

DATE (MM/DD/YYYY) 03/10/2021

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).

continuate fields: in field of cueff chieff (c).			
PRODUCER		CONTACT NAME: Ali Raza	
Zain Jeewanjee Insurance Agency		(A/C, NO, EXI).	97-7890
1494 Hamilton Way		E-MAIL ADDRESS: ali99@insure123.com	
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041
INSURED		INSURER B: AXIS Insurance Company	37273
USA Cricket Inc. / Atlanta Cricket League, Inc		INSURER C:	
1530 S. Tejon St.		INSURER D:	
		INSURER E:	
Colorado	CO 80905	INSURER F:	
COVERAGES CERTIFICATE NUM	MBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L	ISTED BELOW HAVE	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY F	'ERIOD

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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α			Υ		HDGL19000413	03/01/2021	12/31/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Me	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Limits: \$25,000 / \$10,000	
В	Me	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Deductibles: \$2,500	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (· · ·			•	
Α		Abuse/Molestation		ı	HDGL19000413 03/01/202	1 / 12	2/31/2021	Limits: \$100,000	0 / \$500,000
THE CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED DURING THE POLICY PERIOD.									
		nd Adult Cricket							
Cer	tifica	ate Holder is named as an additional in	sured	i					
CE	RTIF	FICATE HOLDER			CANO	CELLATION			
					SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCELLED BEFORE

Atlanta Cricket Academy 3515 Caney Creek Ln

AUTHORIZED REPRESENTATIVE

Cumming

X P

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

GA 30041



DATE (MM/DD/YYYY) 03/10/2021

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.

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certificate holder in lieu of such endorsement(s).		_				
PRODUCER		NAME: Ali Raza				
Zain Jeewanjee Insurance Agency		PHONE (A/C, No, Ext): 408-703-4900 Ext:4902 FAX (A/C, No): 408-99	7-7890			
1494 Hamilton Way		E-MAIL ADDRESS: ali99@insure123.com				
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #			
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041			
INSURED		INSURER B: AXIS Insurance Company	37273			
USA Cricket Inc. / Atlanta Cricket League, Inc		INSURER C:				
1530 S. Tejon St.		INSURER D:				
		INSURER E:				
Colorado	CO 80905	INSURER F:				
COVERAGES CERTIFICATE NUM	IBER:	REVISION NUMBER:				
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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α			Υ		HDGL19000413	03/01/2021	12/31/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DES	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Me	dical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Limits: \$25,000 / \$10,000	
В	Me	dical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Deductibles: \$2,500	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

Α Abuse/Molestation HDGL19000413 03/01/2021 12/31/2021 Limits: \$100,000 / \$500,000

THE CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED DURING THE POLICY PERIOD.

Youth and Adult Cricket

Certificate Holder is named as an additional insured

G1, G2, G3, G4, G5, G6, G7

CERTIFICATE HOLDER		CANCELLATION
Atlanta Cricket Fields 5325 Keith Bridge Rd		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5525 Keitii Briage Ka		AUTHORIZED REPRESENTATIVE
Cumming	GA 30041	Zain fougen jri
		O 1000 0011 100DD CODDOD ITION AND LES



