

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/5/2024

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).

this certificate does not confer rights to				•	equire un endorsement. A st	atement on	
PRODUCER FNIC		CONTACT NAME: PHONE 400.00		FAX			
P.O. Box 45279 Omaha NE 68145-0279		PHONE (A/C, No, Ext): 402-86 E-MAIL ADDRESS:	1-7000	(A/C, No):			
Offidia NE 00140-0219			INS	NAIC#			
	INSURER A: Arch Specialty Insurance Company			21199			
NSURED	INSURER B : Arch Ins	NSURER B : Arch Insurance Company					
Junior Saltdogs League Lincoln Youth Baseball Organization d	INSURER C : SFM Mu	11347					
PO Box 23063	INSURER D :						
Lincoln NE 68542	INSURER E :						
			INSURER F:				
COVERAGES CER	TIFICATE N	UMBER: 1552598114	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES							
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY							
EXCLUSIONS AND CONDITIONS OF SUCH						TIL TERRIO,	
NSR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		

INSR LTR		TYPE OF INSURANCE	ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	X	CLAIMS-MADE X OCCUR			SBCGL0099907	3/31/2024	3/31/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000 \$ 1000000
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$ 1000000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5000000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 5000000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	Х	UMBRELLA LIAB X OCCUR			SBFXS0000507	3/31/2024	3/31/2025	EACH OCCURRENCE	\$ 1000000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1000000
		DED X RETENTION \$ 0							\$
С		KERS COMPENSATION EMPLOYERS' LIABILITY			162766202	3/31/2024	3/31/2025	PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 500000
	(Mar	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 500000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500000
l nesc	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Pemarks Schedule, may be attached if more space is required)								

beschir flow of or Eramons / Economos / Vehicles (Acond 101, Additional Remains Schedule, may be attached it more space is required)					
CERTIFICATE HOLDER	CANCELLATION				

Lancaster County School District #0001 AKA Lincoln Public Schools

Attn: Kim Miller PO Box 82889 Lincoln NE 68501 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE