ACORD	

DATE (MM/DD/YYYY)

		_N			DILI		UNANG		3	/26/2025
C B	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.									
If	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).									
PRC	DUCER				CONTA NAME:	CT		e Services NW	,	
	ISI Insurance Services NW				PHONE (A/C, No		(206) 441-630	FΔX		
	01 Union Street, Suite 1000 Seattle, WA 98101				E-MAIL ADDRE	SS-	2007 000	(40,10)		
`	beame, WA SOTOT				ADDIL			DING COVERAGE		NAIC #
					INCLIDE			nsurance Company		38776
INSI	JRED							ns Co Pittsburgh PA		19445
ι	JSA Cricket							IS CO FILISDUIGH FA		19445
	90 Interlocken Crescent, Suite 3	50			INSURE					
	proomfield CO 80021				INSURE					
					INSURE					
	VERAGES CER	TIF1/	~ ~ TE		INSURE	RF:				
	HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 84545315				REVISION NUMBER:		
II C E	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMER AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
Α	✓ COMMERCIAL GENERAL LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	EACH OCCURRENCE	\$5,000	0,000
	CLAIMS-MADE 🖌 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	000
	✓ Includes Participant Liability							MED EXP (Any one person)	\$5,000	0
								PERSONAL & ADV INJURY	\$1,000	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$5,000	
	✓ POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	0.000
	OTHER:								\$	0,000
Α	AUTOMOBILE LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	0 000
	ANY AUTO							BODILY INJURY (Per person)	\$	0,000
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
								AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	Φ	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If ves, describe under							E.L. DISEASE - EA EMPLOYEI		
A	DÉSCRIPTION OF OPERATIONS below Abuse & Molestation			PLH03GL00000757		1/1/2025	1/1/2026	E.L. DISEASE - POLICY LIMIT 1,000,000 / 1,000,000	۵	
В	Accident Medical/AD&D			SRG0009163290		1/1/2025	1/1/2026	\$25,000 / \$5,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if mor	e space is require	ed)		
	ub Name: Atlanta Cricket League lanta Cricket Fields, its agents, represent	ative	s. offi	cers, directors, officials and	d emplo	ovees are liste	ed as addition	al insured.		
			-,			-,				
	RTIFICATE HOLDER				CANO	ELLATION				
	tlanta Cricket Fields 325 Keith Bridge Rd., Cumming	GA	3004	41	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE (EREOF, NOTICE WILL Y PROVISIONS.		
					AUTHO	RIZED REPRESE	NTATIVE			
							Ļ	Jory D. Pit	ters.	m
					Gary	Patterson		· · · · · · · · · · · · · · · · · · ·		

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ACORD 25 (2016/03)

ADDITIONAL INSURED – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

ACORD	

DATE (MM/DD/YYYY)