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(0)			
PRODUCER		NAME: Ali Raza	
Zain Jeewanjee Insurance Agency		(A/O, NO, EXI).	97-7890
1494 Hamilton Way		E-MAIL ADDRESS: ali99@insure123.com	
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041
INSURED		INSURER B: AXIS Insurance Company	37273
USA Cricket Inc. / Atlanta Cricket League, Inc		INSURER C:	
1530 S. Tejon St.		INSURER D:	
		INSURER E:	
Colorado	CO 80905	INSURER F:	1
COVERAGES CERTIFICATE NUM	BER:	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 POLICY EXP POLICY EXP									
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)		LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α			Υ		HDGL19000413	03/01/2021	12/31/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Me	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Limits: \$25,000 / \$10,000	
В	Me	dical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Deductibles: \$2,500	
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedule	, may be attached if mo	ore space is requi	red)	
Α		Abuse/Molestation		ŀ	HDGL19000413 03/0	1/2021 / 1:	2/31/2021	Limits: \$100,000	0 / \$500,000
		TIFICATE HOLDER IS ADDED AS ADDI	TIONA	AL INS	URED BUT ONLY WITH RESPEC	CT TO LIABILITY ARIS	SING OUT OF O	PERATIONS OF THE NAMED	INSURED DURING
THE	POL	ICY PERIOD.							
You	ıth ar	nd Adult Cricket							
		te Holder is named as an additional ir	surec	I					l
CEI	RTIF	ICATE HOLDER			(CANCELLATION			
ĺ						SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELLED BEFORE

Certificate Holder is named as an additional insure	d	
CERTIFICATE HOLDER		CANCELLATION
Bell Memorial Park		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
15245 Bell Park Rd		AUTHORIZED REPRESENTATIVE
Milton	GA 30004	Zain focusyon yri
•		© 1988-2014 ACOPD COPPORATION All rights reserved



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(-)			
PRODUCER		CONTACT NAME: Ali Raza	
Zain Jeewanjee Insurance Agency			97-7890
1494 Hamilton Way		ADDRESS: ali99@insure123.com	
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041
INSURED		INSURER B: AXIS Insurance Company	37273
USA Cricket Inc. / Atlanta Cricket League, Inc		INSURER C:	
1530 S. Tejon St.		INSURER D:	
		INSURER E:	
Colorado	CO 80905	INSURER F:	
COVERAGES CERTIFICATE N	UMBFR·	REVISION NUMBER:	

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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α			Υ		HDGL19000413	03/01/2021	12/31/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ICER/MEMBER EXCLUDED?	,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Me	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Limits: \$25,000 / \$10,000	
В	Me	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Deductibles: \$2,500	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (CORD	101, Additional Remarks Schedule, may	be attached if mo	re space is requi	red)	
Α		Abuse/Molestation		ı	HDGL19000413 03/01/202	1 / 12	2/31/2021	Limits: \$100,000	0 / \$500,000
	THE CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED DURING THE POLICY PERIOD.								
	Youth and Adult Cricket Certificate Holder is named as an additional insured								
CE	RTIF	FICATE HOLDER			CAN	CELLATION			
					SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCELLED BEFORE

City of Alpharetta Parks Dept Two S. Main St

AUTHORIZED REPRESENTATIVE

Alpharetta GA 30009

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certificate floider in fled of such endorsement(s).					
PRODUCER		NAME: Ali Raza			
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1494 Hamilton Way		E-MAIL ADDRESS: ali99@insure123.com			
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #		
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041		
INSURED		INSURER B: AXIS Insurance Company	37273		
USA Cricket Inc. / Atlanta Cricket League, Inc		INSURER C:			
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		INSURER E :			
Colorado	CO 80905	INSURER F:			
COVERAGES CERTIFICATE NUM	BER:	REVISION NUMBER:			
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\$ OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED **RETENTION \$** \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

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

SRPO-162494-01

SRPO-162494-01

Abuse/Molestation HDGL19000413 03/01/2021 12/31/2021 Limits: \$100,000 / \$500,000

THE CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED DURING THE POLICY PERIOD.

