



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/24/2025

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><br>Westpoint Insurance Group,<br>a division of Webb Financial Group, LLC<br>P.O. Box 1495<br>Bridgeview IL 60455 | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> (800)318-7709<br><b>FAX (A/C, No):</b> (708)636-3915<br><b>E-MAIL ADDRESS:</b>                                                                                                                                                                                                 |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|------------------------------------|--|------------|--|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Aroostook Youth Basketball League<br>522 W. Presque Isle Rd.<br>Caribou ME 04736                               | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: HDI Global Specialty SE</td><td></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: HDI Global Specialty SE |  | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                    | NAIC #                                                                                                                                                                                                                                                                                                                              |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER A: HDI Global Specialty SE                                                                                               |                                                                                                                                                                                                                                                                                                                                     |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER B:                                                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER C:                                                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER D:                                                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER E:                                                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER F:                                                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |

## COVERAGES

CERTIFICATE NUMBER:CL2592464760

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 (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                         |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X                               |          | HDGL003701497 | 10/12/2025              | 10/12/2026              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>Participant Legal Liability \$ 1,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                                                                                                 |                                 |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                                          |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                                                                                                                                    |                                 |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                                                       |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                | Y/N<br><input type="checkbox"/> | N/A      |               |                         |                         | WC STATUTORY LIMITS<br>OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                       |

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

Additional insured status applies where required by written contract.

Coverage is only for the sport type(s) applied for on the application and reported to the insurance carrier.

## CERTIFICATE HOLDER

## CANCELLATION

Town of Monticello  
405 US Highway 1  
Monticello, ME 04760

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

Chris Webb/HAM