									3,	/26/2025		
C B	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.											
IN	PORTANT: If the certificate holder i	s an A	٩DD	ITIONAL INSURED, the p								
	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).											
	DUCER		Serti	incate noider in ned of st	CONTA NAME:	ст	/	e Services NW				
USI Insurance Services NW												
6 S	01 Union Street, Suite 1000 eattle, WA 98101	SS:		(10,10).								
	INSURER(S) AFFORDING COVERAGE NAIC #											
INSURER A : SiriusPoint America Insurance Company 38776												
INSURED INSURER B : National Union Fire Ins Co Pittsburgh PA 19445												
3	90 Interlocken Crescent, Suite 3	50			INSURE							
В	roomfield CO 80021				INSURE							
					INSURE							
со	VERAGES CER	TIFIC	ATE	NUMBER: 84545329	MOORE			REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES	OF IN	ISUR	RANCE LISTED BELOW HAV								
С	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERTA	.IN, ⁻	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED					
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs			
А	COMMERCIAL GENERAL LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$5,000	0,000		
	CLAIMS-MADE 🖌 OCCUR							PREMISES (Ea occurrence)	\$ 300,0	000		
	Includes Participant Liability							MED EXP (Any one person)	\$5,000			
								PERSONAL & ADV INJURY	\$1,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$2,000			
	OTHER:								\$,000		
А	AUTOMOBILE LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	0,000		
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE				
	Image: Hired Autos only Image: Non-owned Autos only							(Per accident)	\$			
									\$			
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$			
	DED RETENTION \$							AGGREGATE	\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/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 Abuse & Molestation			PLH03GL00000757		1/1/2025	1/1/2026	E.L. DISEASE - POLICY LIMIT 1,000,000 / 1,000,000	\$			
A B	Accident Medical/AD&D			SRG0009163290		1/1/2025	1/1/2026	\$25,000 / \$5,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (AC	ORD	101, Additional Remarks Schedu	le, may be	attached if mor	e space is require	ed)				
		•										
	ıb Name: Atlanta Cricket League II Memorial Park, its agents, representat	ives, of	ffice	ers, directors, officials and e	employe	es are listed	as additional	insured.				
<u> </u>					CANC							
UE	RTIFICATE HOLDER			1		ELLATION						
	ell Memorial Park 5245 Bell Park Rd., Milton, GA 3	0004	Ļ		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.				
					AUTHO	RIZED REPRESE	NTATIVE	_				
					Gary	Patterson	Ę	Jary D. Pit	ters	m		

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ACORD 25 (2016/03)

ADDITIONAL INSURED – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

ACORD	

DATE (MM/DD/YYYY)

_ ī				DILI		UNANG		3	/26/2025	
C B	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.									
lf	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).									
	DUCER			CONTAC NAME:	<u>т</u>	/	e Services NW			
	SI Insurance Services NW			PHONE (A/C, No		206) 441-630	FAX			
6	01 Union Street, Suite 1000 eattle, WA 98101			E-MAIL	<u>, EXU.</u>	200/ 441 000				
3	eallie, WA 90101			ADDRES			DING COVERAGE		NAIC #	
							nsurance Company			
INSI	IRED								38776	
	SA Cricket					I Union Fire Ir	ns Co Pittsburgh PA		19445	
	90 Interlocken Crescent, Suite 3	50		INSURE						
ΙВ	roomfield CO 80021			INSURE						
				INSURE						
				INSURE	RF:					
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES		TE NUMBER: 84545343				REVISION NUMBER:			
IN C E	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I	QUIREI PERTAI POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO V	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гs		
А	COMMERCIAL GENERAL LIABILITY	T	PLH03GL00000757		1/1/2025	1/1/2026	EACH OCCURRENCE	\$5,000	0,000	
	CLAIMS-MADE 🖌 OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	000	
	✓ Includes Participant Liability						MED EXP (Any one person)	\$5,000	0	
							PERSONAL & ADV INJURY	\$1,000	0.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000		
	✓ POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000	0.000	
	OTHER:							\$	-,	
Α	AUTOMOBILE LIABILITY		PLH03GL00000757		1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	0.000	
	ANY AUTO						BODILY INJURY (Per person)	\$	-,	
	OWNED AUTOS ONLY SCHEDULED						BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							(* ** *******)	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
		N / A					E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT			
Α	Abuse & Molestation		PLH03GL00000757		1/1/2025	1/1/2026	1,000,000 / 1,000,000			
В	Accident Medical/AD&D		SRG0009163290		1/1/2025	1/1/2026	\$25,000 / \$5,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACC	ORD 101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)			
	ub Name: Atlanta Cricket League									
	y of Brookhaven, its agents, representati	ves, of	ficers, directors, officials and e	employe	es are listed	as additional	insured.			
CE	RTIFICATE HOLDER			CANC	ELLATION					
C	ity of Brookhaven						ESCRIBED POLICIES BE C EREOF, NOTICE WILL			
3	360 Osborne Rd., Atlanta GA 30	319					Y PROVISIONS.			
				AUTHO	RIZED REPRESE		×			
						Ł	Jary D. Pit	terth	m	
				Gary	Patterson		- 1995 1997 1997 1997 1997			

