

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER
Athletic Insurance Products
Irvine Ave., Suite 100
Santa Ana Heights, CA 92707
714.210.8875

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Markel Insurance Company	0785
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	3602AH235721-8	1/1/10	1/1/11	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Includes Athletic Participants				PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 3,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	OTHER Medical, sexual abuse & molestation, ISO CGL includes host liquor	4102AH235720-7	1/1/10	1/1/11	\$5,000 - \$250,000 AGG 1,000,000 - 2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

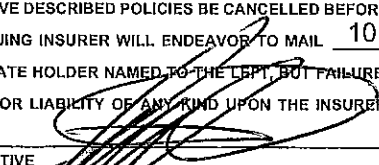
It's hereby understood and agreed that Fountain Valley Youth Baseball has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER
Athletic Insurance Products
Irvine Ave., Suite 100
Santa Ana Heights, CA 92707
714.210.8875

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INSURED
Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Markel Insurance Company	0785
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COVERAGES

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		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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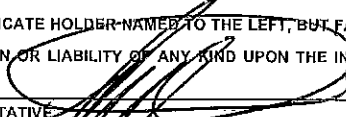
It's hereby understood and agreed that The Westminster Unified School District, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

Westminster Unified School District
14121 Cedarwood Ave.
Westminster, CA 92683

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER-NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: 

POLICY NUMBER: 3602AH235721-8
Effective Date: 01/1/2010 – 01/1/2011

Commercial Liability

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization
Additional Insured:

Westminster Unified School District
14121 Cedarwood Ave.
Westminster, CA 92683

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY/ AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED.

IT'S AGREED THAT ANY INSURANCE MAINTAINED BY THE GARDEN GROVE UNIFIED SCHOOL DISTRICT, CITY OF GARDEN GROVE, COUNTY OF ORANGE AND STATE OF CALIFORNIA WILL APPLY IN EXCESS OF, AND NOT CONTRIBUTE WITH, INSURANCE PROVIDED BY THIS POLICY

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER Athletic Insurance Products Irvine Ave., Suite 100 Santa Ana Heights, CA 92707		714.210.8875	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Fountain Valley Youth Baseball P.O. Box 8218 Fountain Valley, CA 92708		INSURERS AFFORDING COVERAGE INSURER A: Markel Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

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		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
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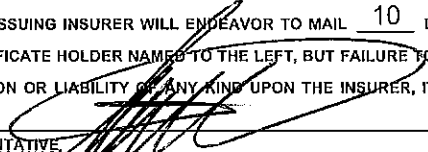
It's hereby understood and agreed that the City of Fountain Valley - Community Services, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

City of Fountain Valley
 Community Services
 10200 Slater Ave.
 Fountain Valley, CA 92708

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 

POLICY NUMBER: 3602AH235721-8

Commercial Liability

Effective Date: 01/1/2010 – 01/1/2011

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization

Additional Insured:

City of Fountain Valley
Community Services
10200 Slater Ave.
Fountain Valley, CA 92708

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY/ AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED.

IT'S AGREED THAT ANY INSURANCE MAINTAINED BY THE CITY OF FOUNTAIN VALLEY, COUNTY OF ORANGE AND STATE OF CALIFORNIA WILL APPLY IN EXCESS OF, AND NOT CONTRIBUTE WITH, INSURANCE PROVIDED BY THIS POLICY

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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PRODUCER
Athletic Insurance Products
Irvine Ave., Suite 100
Santa Ana Heights, CA 92707
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INSURED
Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Markel Insurance Company	0785
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COVERAGES

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It's hereby understood and agreed that the Santa Ana Unified School District, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

Santa Ana Unified School District
1601 East Chestnut Ave.
Santa Ana, CA 92701

CANCELLATION

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Name of Person or Organization
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Santa Ana Unified School District
1601 East Chestnut Ave.
Santa Ana, CA 92701

Named Insured:

Fountain Valley Youth Baseball
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Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY/ AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED.

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LM 112004COPYRIGHT, AMERICAN INSURANCE PRODUCTS

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Athletic Insurance Products
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INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Athletic Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3602AH235721-8	1/1/10	1/1/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
A		OTHER Medical, sexual abuse & molestation, ISO CGL includes host liquor	4102AH235720-7	1/1/10	1/1/11	\$5,000 - \$250,000 AGG 1,000,000 - 2,000,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

It's hereby understood and agreed that Ocean View Elementary School District, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

Ocean View Elementary School District
17200 Pinehurst Lane
Huntington Beach, CA 92648

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

POLICY NUMBER: 3602AH235721-8
Effective Date: 1/1/2010 –1/1/2011

Commercial Liability

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization

Additional Insured:

Ocean View Elementary School District
17200 Pinehurst Lane
Huntington Beach, CA 92648

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY/ AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED.

