



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/27/2019

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.

	· SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsemen	t. As	tatement on
	DUCER		2016			ст Rhonda				
Ter	ry I Green & Associates Inc				PHONE (A/C, No			FAX (A/C, No):		
310	0 Five Forks Trickum Road te 101				E-MAIL ADDRE			(A/C, NO):		
	ourn, GA 30047				ADDICE		SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE		•	y Insurance Company	,	44768
INS	JRED				INSURE	RB:				
	Atlanta Cricket League, Inc				INSURE	R C :				
	13590 Weycroft Cir				INSURE	R D :				
	Alpharetta, GA 30004				INSURE	RE:				
					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE VIDICATED. NOTWITHSTANDING ANY R SERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSF LTR			SUBR				POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	III	1111			(MINI/DD/1111)	(MINIOD) I I I I I	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X ABUSE/MOLESTATION							MED EXP (Any one person)	\$	5,000
	X \$25 OCC/ \$100 AGG							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000 1,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG Participants	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							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 \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
You	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC erage is provided under this policy for s th and Adult Cricket tificate Holder is named as an additiona			D 101, Additional Remarks Schedu I and supervised activities	ule, may b	e attached if mor named insure	e space is requi ed for which a	red) a premium has been paid.		
CE	RTIFICATE HOLDER				CANO	CELLATION				
	Atlanta Cricket Academy 3515 Caney Creek Ln Cumming, GA 30041				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		
					AUTHO	RIZED REPRESE	NTATIVE			





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/27/2019

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.

	f SUBROGATION IS WAIVED, subjection is certificate does not confer rights to the confer rights are conferred to the conferred to th				uch end	dorsement(s)		require an endorsemen	ıt. AS	statement on
l	DDUCER				CONTA NAME:	CT Rhonda	Crook	l =xv		
Ter 310	ry L. Green & Associates, Inc. 0 Five Forks Trickum Road				PHONE (A/C, N	o, Ext):		FAX (A/C, No):		
Sui	te 101 ourn, GA 30047				E-MAIL ADDRE	SS:				
LIIL	ourn, GA 30047							RDING COVERAGE		NAIC #
					INSURE	ER A : Vantapi	ro Specialt	y Insurance Company		44768
INS	URED				INSURE	ERB:				
	Atlanta Cricket League, Inc				INSURE	ER C:				
	13590 Weycroft Cir Alpharetta, GA 30004				INSURE	ER D :				
					INSURE					
L					INSUR	ERF:				
				E NUMBER:		SEEN IOOUED :	TO THE INIOH	REVISION NUMBER:	THE DO	N IOV PEDIOD
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R SERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREM TAIN, ICIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR .LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAI Y THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSF		INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	4 000 000
Α								EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR X ABUSE/MOLESTATION	X		5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000 5,000
	A							MED EXP (Any one person)	\$	1,000,000
	<u> </u>							PERSONAL & ADV INJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG Participants	\$	1,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
	ANY AUTO							(Ea accident)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per person)	\$	
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							NOONEONTE	s	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY							PER OTH- STATUTE ER	Ť	
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	`					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
You Cer	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC rerage is provided under this policy for so th and Adult Cricket tificate Holder is named as an additiona G2, G3, G4, G5, G6, G7	spon	sorec	D 101, Additional Remarks Schedd I and supervised activities	ule, may k of the	oe attached if mor named insure	e space is requi d for which a	^{red)} a premium has been paid.		
	DTIFICATE HOLDES				0	OF11 4=10::				
CE	Atlanta Cricket Fields				SHO	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		
	5325 Keith Bridge Rd Cumming, GA 30041				AUTHO	PRIZED REPRESE	NTATIVE			





DATE (MM/DD/YYYY)

3/27/2019

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.