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ACORD 25 (2016/03)

ADDITIONAL INSURED – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

ACORD	

DATE (MM/DD/YYYY)

									3,	/26/2025		
C B	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 have ADDITIONAL INSURED provisions or be endorsed.											
lf	SUBROGATION IS WAIVED, subject	to the	ter	ms and conditions of th	e polic	y, certain p	olicies may r					
	nis certificate does not confer rights to DUCER	o the c	erti	ficate holder in lieu of su	CONTA	ст	/					
U	SI Insurance Services NW				NAME: PHONE		206) 441-630	Services NW				
6	01 Union Street, Suite 1000 eattle, WA 98101				(A/C, No E-MAIL ADDRE	,,.	200) 441-030	00 (A/C, No):				
	INSURER(S) AFFORDING COVERAGE NAIC #											
INSURER A : SiriusPoint America Insurance Company 38776												
INSURED INSURER B: National Union Fire Ins Co Pittsburgh PA 19445												
	ISA Cricket 90 Interlocken Crescent, Suite 3	50			INSURE	RC:						
B	roomfield CO 80021				INSURE	RD:						
					INSURE	RE:						
					INSURE	RF:						
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 84545351	VE BEE	N ISSUED TO		REVISION NUMBER:	HE POI			
	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTAI	MEN IN, 1	NT, TERM OR CONDITION	OF AN ED BY	CONTRACT	OR OTHER D	DOCUMENT WITH RESPE	ст то у	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SU		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs			
A	COMMERCIAL GENERAL LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	EACH OCCURRENCE	\$5,000	0,000		
	CLAIMS-MADE 🖌 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	000		
	✓ Includes Participant Liability							MED EXP (Any one person)	\$5,000	0		
								PERSONAL & ADV INJURY	\$1,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$5,000			
	✓ POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000 \$	0,000		
Α	AUTOMOBILE LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	0.000		
	ANY AUTO							BODILY INJURY (Per person)	\$	- ,		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE	\$			
								AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
A B	Abuse & Molestation Accident Medical/AD&D			PLH03GL00000757 SRG0009163290		1/1/2025 1/1/2025	1/1/2026 1/1/2026	1,000,000 / 1,000,000 \$25,000 / \$5,000				
CI	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ub Name: Atlanta Cricket League v of Johns Creek, its agents, representa			·								
	City of Johns Creek, its agents, representatives, officers, directors, officials and employees are listed as additional insured.											
CE	RTIFICATE HOLDER				CANC	ELLATION						
C 1	ity of Johns Creek 1360 Lakefield Dr., Johns Creek	GA 3	800	97	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS.				
						RIZED REPRESE Patterson		fory D. Pit	terst	m		

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ACORD 25 (2016/03)

ADDITIONAL INSURED – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

ACORD	

DATE (MM/DD/YYYY)