03/01/2021

03/01/2021

12/31/2021

12/31/2021

R

Medical / Accidental Death

Medical / Accidental Death

Youth and Ad Certificate Ho	dult Cricket older is named as an additional i	nsured	
CERTIFICAT	TE HOLDER		CANCELLATION
	City of Brookhaven		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	3360 Osborne Rd		AUTHORIZED REPRESENTATIVE
	Atlanta	GA 30319	Lain bougen jei
			© 1000 2014 ACORD CORDORATION All rights recogned

Limits: \$25,000 / \$10,000

Deductibles: \$2,500



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1494 Hamilton Way		E-MAIL ADDRESS: ali99@insure123.com	
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041
INSURED		INSURER B: AXIS Insurance Company	37273
USA Cricket Inc. / Atlanta Cricket League, Ir	nc	INSURER C:	
1530 S. Tejon St.		INSURER D:	
		INSURER E:	
Colorado	CO 80905	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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED CLAIMS-MADE Y OCCUR

1	OLANIO-IVIADE A OCCOR					PREIVISES (Ea occurrence)	Ψ 300,000
						MED EXP (Any one person)	\$ 5,000
Α		Υ	HDGL19000413	03/01/2021	12/31/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Medical / Accidental Death		SRPO-162494-01	03/01/2021	12/31/2021	Limits: \$25,000 / \$10,000	
В	Medical / Accidental Death		SRPO-162494-01	03/01/2021	12/31/2021	Deductibles: \$2,500	

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

Abuse/Molestation HDGL19000413 03/01/2021 12/31/2021 Limits: \$100,000 / \$500,000

THE CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED DURING THE POLICY PERIOD.

Youth and Adult Cricket Certificate Holder is named as an additional insure	ed	
CERTIFICATE HOLDER		CANCELLATION
City of Johns Creek		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
12000 Findley Rd.		AUTHORIZED REPRESENTATIVE
Suite 400 Johns Creek	GA 30097	Zain fouga jri
		© 1088-2014 ACOPD COPPORATION All rights reserved



DATE (MM/DD/YYYY) 03/10/2021

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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		NAME: Ali Raza	
Zain Jeewanjee Insurance Agency		PHONE (A/C, No, Ext): 408-703-4900 Ext:4902 FAX (A/C, No): 408-99	7-7890
1494 Hamilton Way		E-MAIL ADDRESS: ali99@insure123.com	
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041
INSURED		INSURER B: AXIS Insurance Company	37273
USA Cricket Inc. / Atlanta Cricket League, Inc		INSURER C:	
1530 S. Tejon St.		INSURER D:	
		INSURER E:	
Colorado	CO 80905	INSURER F:	
COVERAGES CERTIFICATE NU	MBER:	REVISION NUMBER:	

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α			Υ		HDGL19000413	03/01/2021	12/31/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Me	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Limits: \$25,000 / \$10,000	
В	Me	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Deductibles: \$2,500	
l .	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (· •			•	
Α		Abuse/Molestation		l	HDGL19000413 03/01/202	1 / 12	2/31/2021	Limits: \$100,000	0 / \$500,000
 THE	CFF	RTIFICATE HOLDER IS ADDED AS ADDI	TIONA	ZINI IA	LIRED BLIT ONLY WITH RESPECT TO	I IARII ITY ARIS	ING OUT OF O	PERATIONS OF THE NAMED	INSURED DURING
		LICY PERIOD.			0.125 50 1 0.12 1 1.11 1.12				
Vou	h a	nd Adult Cricket							
		ate Holder is named as an additional ir	sure	d					
CER	TIE	FICATE HOLDER			CANIC	ELLATION			
CER	111	TICATE HULDER			CANC	ELLATION			

CERTIFICATE HOLDER		CANCELLATION		
City of Milton		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
13000 Deerfield Parkway Ste 107		AUTHORIZED REPRESENTATIVE		
Milton	GA 30004	Z. C.		