		BROGATION IS WAIVED, subjectificate does not confer rights t							require an endorsemen	t. As	statement on
PRO	DUCE	ER				CONTA NAME:	^{C⊤} Rhonda	Crook			
		Green & Associates, Inc.				PHONE (A/C, No			FAX (A/C, No):		
Sui	te 10					E-MAIL ADDRE			(
Lilk	ourn,	GA 30047						SURER(S) AFFO	RDING COVERAGE		NAIC #
						INSURE	R A : Vantap	ro Specialt	y Insurance Company	,	44768
INS	URED					INSURE	RB:				
		Atlanta Cricket League, Inc				INSURE	R C :				
		13590 Weycroft Cir				INSURE	RD:				
		Alpharetta, GA 30004				INSURE	RE:				
						INSURE	RF:				
CC	VER	RAGES CEF	RTIFI	CAT	E NUMBER:				REVISION NUMBER:		
	NDIC/ CERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	O WHICH THIS
INSF	2	TYPE OF INSURANCE		SUBR						s	
Α		COMMERCIAL GENERAL LIABILITY	III	1000			(MINI/DD/1111)	(MINIODITITI)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X	ABUSE/MOLESTATION							MED EXP (Any one person)	\$	5,000
	X	\$25 OCC/ \$100 AGG							PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	3,000,000
	X	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:							Participants	\$	1,000,000
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$	
	WOF	DED RETENTION \$							PER OTH- STATUTE ER	\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N								_	
	OFF (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes	s, describe under							E.L. DISEASE - EA EMPLOYEE		
	DES	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Υοι	ıth ar	TION OF OPERATIONS / LOCATIONS / VEHIC e is provided under this policy for nd Adult Cricket te Holder is named as an additiona	-		D 101, Additional Remarks Schedu d and supervised activities	ile, may b of the i	ne attached if mor named insure	re space is requi	red) a premium has been paid.		
	DTIF	EICATE HOLDER				CANC	CELLATION				
CE	וא וווי	FICATE HOLDER				CANC	CELLATION				
		Bell Memorial Park 15245 Bell Park Rd Milton, GA 30004				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C. IEREOF, NOTICE WILL CY PROVISIONS.		
		,				Len	RIZED REPRESE y L. Lieen	NTATIVE			



CERTIFICATE OF LIABILITY INSURANCE

ACORD®

3/27/2019

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.

t	his certificate does not confer rights to				ıch enc	lorsement(s)		require an endors		. A S	atement on
Ter	DUCER ry L. Green & Associates, Inc. M Five Forks Trickum Road				PHONE (A/C, No	o, Ext):	CIUUK	FA (A	AX /C, No):		
Sui	0 Five Forks Trickum Road te 101				E-MAIL ADDRE	SS:					
Lilk	ourn, GA 30047					INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Vantapı	ro Specialt	y Insurance Com	npany		44768
INS	URED				INSURE	RB:					
	Atlanta Cricket League, Inc				INSURE	RC:					
	13590 Weycroft Cir Alpharetta, GA 30004				INSURE	RD:					
	Alpharetta, CA 00007				INSURE						
					INSURE	RF:					
				E NUMBER:				REVISION NUMB			
ll C	'HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI PERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH I	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH BED HEREIN IS SUB	RESPE	CT TO	WHICH THIS
INSF LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	3	
A						·····	,,	EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR	X		5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurre	nce)	\$	300,000
	χ ABUSE/MOLESTATION							MED EXP (Any one pers		\$	5,000
	χ \$25 OCC/ \$100 AGG							PERSONAL & ADV INJU	URY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	E	\$	3,000,000
	X POLICY PRO- OTHER: LOC							PRODUCTS - COMP/OI Participants		\$ \$	1,000,000 1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)	MIT	\$	
	ANY AUTO							BODILY INJURY (Per pe	erson)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per ad	ccident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\longrightarrow	\$	
	DED RETENTION \$							DED		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMP	PLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	/ LIMIT	\$	
Υοι	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL verage is provided under this policy for s th and Adult Cricket tificate Holder is named as an additional			D 101, Additional Remarks Schedu I and supervised activities	ule, may b	e attached if mor named insure	e space is requi d for which a	 red) a premium has beer	າ paid.		
CE	RTIFICATE HOLDER				CANO	ELLATION					
	City of Alpharetta Parks Dep Two S. Main St Alpharetta, GA 30009	t			ACC	EXPIRATION	N DATE TH	DESCRIBED POLICIES HEREOF, NOTICE V CY PROVISIONS.			
				1	# 00	-					





CERTIFICATE OF LIABILITY INSURANCE

3/27/2019

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.