Í				DILI		UNANC	· L	3	/26/2025	
C B	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.									
IN If	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).									
	DUCER	0 110 00		CONTA NAME:	<u>ст (</u>	/	e Services NW			
	SI Insurance Services NW			PHONE (A/C, No		(206) 441-630	FAX			
6	1 Union Street, Suite 1000			E-MAIL ADDRES	, EXI):	(200) 441-030	(A/C, NO):			
3	eattle, WA 98101			ADDRE					NAIC #	
									NAIC #	
INSU	2En						nsurance Company		38776	
	SA Cricket					I Union Fire II	ns Co Pittsburgh PA		19445	
	0 Interlocken Crescent, Suite 3	50		INSURE						
В	oomfield CO 80021			INSURE						
				INSURE						
	/== + = = = = = = = = = = = = = = = = =			INSURE	RF:					
	/ERAGES CEF		TE NUMBER: 84545371				REVISION NUMBER:			
IN C E	IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	СТ ТО	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ		
А	✓ COMMERCIAL GENERAL LIABILITY		PLH03GL00000757		1/1/2025	1/1/2026	EACH OCCURRENCE	\$5,00	0,000	
	CLAIMS-MADE 🖌 OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	000	
	✓ Includes Participant Liability						MED EXP (Any one person)	\$5,00		
							PERSONAL & ADV INJURY	\$1,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,00		
	✓ POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,00	0.000	
	OTHER:							\$	0,000	
А	AUTOMOBILE LIABILITY		PLH03GL00000757		1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000	
	ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED						BODILY INJURY (Per accident)	-		
	✓ AUTOS ONLY ✓ AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	:					AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
A	Abuse & Molestation		PLH03GL00000757		1/1/2025	1/1/2026	1,000,000 / 1,000,000			
В	Accident Medical/AD&D		SRG0009163290		1/1/2025	1/1/2026	\$25,000 / \$5,000			
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	RD 101, Additional Remarks Schedu	ile, mav be	attached if mor	e space is require	ed)			
		,	,	,						
	b Name: Atlanta Cricket League of Milton, its agents, representatives,	officers,	directors, officials and emplo	yees are	e listed as ad	ditional insure	ed.			
CE	TIFICATE HOLDER			CANC	ELLATION					
C 1	ty of Milton 3000 Deerfield Parkway, Suite10)7, Milt	ton GA 30004	THE	EXPIRATIO	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.			
				AUTHO	RIZED REPRESE	NTATIVE				
1						1	Jory D. Pat	tent	M	
1				Gary	Patterson	~	9		14 m	

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ACORD 25 (2016/03)

ADDITIONAL INSURED – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

ACORD	

DATE (MM/DD/YYYY)

									3/	/26/2025			
C B	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.												
1	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject	is an	ADD	ITIONAL INSURED, the p									
tł	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
	PRODUCER USI Insurance Services NW												
	USI Insurance Services NW												
	601 Union Street, Suite 1000												
Ĭ	INSURER(S) AFFORDING COVERAGE NAIC #												
	INSURER A : SiriusPoint America Insurance Company 38776												
INSURED INSURER A: SIFIUSPoint America Insurance Company 38776 INSURED INSURER B: National Union Fire Ins Co Pittsburgh PA 19445													
	SA Cricket												
3	90 Interlocken Crescent, Suite 3	50			INSURE								
	roomfield CO 80021				INSURE								
					INSURE								
		TIFIC			INSURE	RF:							
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 84545405				REVISION NUMBER:					
	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT	EME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPE	CT TO V	WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs				
A	COMMERCIAL GENERAL LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	EACH OCCURRENCE	\$5,000	0,000			
	CLAIMS-MADE 🖌 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300.0	000			
	✓ Includes Participant Liability							MED EXP (Any one person)	\$5,000				
								PERSONAL & ADV INJURY	\$1,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$5,000	,			
								PRODUCTS - COMP/OP AGG	\$2,000				
	OTHER:								\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Α	AUTOMOBILE LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	0,000			
	ANY AUTO							BODILY INJURY (Per person)	\$				
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$				
	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$								s				
	WORKERS COMPENSATION							PER OTH- STATUTE ER					
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE	-				
	If yes, describe under DESCRIPTION OF OPERATIONS below												
A	Abuse & Molestation			PLH03GL00000757		1/1/2025	1/1/2026	E.L. DISEASE - POLICY LIMIT 1,000,000 / 1,000,000	\$				
B	Accident Medical/AD&D			SRG0009163290		1/1/2025	1/1/2026	\$25,000 / \$5,000					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)					
	ub Name: Atlanta Cricket League ty of Roswell, its agents, representatives	offic	ers (lirectors officials and empl	lovees a	are listed as a	dditional insu	ired					
	y of resource, its agoins, representatives	, 01110	010, 0		loyees c								
CE	RTIFICATE HOLDER				CANC								
	-												
С З	ity of Roswell 8 Hill St., Roswell GA 30075				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.					
					AUTHO	RIZED REPRESE	NTATIVE						
							-	Jary D. Pit	tvæ.	m			
					Gary	Patterson		V					

