# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/11/2015

**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**

Affinity Insurance Services, Inc.
1120 20th St. N.W. 6th Flr.
Washington District of Columbia 20036

**CONTACT NAME:** Amy Doherty
**PHONE: (A/C, No. Ext):** 800-722-5676 **FAX: (A/C, No):** 800-722-5676
**E-MAIL ADDRESS:** NRPA_Insurance_Programs@aon.com

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A: | Nationwide Mutual Insurance Company | 23787 |
| INSURER B: | Nationwide Life Insurance Company | 66869 |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

**INSURED**

New Berlin Magic
4015 S Wilshire Dr
New Berlin, WI 53151
**A Member of the Sports, Leisure & Entertainment RPG**

**COVERAGES** **CERTIFICATE NUMBER:** W00733236 **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/YY) | POLICY EXP (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X **COMMERCIAL GENERAL LIABILITY**<br>CLAIMS-MADE [ ] OCCUR [X]<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY [ ] PRO-JECT [ ] LOC [ ]<br>OTHER [ ] | X | | 6BRPG0000005698900 | 01/01/2016 12:01 AM EDT | 01/01/2017 12:01 AM | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS-COMP/OP AGG<br>LEGAL LIAB TO PARTICIPANTS | $2,000,000<br>$300,000<br>$5,000<br>$2,000,000<br>$5,000,000<br>$2,000,000<br>$2,000,000 |
| A | **AUTOMOBILE LIABILITY**<br>ANY AUTO [ ]<br>ALL OWNED AUTOS [ ] SCHEDULED AUTOS<br>HIRED AUTOS [X] NON-OWNED AUTOS [X]<br>Not provided while in Hawaii [X] | | | 6BRPG0000005698900 | 01/01/2016 12:01 AM EDT | 01/01/2017 12:01 AM | COMBINED SINGLE LIMIT (Ea Accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $2,000,000 |
| | **UMBRELLA LIAB** [ ] OCCUR<br>**EXCESS LIAB** [ ] CLAIMS-MADE<br>DEDUCTIBLE [ ] RETENTION | | | | | | EACH OCCURRENCE<br>AGGREGATE | |
| | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N<br>ANY PROPRIETORSHIP/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ]<br>**(Mandatory in NH)**<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE [ ] OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE – EA EMPLOYEE<br>E.L. DISEASE – POLICY LIMIT | |
| B | Participant Accident | | | 6ASPX0000005699000 | 01/01/2016 12:01 AM EDT | 01/01/2017 12:01 AM | AD&D<br>Excess Medical – Youth<br>Excess Medical – Adult<br>Weekly Indemnity | $25,000<br>$250,000<br>$100,000<br>NONE |

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

Sport(s): Baseball Age(s): 12 and under, 16 yrs

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

**CERTIFICATE HOLDER**

MLG TNBC LLC
13400 Bishop's Lane, Suite 270
Brookfield, WI 53005
(Owner/Lessor of Premises)

**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**

Scott Turnbull

Coverage is only extended to U.S. events and activities.



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