DATE (MM/DD/YYYY)

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oci inioate notaci in nea or saon chaorsement(s).			
PRODUCER		CONTACT NAME: Ali Raza	
Zain Jeewanjee Insurance Agency		(A/O, 140, Ext).	97-7890
1494 Hamilton Way		E-MAIL ADDRESS: ali99@insure123.com	
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041
INSURED		INSURER B: AXIS Insurance Company	37273
USA Cricket Inc. / Atlanta Cricket League, Inc		INSURER C:	
1530 S. Tejon St.		INSURER D:	
		INSURER E:	
Colorado	CO 80905	INSURER F:	
COVERAGES CERTIFICATE NUMBER	BER:	REVISION NUMBER:	

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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs
	X	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α			Υ		HDGL19000413	03/01/2021	12/31/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Me	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Limits: \$25,000 / \$10,000	
В	Me	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Deductibles: \$2,500	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedule	•		•	
Α		Abuse/Molestation		I	HDGL19000413 03/0	1/2021 / 12	2/31/2021	Limits: \$100,000	0 / \$500,000
 _{T⊔}		RTIFICATE HOLDER IS ADDED AS ADDI	TION	NI INIS	LIDED BLIT ONI A WITH DECDE	SIDA VTI IIRALI OT T	ING OUT OF O	IDEDATIONS OF THE NIAMED	INCLIDED DITIDING
		LICY PERIOD.	110147	AL IIVO	OKED BOT ONET WITHKESTER	TO EIADIEITI ANIS	1110 001 01 0	TENATIONS OF THE NAMED	NINSORED DOKING
l _{Voi}	ıth a	nd Adult Cricket							
		ate Holder is named as an additional in	sure	t					
CE	RTIF	FICATE HOLDER				CANCELLATION			
						SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCELLED BEFORE

City of Roswell

38 Hill St

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Roswell GA 30075



DATE (MM/DD/YYYY) 03/10/2021

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(-)			
PRODUCER		CONTACT NAME: Ali Raza	
Zain Jeewanjee Insurance Agency			97-7890
1494 Hamilton Way		ADDRESS: ali99@insure123.com	
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041
INSURED		INSURER B: AXIS Insurance Company	37273
USA Cricket Inc. / Atlanta Cricket League, Inc		INSURER C:	
1530 S. Tejon St.		INSURER D:	
		INSURER E:	
Colorado	CO 80905	INSURER F:	
COVERAGES CERTIFICATE N	UMBFR·	REVISION NUMBER:	

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INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	_
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000	
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
								MED EXP (Any one person) \$ 5,000	
Α			Υ		HDGL19000413	03/01/2021	12/31/2021	PERSONAL & ADV INJURY \$ 1,000,000	
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000	
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	
		OTHER:						\$	
	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
		ANY AUTO						BODILY INJURY (Per person) \$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
								\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
		DED RETENTION \$						\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
	(Ma	ndatory in NH)	,.					E.L. DISEASE - EA EMPLOYEE \$	
	DES	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
В	М	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Limits: \$25,000 / \$10,000	
В	M	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Deductibles: \$2,500	
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (· · · · · · · · · · · · · · · · · · ·			•	
Α		Abuse/Molestation		I	HDGL19000413 03/01/20	21 / 12	2/31/2021	Limits: \$100,000 / \$500,000	
_{тн}	F ()FI	RTIFICATE HOI DER IS ADDED AS ADDI:	TIONA	ZI INIS	LIRED BLIT ONLY WITH RESPECT TO	ι ι ιΔΒΙΙ ΙΤΥ ΔΡΙς	SING OUT OF O	PERATIONS OF THE NAMED INSURED DURING	
1		LICY PERIOD.	TIOIW	AL IIVO	ONED DOT ONET WITHKEST ECT TO	LIADILITI AMS	JING 001 01 0	TENATIONS OF THE NAMED INSORED DOMING	
١									
		ınd Adult Cricket ate Holder is named as an additional ir	surac	4					
			isuiec						
CE	RTII	FICATE HOLDER			CAN	CELLATION			
					l				

Certificate Holder is named as an additional insured		
CERTIFICATE HOLDER		CANCELLATION
Cobb County Parks and Recreation		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1792 County Service Parkway		AUTHORIZED REPRESENTATIVE
Marietta	GA 30008	Lain keugen jri