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ACORD 25 (2016/03)

ADDITIONAL INSURED – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

ACORD

DATE (MM/DD/YYYY)

C B	HIS CERTIFICATE IS ISSUED AS A I ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	VELY	(OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEN	D OR ALT	ER THE CO	VERAGE AFFORDED	ATE HOI BY THE	POLICIES	
IN If	IPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject is certificate does not confer rights t	s an to th	ADD e ter	ITIONAL INSURED, the prms and conditions of th	e polic	y, certain po	olicies may r				
	DUCER	o the	cent	ficate holder in fieu of st	CONTAG	<u>т (</u>		0 · • • • • • • • • • • • • • • • • • •			
-	SI Insurance Services NW				NAME: PHONE			Services NW			
6	01 Union Street, Suite 1000				PHONE FAX (A/C, No, Ext): (206) 441-6300 (A/C, No): E-MAIL (A/C, No):						
S	eattle, WA 98101				ADDRESS:						
					INSURER(S) AFFORDING COVERAGE						
					INSURER A: SiriusPoint America Insurance Company						
	RED SA Cricket				INSURE	кв : National	Union Fire Ir	ns Co Pittsburgh PA		19445	
	90 Interlocken Crescent, Suite 3	50			INSURE	RC:					
B	Broomfield CO 80021					RD:					
						RE:					
					INSURE	RF:					
				NUMBER: 84545416				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR	emei Ain,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER D	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	NITS		
A	COMMERCIAL GENERAL LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	EACH OCCURRENCE	\$5,00	0,000	
	CLAIMS-MADE 🖌 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300.	,	
	✓ Includes Participant Liability							MED EXP (Any one person)	\$5,00		
								PERSONAL & ADV INJURY	\$1,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,00	,	
	PRO-							PRODUCTS - COMP/OP AG			
	OTHER:							PRODUCTS - COMP/OF AG	\$	0,000	
Α	AUTOMOBILE LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0.000	
	ANY AUTO							BODILY INJURY (Per person		0,000	
	OWNED SCHEDULED							BODILY INJURY (Per accide	nt) \$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	•		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED?	N / A							\$		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOY	-		
A	Abuse & Molestation			PLH03GL00000757		1/1/2025	1/1/2026	E.L. DISEASE - POLICY LIMI 1,000,000 / 1,000,000	1 \$		
В	Accident Medical/AD&D			SRG0009163290		1/1/2025	1/1/2026	\$25,000 / \$5,000			
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	e space is require	ed)			
		-			-		-				
	ub Name: Atlanta Cricket League bb County Parks & Recreation, its agen	ls rer	rese	ntatives officers directors	official	s and employ	ees are lister	l as additional insured			
		, ייי			,						
CF	RTIFICATE HOLDER				CANC						
C 1	obb County Parks & Recreation 792 County Service Parkway, Ma	ariett	ta G	A 30008	THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE REOF, NOTICE WILL Y PROVISIONS.			
1					AUTHO	RIZED REPRESE	NTATIVE				
1							2	Jary D. Pit	ters	M	
					Gary	Patterson	-0			er ar Maria,	

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ACORD 25 (2016/03)

ADDITIONAL INSURED – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

ACORD

DATE (MM/DD/YYYY)

