45+) TBA, Buds, Colt 45s, Dodgers, Owls, Pirates, Patriots, Swamp Donkeys; (53+) Cardinals, Dodgers, Sharks, Grays, Knights, Huskies, Pirates, Black Sox, Patriots; (60+) Cardinals, Lions, Grays, Jets, Patriots, Pirates, Gameface, Black Sox
Certificate Holder is An Additional Insured, But Only As Respects The Operations Of The Named Insured.

CERTIFICATE HOLDER	CANCELLATION
City of University City 7210 Olive Blvd. St. Louis, MO 63130	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
	John W. Frazier



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/06/2018

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).

PRODUCER Frazier Insurance Agency, Inc. P.O. Box 1250 Midlothian, VA 23113-1250	CONTACT NAME: Frazier Insurance Agency, Inc.
	PHONE (A/C, No. Ext): (804) 754-7610 FAX (A/C, No): (804) 754-7613
	E-MAIL ADDRESS ifrazier@frazierinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Aegis Security Insurance Company NAIC # 33898
INSURED Sports and Special Event Risk Purchasing Group, Inc. Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball/St. Louis Baseball Forever League 2658 Horseshoe Ridge St. Charles, MO 63303	INSURER B:
	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.

IS/IR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			Policy # FGLSP-100-18 Cert #FFL-S-0002	03/05/2018	01/01/2019 12:01 AM	GENERAL AGGREGATE \$ 2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS						EACH OCCURRENCE \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES \$ 300,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000.00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
A	Excess Accident Medical			FR0134	03/05/2018	01/01/2019 12:01 AM	LIMIT \$ 10,000.00 AD&D \$ 10,000.00 DEDUCTIBLE \$ 100.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
POLICY DEDUCTIBLE: \$0.00 PER EACH BODILY INJURY OR PROPERTY DAMAGE CLAIM

25 teams: (45+) TBA, Buds, Colt 45s, Dodgers, Owls, Pirates, Patriots, Swamp Donkeys; (53+) Cardinals, Dodgers, Sharks, Grays, Knights, Huskies, Pirates, Black Sox, Patriots; (60+) Cardinals, Lions, Grays, Jets, Patriots, Pirates, Gameface, Black Sox
Certificate Holder is An Additional Insured, But Only As Respects The Operations Of The Named Insured.

CERTIFICATE HOLDER	CANCELLATION
City of Brentwood 2505 S. Brentwood Blvd. Brentwood, MO 63144	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 John W. Frazier

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/06/2018

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).

PRODUCER Frazier Insurance Agency, Inc. P.O. Box 1250 Midlothian, VA 23113-1250	CONTACT NAME	Frazier Insurance Agency, Inc.	
	PHONE (A/C, No. Ext):	(804) 754-7610	FAX (A/C, No): (804) 754-7613
	E-MAIL ADDRESS	ifrazier@frazierinsurance.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Aegis Security Insurance Company		33898
INSURED Sports and Special Event Risk Purchasing Group, Inc. Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball/St. Louis Baseball Forever League 2658 Horseshoe Ridge St. Charles, MO 63303	INSURER B:		
	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.

IS/IR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			Policy # FGLSP-100-18 Cert #FFL-S-0002	03/05/2018	01/01/2019 12:01 AM	GENERAL AGGREGATE \$ 2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS						EACH OCCURRENCE \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES \$ 300,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.						MED EXP (Any one person) \$ 5,000.00
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					
	DED	RETENTION \$					EACH OCCURRENCE \$
							AGGREGATE \$
A	Excess Accident Medical			FR0134	03/05/2018	01/01/2019 12:01 AM	LIMIT \$ 10,000.00 AD&D \$ 10,000.00 DEDUCTIBLE \$ 100.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
POLICY DEDUCTIBLE: \$0.00 PER EACH BODILY INJURY OR PROPERTY DAMAGE CLAIM.

25 teams: (45+) TBA, Buds, Colt 45s, Dodgers, Owls, Pirates, Patriots, Swamp Donkeys; (53+) Cardinals, Dodgers, Sharks, Grays, Knights, Huskies, Pirates, Black Sox, Patriots; (60+) Cardinals, Lions, Grays, Jets, Patriots, Pirates, Gameface, Black Sox
Certificate Holder is an Additional Insured, But Only As Respects The Operations Of The Named Insured.

CERTIFICATE HOLDER	CANCELLATION
Clayton High School 1 Mark Twain Circle Clayton, MO 63105	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 John W. Frazier



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/06/2018

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PRODUCER	Frazier Insurance Agency, Inc. P.O. Box 1250 Midlothian, VA 23113-1250	CONTACT NAME	Frazier Insurance Agency, Inc.		
		PHONE (A/C, No. Ext):	(804) 754-7610	FAX (A/C, No):	(804) 754-7613
		E-MAIL ADDRESS	ifrazier@frazierinsurance.com		
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A:		Aegis Security Insurance Company	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

INSURED	Sports and Special Event Risk Purchasing Group, Inc. Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball/St. Louis Baseball Forever League 2658 Horseshoe Ridge St. Charles, MO 63303	INSURER A:	Aegis Security Insurance Company		33898
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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IS	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
FR		INSR	WVD		(MM/DD/YYYY)	(MM/DD/YYYY)		
A	GENERAL LIABILITY			Policy # FGLSP-100-18 Cert #FLL-S-0002	03/05/2018	01/01/2019 12:01 AM	GENERAL AGGREGATE	\$ 2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$ 1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS						EACH OCCURRENCE	\$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES	\$ 300,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000.00
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$				
				\$				
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
								\$
								\$
								\$
								\$
								\$
A	Excess Accident Medical			FR0134	03/05/2018	01/01/2019 12:01 AM	LIMIT	\$ 10,000.00
							AD&D	\$ 10,000.00
							DEDUCTIBLE	\$ 100.00

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CERTIFICATE HOLDER

CANCELLATION

City of Lake St. Louis
1 Civic Center Dr.
Lake St. Louis, MO 63377

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

John W. Frazier