IT'S AGREED THAT ANY INSURANCE MAINTAINED BY THE OCEAN VIEW UNIFIED SCHOOL DISTRICT, CITY OF HUNTINGTON BEACH, COUNTY OF ORANGE AND STATE OF CALIFORNIA WILL APPLY IN EXCESS OF, AND NOT CONTRIBUTE WITH, INSURANCE PROVIDED BY THIS POLICY

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER Athletic Insurance Products Irvine Ave., Suite 100 Santa Ana Heights, CA 92707	714.210.8875	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE		NAIC #
INSURED Fountain Valley Youth Baseball Fountain Valley Pony P.O. Box 8218 Fountain Valley, CA 92708	INSURER A: Markel Insurance Company		0785
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Athletic Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3602AH235721-8	1/1/10	1/1/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Medical, sexual abuse & molestation, ISO CGL includes host liquor	4102AH235720-7	1/1/10	1/1/11	\$5,000 - \$250,000 AGG 1,000,000 - 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

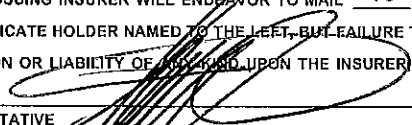
It's hereby understood and agreed that the Huntington Beach Union High School District, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

Huntington Beach Union High School District
5832 Bolsa Ave.
Huntington Beach, CA 92649

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 

POLICY NUMBER: 3602AH235721-8 Commercial Liability
Effective Date: 01/1/2010 – 01/1/2011

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization

Additional Insured:

Huntington Beach City School District
5832 Bolsa Ave.
Huntington Beach, CA 92649

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY/ AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED.

LM 112004COPYRIGHT, AMERICAN INSURANCE PRODUCTS

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER Athletic Insurance Products Irvine Ave., Suite 100 Santa Ana Heights, CA 92707		714.210.8875	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Fountain Valley Youth Baseball P.O. Box 8218 Fountain Valley, CA 92708		INSURERS AFFORDING COVERAGE INSURER A: Markel Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Athletic Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3602AH235721-8	1/1/10	1/1/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000									
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$									
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$									
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$									
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$	
WC STATU-TORY LIMITS	OTH-ER														
E.L. EACH ACCIDENT	\$														
E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														
A		OTHER Medical, sexual abuse & molestation, ISO CGL includes host liquor	4102AH235720-7	1/1/10	1/1/11	\$5,000 - \$250,000 AGG 1,000,000 - 2,000,000									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

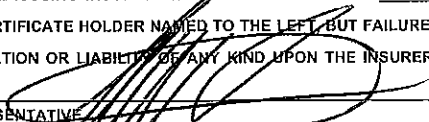
It's hereby understood and agreed that the Huntington Beach City School District, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

Huntington Beach City School District
 20451 Cramer LN
 Huntington Beach, CA 92646

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 

POLICY NUMBER: 3602AH235721-8
Effective Date: 01/1/2010 – 01/1/2011

Commercial Liability

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization

Additional Insured:

Huntington Beach City School District
20451 Cramer LN
Huntington Beach, CA 92646

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY// AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED.

IT'S AGREED THAT ANY INSURANCE MAINTAINED BY THE OCEAN VIEW UNIFIED SCHOOL DISTRICT, CITY OF HUNTINGTON BEACH, COUNTY OF ORANGE AND STATE OF CALIFORNIA WILL APPLY IN EXCESS OF, AND NOT CONTRIBUTE WITH, INSURANCE PROVIDED BY THIS POLICY

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER Athletic Insurance Products Irvine Ave., Suite 100 Santa Ana Heights, CA 92707	714.210.8875	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE		NAIC #
INSURED Fountain Valley Youth Baseball P.O. Box 8218 Fountain Valley, CA 92708	INSURER A: Markel Insurance Company		0785
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Athletic Participants	3602AH235721-8	1/1/10	1/1/11	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				BODILY INJURY (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				PROPERTY DAMAGE (Per accident) \$
A	OTHER Medical	4102AH235720-7	1/1/10	1/1/11	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
					WC STATU-TORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

It's hereby understood and agreed that Garden Grove Unified School District, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

Garden Grove Unified School District
10331 Stanford Ave.
Garden Grove, CA 92640

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 

POLICY NUMBER: 3602AH235721-8
Effective Date: 01/1/2010 – 01/1/2011

Commercial Liability

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization

Additional Insured:

Garden Grove Unified School District
10331 Stanford Ave.
Garden Grove, CA 92640

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY// AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED.