`									3,	/26/2025		
C B	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.											
1	IPORTANT: If the certificate holder i	s an /	ADD	ITIONAL INSURED, the p								
	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							equire an endorsemen	t. A st	atement on		
	DUCER	o the	cert	ficate noider in lieu of su	CONTA	ст ,	/					
-	SI Insurance Services NW				NAME: PHONE			Services NW				
	01 Union Street, Suite 1000				(A/C, No	, Ext):	206) 441-630	00 (A/C, No)	:			
Š	eattle, WA 98101				E-MAIL ADDRESS:							
					INSURER(S) AFFORDING COVERAGE							
					INSURE	RA: SiriusPo	oint America I	nsurance Company		38776		
INSU	IRED				INSURE	кв: Nationa	l Union Fire Ir	ns Co Pittsburgh PA		19445		
	SA Cricket	-0			INSURE			y				
3	90 Interlocken Crescent, Suite 3 roomfield CO 80021	50			INSURE							
					INSURE							
		TIFIO			INSURE	RF:						
				NUMBER: 84545446				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA	EMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER D	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ			
A	COMMERCIAL GENERAL LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	EACH OCCURRENCE	\$5,000	000		
	CLAIMS-MADE 🗸 OCCUR			-		-	-	DAMAGE TO RENTED	\$ 300.0			
								PREMISES (Ea occurrence)	· · · ·			
	✓ Includes Participant Liability							MED EXP (Any one person)	\$5,000			
								PERSONAL & ADV INJURY	\$1,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,000	0,000		
	✓ POLICY PRO- JECT LOC OTHER:							PRODUCTS - COMP/OP AGG	\$2,000 \$	0,000		
Α				PLH03GL00000757		1/1/2025	1/1/2026	COMBINED SINGLE LIMIT	\$1,000	2 000		
						., .,_0_0	., ., _ 0 _ 0	(Ea accident) BODILY INJURY (Per person)	\$	5,000		
	OWNED SCHEDULED							,				
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE				
								(Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACHOCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
								E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
Α	Abuse & Molestation			PLH03GL00000757		1/1/2025	1/1/2026	1,000,000 / 1,000,000	1 -			
В	Accident Medical/AD&D			SRG0009163290		1/1/2025	1/1/2026	\$25,000 / \$5,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD	101. Additional Remarks Schedu	le, mav he	attached if mor	e space is require	ed)				
220			0110	in , Additional Remarks Concut	ic, may be		e opuoe io require					
	ub Name: Atlanta Cricket League											
Fo	rsyth County Parks & Recreation, its age	ents, re	epre	sentatives, officers, directo	ors, offic	ials and emp	loyees are list	ed as additional insured.				
CE	RTIFICATE HOLDER				CANC	ELLATION						
F P	orsyth County Parks & Recreatic O.Box 2417, Cumming GA 3002	on 28			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.				
					AUTHO	RIZED REPRESE	NTATIVE					
								Kon D D-	10200	~ ~		
					Gary	Patterson	re e	fory D. Pit	ua	n		

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ACORD 25 (2016/03)

ADDITIONAL INSURED – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

ACORD

DATE (MM/DD/YYYY)

