

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2023

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.

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).												
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FNIC												
P.O. Box 45279 Omaha NE 68145-0279							PHONE (A/C, No, Ext): 402-861-7000 (A/C, No):  E-MAIL ADDRESS:					
Omana NE 00 170-0210							INSURER(S) AFFORDING COVERAGE					
							INSURER A : Arch Specialty Insurance Company				21199	
INSURED JUNIOSAL							INSURER B: Arch Insurance Company				11150	
Junior Saltdogs League Lincoln Youth Baseball Organization dba						INSURER C: SFM Mutual Insurance Company					11347	
PO Box 23063						INSURER D :						
Lincoln NE 68542						INSURER E :						
							INSURER F:					
					NUMBER: 1374539333	<u> </u>	N IOOUED TO		REVISION NUMBER:		IOV DEDICE	
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS											
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,												
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSR   POLICY EFF   POLICY EXP												
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY SBCGL0			SBCGL0099906		3/31/2023	3/31/2024	EACH OCCURRENCE \$1,000 DAMAGE TO RENTED		,		
	CLAIMS-MADEOCCUR								PREMISES (Ea occurrence)	\$ 1,000	,000	
									` ' ' '	\$		
									PERSONAL & ADV INJURY	\$ 1,000	,	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:								\$ 5,000		
		POLICY JECT LOC								\$ 5,000	,000	
	AUT	OTHER:  FOMOBILE LIABILITY							COLUDINED ON IOLE LINET	\$		
		ANY AUTO								\$		
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
		AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		ACTOC CIVET								\$		
В	Х	UMBRELLA LIAB OCCUR			SBFXS0277300		3/31/2023	3/31/2024	EACH OCCURRENCE	\$1,000	,000	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 1,000	,000	
		DED X RETENTION \$ 0								\$		
С		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			162766201	3/3	3/31/2023	3/31/2024	PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT		\$ 500,000			
	(Mandatory in NH)  If yes, describe under								E.L. DISEASE - EA EMPLOYEE \$500,00			
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,0	00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
			•		,	, ,			•			
CEI	RTIF	FICATE HOLDER				CANCELLATION						
The Diocese of Lincoln 3400 Sheridan Ave							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Lincoln NE 68506						AUTHORIZED REPRESENTATIVE						
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