DATE (MM/DD/YYYY) 03/10/2021

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(-)			
PRODUCER		CONTACT NAME: Ali Raza	
Zain Jeewanjee Insurance Agency			97-7890
1494 Hamilton Way		ADDRESS: ali99@insure123.com	
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041
INSURED		INSURER B: AXIS Insurance Company	37273
USA Cricket Inc. / Atlanta Cricket League, Inc		INSURER C:	
1530 S. Tejon St.		INSURER D:	
		INSURER E:	
Colorado	CO 80905	INSURER F:	
COVERAGES CERTIFICATE N	UMBFR·	REVISION NUMBER:	

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INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
	X	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α			Υ		HDGL19000413	03/01/2021	12/31/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH) s, describe under						E.L. DISEASE - EA EMPLOYEE	\$
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Me	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Limits: \$25,000 / \$10,000	
В	Me	edical / Accidental Death			SRPO-162494-01	03/01/2021	12/31/2021	Deductibles: \$2,500	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
A		Abuse/Molestation		I	HDGL19000413 03/01/202	1 / 12	2/31/2021	Limits: \$100,000	0 / \$500,000
_{THE}	THE CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED DURING								
THE POLICY PERIOD.									
You	Youth and Adult Cricket								
	Certificate Holder is named as an additional insured								
CF	CERTIFICATE HOLDER CANCELLATION								
<u> </u>	ORIGINAL HOLDER								

Certificate Holder is named as an additional insured					
CERTIFICATE HOLDER		CANCELLATION			
Forsyth County Parks & Rec PO Box 2417		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
PO BOX 2417		AUTHORIZED REPRESENTATIVE			
Cumming	GA 30028	Lain bougon joi			



DATE (MM/DD/YYYY) 03/10/2021

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•			
PRODUCER		CONTACT NAME: Ali Raza	
Zain Jeewanjee Insurance Agency			97-7890
1494 Hamilton Way		ADDRESS: ali99@insure123.com	
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041
INSURED		INSURER B: AXIS Insurance Company	37273
USA Cricket Inc. / Atlanta Cricket League, Inc		INSURER C:	
1530 S. Tejon St.		INSURER D:	
		INSURER E:	
Colorado	CO 80905	INSURER F:	
COVERAGES CERTIFICATE NUM	IRFR.	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	E	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	X	COMMERCIAL GENERAL LIA	ABILITY					,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
									MED EXP (Any one person)	\$ 5,000
Α				Υ		HDGL19000413	03/01/2021	12/31/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L AGGREGATE LIMIT APPLIE	S PER:						GENERAL AGGREGATE	\$ 3,000,000
	X	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
		AUTOS AUTO							BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON AUTO	I-OWNED OS						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB (CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$								\$
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXEC	CUTIVE TIME	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED?		, ,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS b	elow						E.L. DISEASE - POLICY LIMIT	\$
В	Me	edical / Accidental Death				SRPO-162494-01	03/01/2021	12/31/2021	Limits: \$25,000 / \$10,000	
В	Мє	edical / Accidental Death				SRPO-162494-01	03/01/2021	12/31/2021	Deductibles: \$2,500	
DES	CRIPT	ION OF OPERATIONS / LOCAT	TIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedule,	•		•	
Α		Abuse/Molesta	ation		ŀ	HDGL19000413 03/01	1/2021 / 12	2/31/2021	Limits: \$100,000) / \$500,000
	THE CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED DURING THE POLICY PERIOD.									
	Youth and Adult Cricket Certificate Holder is named as an additional insured									
CEI	CERTIFICATE HOLDER CANCELLATION									
							SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELLED BEFORE

Certificate Holder is named as an additional insured							
CERTIFICATE HOLDER		CANCELLATION					
Gwinnett Co Board of Commissioners		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
75 Langley Dr		AUTHORIZED REPRESENTATIVE					
Lawrenceville	GA 30046	Lair beagen jei					



DATE (MM/DD/YYYY)