c	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									
R	EPRESENTATIVE OR PRODUCER, A	ND THE C	ERTIFICATE HOLDER.					< <i>ii</i>		
lf	MPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject his certificate does not confer rights t	to the te	rms and conditions of th	e policy,	certain po	olicies may r				
	DUCER			CONTACT			e Services NW			
-	ISI Insurance Services NW			NAME: PHONE	,		FAX			
	01 Union Street, Suite 1000 Seattle, WA 98101			(A/C, No, Ext): (206) 441-6300 (A/C, No): E-MAIL ADDRESS:						
				ADDITE00.	NAIC #					
				INSURER A	38776					
				INSURER B	s: National	Union Fire Ir	ns Co Pittsburgh PA		19445	
USA Cricket 390 Interlocken Crescent, Suite 350					:					
B	proomfield CO 80021	INSURER D):							
		INSURER E	:							
				INSURER F	:					
			E NUMBER: 84545463				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY C ED BY TH	CONTRACT	OR OTHER D	DOCUMENT WITH RESPE	ст то	WHICH THIS	
INSR	XCLUSIONS AND CONDITIONS OF SUCH	ADDL SUBR		P	OLICY EFF	POLICY EXP		TO		
LTR A	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER PLH03GL00000757		<u>M/DD/YYYY)</u> /1/2025	(MM/DD/YYYY) 1/1/2026			000	
	CLAIMS-MADE OCCUR					., 1,2020	EACH OCCURRENCE DAMAGE TO RENTED	\$ 5,00	,	
							PREMISES (Ea occurrence)	, í		
	Includes Participant Liability						MED EXP (Any one person)	\$5,00		
							PERSONAL & ADV INJURY	\$ 1,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE			
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,00	,000	
А	AUTOMOBILE LIABILITY		PLH03GL00000757	1/	/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0.000	
	ANY AUTO						BODILY INJURY (Per person)	\$	3,000	
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$		
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							(i or acolacity)	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYE	E \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
A	Abuse & Molestation		PLH03GL00000757 SRG0009163290		/1/2025	1/1/2026	1,000,000 / 1,000,000			
В	Accident Medical/AD&D		31.90009103290	1/	/1/2025	1/1/2026	\$25,000 / \$5,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (ACORE	0 101, Additional Remarks Schedul	ie, may be at	tached if more	e space is require	ed)			
	ub Name: Atlanta Cricket League									
G١	vinnett County Board of Commissioners,	its agents	s, representatives, officers,	directors,	officials an	d employees	are listed as additional in	nsured.		
				0.11:0-						
CE	RTIFICATE HOLDER				LLATION					
G 7	winnett County Board of Comm 5 Langley Dr. Lawrenceville, GA	ssioner: 30046	3	THE E	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE (EREOF, NOTICE WILL Y PROVISIONS.			
l										
				AUTHORIZ	ED REPRESEI					
						Ļ	Jary D. Pit	ters	m	
				Gary Patterson						

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ACORD 25 (2016/03)

ADDITIONAL INSURED – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

ACORD

DATE (MM/DD/YYYY)

									3/	/26/2025	
C B	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.										
	IPORTANT: If the certificate holder is				olicv(i	es) must ha		IAL INSURED provisio	ns or he	endorsed	
lf	SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to th	e ter	rms and conditions of th	e polic	y, certain po	olicies may r				
	DUCER	Jule	Cert		CONTA	CT CT					
-	SI Insurance Services NW				NAME: USI Insurance Services NW PHONE FAX						
	01 Union Street, Suite 1000				(A/C, No E-MAIL		206) 441-630	00 (A/C, No	1		
5	eattle, WA 98101				ADDRESS: INSURER(S) AFFORDING COVERAGE						
						NAIC # 38776					
เทรเ	IRED				INSURE		19445				
U	SA Cricket				INSURE			ns Co Pittsburgh PA		13445	
3	390 Interlocken Crescent, Suite 350 Broomfield CO 80021					RD:					
	Broothileid CO 80021					RE:					
					INSURE						
co	VERAGES CER	TIFIC	ATE	NUMBER: 84545509				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HAV							
C	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERT	AIN, [·]	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED				
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
A	COMMERCIAL GENERAL LIABILITY			PLH03GL00000757		1/1/2025	1/1/2026	EACH OCCURRENCE	\$5,000	0,000	
	CLAIMS-MADE 🖌 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	000	
	✓ Includes Participant Liability							MED EXP (Any one person)	\$5,000	0	
								PERSONAL & ADV INJURY	\$1,000	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$5,000	0,000	
	✓ POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	0,000	
A	OTHER:			PLH03GL00000757		1/1/2025	1/1/2026	COMBINED SINGLE LIMIT	\$1,000	0.000	
	ANY AUTO						., ., _0_0	(Ea accident) BODILY INJURY (Per person)	\$	0,000	
	OWNED SCHEDULED							BODILY INJURY (Per acciden			
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	Е\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A	Abuse & Molestation			PLH03GL00000757		1/1/2025	1/1/2026	1,000,000 / 1,000,000			
В	Accident Medical/AD&D			SRG0009163290		1/1/2025	1/1/2026	\$25,000 / \$5,000			
				L							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	e space is require	ed)			
	ub Name: Atlanta Cricket League										
At	anta Cricket League Inc, its agents, repre	esent	ative	s, officers, directors, officia	ils and e	employees ar	e listed as ad	ditional insured.			
											