IT'S AGREED THAT ANY INSURANCE MAINTAINED BY THE GARDEN GROVE UNIFIED SCHOOL DISTRICT, CITY OF GARDEN GROVE, COUNTY OF ORANGE AND STATE OF CALIFORNIA WILL APPLY IN EXCESS OF, AND NOT CONTRIBUTE WITH, INSURANCE PROVIDED BY THIS POLICY

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER
Athletic Insurance Products
Irvine Ave., Suite 100
Santa Ana Heights, CA 92707
714.210.8875

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Markel Insurance Company	0785
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Athletic Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3602AH235721-8	1/1/10	1/1/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
A		OTHER Medical	4102AH235720-7	1/1/10	1/1/11	\$5,000 - \$250,000 AGG 1,000,000 - 2,000,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

It's hereby understood and agreed that Fountain Valley School District, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

Fountain Valley School District
17210 Oak
Fountain Valley, CA 92708

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 

POLICY NUMBER: 3602AH235721-8
Effective Date: 01/1/2010 – 01/1/2011

Commercial Liability

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization
Additional Insured:

Fountain Valley School District
17210 Oak
Fountain Valley, CA 92708

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY/ AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED. **IT'S AGREED THAT ANY INSURANCE MAINTAINED BY THE FOUNTAIN VALLEY SCHOOL DISTRICT, CITY OF FOUNTAIN VALLEY, COUNTY OF ORANGE AND STATE OF CALIFORNIA WILL APPLY IN EXCESS OF, AND NOT CONTRIBUTE WITH, INSURANCE PROVIDED BY THIS POLICY**

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER
Athletic Insurance Products
Irvine Ave., Suite 100
Santa Ana Heights, CA 92707
714.210.8875

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Markel Insurance Company	0785
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

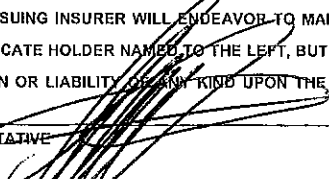
COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Athletic Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3602AH235721-8	1/1/10	1/1/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Medical, sexual abuse & molestation, ISO CGL includes host liquor	4102AH235720-7	1/1/10	1/1/11	\$5,000 - \$250,000 AGG 1,000,000 - 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 It's hereby understood and agreed that the County of Orange - State of California, County Property Permits, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER
 County of Orange - State of California
 County Property Permits
 P.O. Box 4048
 Santa Ana, CA 92702-4048

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE 

POLICY NUMBER: 3602AH235721-8
Effective Date: 01/1/2010 – 01/1/2011

Commercial Liability

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization

Additional Insured:

County of Orange- State of California
County Property Permits
P.O. Box 4048
Santa Ana, CA 92702-4048

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY/ AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED. **IT'S AGREED THAT ANY INSURANCE MAINTAINED BY THE COUNTY OF ORANGE AND STATE OF CALIFORNIA WILL APPLY IN EXCESS OF, AND NOT CONTRIBUTE WITH, INSURANCE PROVIDED BY THIS POLICY**

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER Athletic Insurance Products Irvine Ave., Suite 100 Santa Ana Heights, CA 92707		714.210.8875	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Fountain Valley Youth Baseball P.O. Box 8218 Fountain Valley, CA 92708		INSURERS AFFORDING COVERAGE INSURER A: Markel Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Athletic Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3602AH235721-8	1/1/10	1/1/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Medical, sexual abuse & molestation, ISO CGL includes host liquor	4102AH235720-7	1/1/10	1/1/11	\$5,000 - \$250,000 AGG 1,000,000 - 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

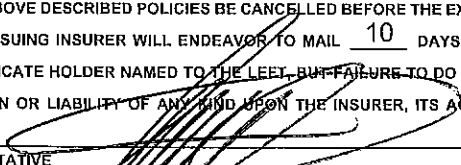
It's hereby understood and agreed that The City of Westminster, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

City of Westminster
 8200 Westminster Blvd.
 Westminster, CA 92683

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 

POLICY NUMBER: 3602AH235721-8
Effective Date: 01/1/2010– 01/1/2011

Commercial Liability

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization
Additional Insured:

City of Westminster
8200 Westminster Blvd.
Westminster, CA 92683

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY/ AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED. **IT'S AGREED THAT ANY INSURANCE MAINTAINED BY THE COUNTY OF ORANGE AND STATE OF CALIFORNIA WILL APPLY IN EXCESS OF, AND NOT CONTRIBUTE WITH, INSURANCE PROVIDED BY THIS POLICY**

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER Athletic Insurance Products Irvine Ave., Suite 100 Santa Ana Heights, CA 92707		714.210.8875	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Fountain Valley Youth Baseball P.O. Box 8218 Fountain Valley, CA 92708		INSURERS AFFORDING COVERAGE		NAIC # 0785
		INSURER A: Markel Insurance Company		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Athletic Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3602AH235721-8	1/1/10	1/1/11	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	
						OTH-ER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER Medical, sexual abuse & molestation, ISO CGL includes host liquor	4102AH235720-7	1/1/10	1/1/11	\$5,000 - \$250,000	AGG 1,000,000 - 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

It's hereby understood and agreed that The City of Costa Mesa, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

City of Costa Mesa
 77 Fair Drive
 Costa Mesa, CA 92626

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

POLICY NUMBER: 3602AH235721-8
Effective Date: 01/1/2010 – 01/1/2011

Commercial Liability

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization

Additional Insured:

City of Costa Mesa
77 Fair Drive
Costa Mesa, CA 92626

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY/ AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED.

IT'S AGREED THAT ANY INSURANCE MAINTAINED BY THE COUNTY OF ORANGE AND STATE OF CALIFORNIA WILL APPLY IN EXCESS OF, AND NOT CONTRIBUTE WITH, INSURANCE PROVIDED BY THIS POLICY

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER Athletic Insurance Products Irvine Ave., Suite 100 Santa Ana Heights, CA 92707	714.210.8875	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Fountain Valley Youth Baseball P.O. Box 8218 Fountain Valley, CA 92708	INSURER A: Markel Insurance Company		0785
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR Includes Athletic Participants <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3602AH235721-8	1/1/10	1/1/11	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER Medical, sexual abuse & molestation, ISO CGL includes host liquor	4102AH235720-7	1/1/10	1/1/11	\$5,000 - \$250,000	AGG 1,000,000 - 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

It's hereby understood and agreed that The City of Garden Grove, has been added as an additional insured, but only in regard to negligence of the named insured. All terms and conditions of the policy apply.

CERTIFICATE HOLDER

City of Garden Grove
 11222 Acacia Parkway
 Garden Grove, CA 92842

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

POLICY NUMBER: 3602AH235721-8
Effective Date: 01/1/2010 – 01/1/2011

Commercial Liability

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization
Additional Insured:

City of Garden Grove
11222 Acacia Parkway
Garden Grove, CA 92842

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: AS EVIDENCED BY A CERTIFICATE OF INSURANCE ISSUED BY AN AUTHORIZED REPRESENTATIVE OF MARKEL INSURANCE COMPANY; OR LEGALLY ENFORCEABLE CONTRACT OR AGREEMENT BUT ONLY WITH RESPECT TO NEGLIGENCE OF THE NAMED INSURED, IT'S PARENTS, AGENTS, EMPLOYEES AND ASSOCIATES ARISING OUT OF THE USE OF THE PREMISES. NO COVERAGE IS AFFORDED THE ADDITIONAL INSURED'S FOR ANY CLAIM OR LIABILITY BASED UPON ACTUAL OR ALLEGED DEFECTS IN THE SUBJECT PROPERTY/ AND OR BASED UPON ACTUAL OR ALLEGED NEGLIGENCE OF THE ADDITIONAL INSURED.

IT'S AGREED THAT ANY INSURANCE MAINTAINED BY THE COUNTY OF ORANGE AND STATE OF CALIFORNIA WILL APPLY IN EXCESS OF, AND NOT CONTRIBUTE WITH, INSURANCE PROVIDED BY THIS POLICY

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2010

PRODUCER
Athletic Insurance Products
Irvine Ave., Suite 100
Santa Ana Heights, CA 92707

714.210.8875

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Markel Insurance Company	0785
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Athletic Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3602AH235721-8	1/1/10	1/1/11	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
						OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Deductible	3602AH235721-7	1/1/10	1/1/11	\$0.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

By separate, attached endorsement, THE CITY OF HUNTINGTON BEACH, ITS OFFICERS, ELECTED OR APPOINTED OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS must be named as certificate holder and as additional insured.

CERTIFICATE HOLDER

City of Huntington Beach
2000 Main Street
Huntington Beach, CA 92648

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

POLICY NUMBER: 3602AH235721-8
Effective Date: 01/1/2010 – 01/1/2011

Commercial Liability

THIS ENDORSEMENT CHANGES THE POLICY

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization
Additional Insured:

City of Huntington Beach
2000 Main Street
Huntington Beach, CA 92648

Named Insured:

Fountain Valley Youth Baseball
P.O. Box 8218
Fountain Valley, CA 92708

Insurance Company:

Markel Insurance Company

Agent:

American Insurance Products
714.210.8875- CA License Number: 0D28231

Name of Person or Organization: **THE CITY OF HUNTINGTON BEACH, ITS OFFICERS, ELECTED OR APPOINTED OFFICIALS, AGENTS, OFFICERS, EMPLOYEES AND VOLUNTEERS. IT'S AGREED THAT ANY INSURANCE MAINTAINED BY THE COUNTY OF ORANGE AND STATE OF CALIFORNIA WILL APPLY IN EXCESS OF, AND NOT CONTRIBUTE WITH, INSURANCE PROVIDED BY THIS POLICY**

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