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		CONTACT NAME: Ali Raza					
Zain Jeewanjee Insurance Agency			7-7890				
1494 Hamilton Way		ADDRESS: ali99@insure123.com					
Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #				
San Jose	CA 95125	INSURER A: HDI Global Specialty SE	AA1340041				
INSURED		INSURER B: AXIS Insurance Company	37273				
USA Cricket Inc. / Atlanta Cricket League, Inc		INSURER C:					
1530 S. Tejon St.		INSURER D:					
		INSURER E:					
Colorado	CO 80905	INSURER F:					
COVERAGES CERTIFICATE NU	MBER:	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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 300,000 \$ 5,000 MED EXP (Any one person) Υ HDGL19000413 03/01/2021 12/31/2021 Α PERSONAL & ADV INJURY \$ 1,000,000 3.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT **X** POLICY LOC PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) \$ **UMBRELLA LIAB** OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED **RETENTION \$** \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Medical / Accidental Death SRPO-162494-01 03/01/2021 12/31/2021 Limits: \$25,000 / \$10,000 R 03/01/2021 12/31/2021 Medical / Accidental Death SRPO-162494-01 Deductibles: \$2,500 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Abuse/Molestation HDGL19000413 03/01/2021 12/31/2021 Limits: \$100,000 / \$500,000

THE CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED DURING THE POLICY PERIOD.

Vouth and Adult Cricket

CERTIFICATE HOLDER		CANCELLATION			
The City of Milton		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
13000 Deerfield Parkway		AUTHORIZED REPRESENTATIVE			
Suite 107F		9 0			
Milton	GA 30004	ain fougen pri			
		© 1988-2014 ACORD CORPORATION. All rights res			



DATE (MM/DD/YYYY) 03/10/2021

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

		rms and conditions of the policy, cate holder in lieu of such endors	certa	ain po		ndorsei	ment. A state	ement on thi	s certificate doe	s not co	nfer rig	ghts to the
PRODU	UCE	R				CONTA NAME:	Ali Raza					
						PHONE (A/C, No		3-4900 Ext:490	02	FAX (A/C, No):	408-99	97-7890
1494	На	milton Way				É-MÁIL ADDRE	ss: ali99@ins	sure123.com				
Suite	10	1					INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
San J	Jose	9			CA 95125	INSURE	RA: HDI Glol	bal Specialty S	E			AA1340041
INSUR	ED					INSURE	RB: AXIS Ins	urance Compa	any			37273
		USA Cricket Inc. / Atlanta Crick	et Lea	gue, I	Inc	INSURE	R C :					
		1530 S. Tejon St.				INSURER D:						
						INSURE	RE:					
		Colorado			CO 80905	INSURER F:						
COV	ER	AGES CER	TIFIC	ATE	NUMBER:				REVISION NUM	IBER:		
	_	S TO CERTIFY THAT THE POLICIES (ATED. NOTWITHSTANDING ANY REC										
CEI	RTI	FICATE MAY BE ISSUED OR MAY PE JSIONS AND CONDITIONS OF SUCH	RTAII	N, THI	E INSURANCE AFFORDED	BY THE	POLICIES DE	SCRIBED HER	REIN IS SUBJECT			
INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	X	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENC		\$ 1,00	00,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$ 300	,000
									MED EXP (Any one p	person)	\$ 5,00)0
Δ					HDGI 19000413		03/01/2021	12/31/2021	PERSONAL & ADV I	NILIRY	\$ 1.00	0000

	X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
Α				HDGL19000413	03/01/2021	12/31/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						\$
	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO					BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
		DED RETENTION \$						\$
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Man	datory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	DES	, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Me	edical / Accidental Death		SRPO-162494-01	03/01/2021	12/31/2021	Limits: \$25,000 / \$10,000	
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Youth and Adult Cricket Certificate Holder is named as an additional insured	
CERTIFICATE HOLDER	CANCELLATION
Due of of line was se	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Proof of Insurance.	AUTHORIZED REPRESENTATIVE