CE	RTIFICATE HOLDER					ELLATION					
A 8	tlanta Cricket League Inc 02 Pistace CT, Johns Creek GA	3002	22		THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE REOF, NOTICE WILL Y PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				
							2	Jary D. Pat	terð.	m	
					Gary	Patterson		· · · · · · · · · · · · · · · · · · ·		er	

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ACORD 25 (2016/03)

ADDITIONAL INSURED – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

ACORD

DATE (MM/DD/YYYY)

								3	/26/2025		
C B	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.										
IN	IPORTANT: If the certificate holder i	s an A	DDITIONAL INSURE	D, the policy							
	SUBROGATION IS WAIVED, subject his certificate does not confer rights to						require an endorsemen	t. A st	atement on		
	DUCER			CONT	ACT	/	Services NW				
	SI Insurance Services NW			PHON	NAME: USI Insurance Services NW PHONE FAX (A/C, No, Ext): (206) 441-6300 FAX (A/C, No):						
s	01 Union Street, Suite 1000 eattle, WA 98101			É-MÁII	E-MAIL ADDRESS:						
_					INSURER(S) AFFORDING COVERAGE						
				INSUR	INSURER A : SiriusPoint America Insurance Company						
	RED SA Cricket			INSUR	ER B : Nationa	I Union Fire Ir	ns Co Pittsburgh PA		19445		
3	90 Interlocken Crescent, Suite 3	50		INSUR							
ЬR	roomfield CO 80021	INSUR									
				INSUR							
со	VERAGES CER	TIFICA	TE NUMBER: 8454				REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES										
С	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH	PERTAI	N, THE INSURANCE	AFFORDED BY	THE POLICIE	S DESCRIBED					
INSR LTR	TYPE OF INSURANCE	ADDL SU INSD W	VD POLICY NU	-	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs			
A	COMMERCIAL GENERAL LIABILITY		PLH03GL000007	57	1/1/2025	1/1/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$5,000	0,000		
	CLAIMS-MADE 🖌 OCCUR						PREMISES (Ea occurrence)	\$ 300,0			
	✓ Includes Participant Liability						MED EXP (Any one person)	\$5,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,000	,		
	POLICY PECT LOC						PRODUCTS - COMP/OP AGG	\$2,000			
	OTHER:							\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Α	AUTOMOBILE LIABILITY		PLH03GL000007	57	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	0,000		
	ANY AUTO						BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$			
	DED RETENTION \$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE				
A	If yes, describe under DESCRIPTION OF OPERATIONS below Abuse & Molestation		PLH03GL000007	57	1/1/2025	1/1/2026	E.L. DISEASE - POLICY LIMIT 1,000,000 / 1,000,000	\$			
В	Accident Medical/AD&D		SRG0009163290		1/1/2025	1/1/2026	\$25,000 / \$5,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACC	RD 101, Additional Remark	ks Schedule, may I	be attached if mor	e space is require	ed)				
	ub Name: Atlanta Cricket League										
	wson County Parks & Recreation, its age	ents, re	presentatives, officer	s, directors, off	icials and emp	oloyees are lis	ted as additional insured				
CF	RTIFICATE HOLDER			CAN	CELLATION						
D P	awson County Parks & Recreati O.Box 808, Dawsonville GA 305	on 34		ТН	E EXPIRATIO	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.				
				AUTHO	ORIZED REPRESE	NTATIVE	_				
				Gan	Patterson	Ł	Jary D. Pit	terst	m		

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ACORD 25 (2016/03)

ADDITIONAL INSURED – BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.