	nis certificate does not confer rights to				ich end	lorsement(s)		require an endorsemen	t. A S	tatement on
	DUCER				CONTAC NAME:	^{CT} Rhonda	Crook			
Ter	ry L. Green & Associates, Inc.				PHONE (A/C, No	o, Ext):		FAX (A/C, No):		
Sui	0 Five Forks Trickum Road				E-MAIL ADDRES	SS:				
Lilb	urn, GA 30047					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Vantapı	ro Specialty	y Insurance Company	,	44768
INS	JRED				INSURE	RB:				
	Atlanta Cricket League, Inc				INSURE	RC:				
	13590 Weycroft Cir				INSURE	RD:				
	Alpharetta, GA 30004				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR			SUBR WVD		DELINI	POLICY FFF	POLICY EXP	LIMIT	·s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
	CLAIMS-MADE X OCCUR	х		5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X ABUSE/MOLESTATION	^		3073-2143-00		3/2-1/2013	3/2-1/2020		\$	5,000
	χ \$25 OCC/ \$100 AGG							MED EXP (Any one person)	\$ \$	1,000,000
								PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
								Participants	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per person)	\$	
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCUPPENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							AGGREGATE	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Φ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	· ·	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	BESONII TION OF OF ENVIRONS BOILD							E.E. BIOL/IOE T OLIOT LIMIT	Ψ	
You	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC erage is provided under this policy for s th and Adult Cricket ificate Holder is named as an additiona			D 101, Additional Remarks Schedu I and supervised activities	ile, may b of the r	e attached if mor named insure	e space is required for which a	red) i premium has been paid.		
CF	RTIFICATE HOLDER				CANC	ELLATION				
CE	City of Brookhaven 3360 Osborne Rd Atlanta, GA 30319				SHO THE ACC	ULD ANY OF T EXPIRATION ORDANCE WI	N DATE TH TH THE POLIC	ESCRIBED POLICIES BE C. IEREOF, NOTICE WILL CY PROVISIONS.		
					AUTHOI	RIZED REPRESE	NIATIVÉ			
1					Len	4x Licen				





CERTIFICATE OF LIABILITY INSURANCE

3/27/2019

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.

tl	nis certificate does not confer rights				ıch enc	lorsement(s)				
	DUCER					^{C⊤} Rhonda	Crook			
Ter	ry L. Green & Associates, Inc. 0 Five Forks Trickum Road				PHONE (A/C, No	o, Ext):		FAX (A/C, No):		
Sui	e 101				E-MAIL ADDRE					
Lilb	urn, GA 30047						SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE		•	y Insurance Company	,	44768
INS	JRED				INSURE		•	<u>, , , , , , , , , , , , , , , , , , , </u>		
	Atlanta Cricket League, Inc				INSURE					
	13590 Weycroft Cir				INSURE					
	Alpharetta, GA 30004				INSURE					
					INSURE					
CO	VERAGES CEF	TIFI	CATE	E NUMBER:				REVISION NUMBER:		-
ll C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORM	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TC	WHICH THIS
INSR		ADDL	SUBR		DELIVI		POLICY EXP (MM/DD/YYYY)	LIMIT	•	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
•	CLAIMS-MADE X OCCUR	v		5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X ABUSE/MOLESTATION	X		3073-2143-00		3/24/2013	3/24/2020		\$	5,000
	X \$25 OCC/ \$100 AGG							MED EXP (Any one person)	\$	1,000,000
	<u> </u>							PERSONAL & ADV INJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	1,000,000
								PRODUCTS - COMP/OP AGG Participants	\$	1,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	-,,
	ANY AUTO							(Ea accident)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$	
	LUIDELLA LUID								\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
		1						AGGREGATE	\$	
	DED RETENTION \$							PER OTH- STATUTE ER	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
You	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC erage is provided under this policy for th and Adult Cricket ificate Holder is named as an additiona			D 101, Additional Remarks Schedu I and supervised activities	ile, may b	e attached if mor named insure	e space is requir d for which a	ed) I premium has been paid.		
CE	RTIFICATE HOLDER				CANO	PELL ATION				
GE	City of Johns Creek 12000 Findley Rd. Suite 400 Johns Creek, GA 30097				CANCELLATION 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					
					10	I St.				





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/27/2019

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.

	t SUBROGATION IS WAIVED, subject this certificate does not confer rights to				ıch end	lorsement(s)		require an en	dorsemen	it. As	statement on
PRO	ODUCER				CONTA NAME:	^{CT} Rhonda	Crook				
Ter	rry L. Green & Associates, Inc. 00 Five Forks Trickum Road				PHONE (A/C, No	o, Ext):			FAX (A/C, No):		
Sui	ite 101				E-MAIL ADDRE	SS:					
Lilk	ourn, GA 30047					INS	SURER(S) AFFOI	RDING COVERAGE			NAIC #
					INSURE	R A : Vantapı	ro Specialt	y Insurance (Company	<u> </u>	44768
INS	URED				INSURE	RB:					
	Atlanta Cricket League, Inc				INSURE	RC:					
	13590 Weycroft Cir Alpharetta, GA 30004				INSURE	RD:					
	Alpharetta, OA 00007				INSURE						
L					INSURE	RF:					
				E NUMBER:				REVISION NU			
l II	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W SED HEREIN IS :	ITH RESPE	CT TO	O WHICH THIS
INSF	R	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A		шов	1112			(11111)	(MINUSO) 1111)	EACH OCCURRE	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR X ABUSE/MOLESTATION	X		5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	300,000 5,000
	X \$25 OCC/ \$100 AGG							MED EXP (Any on	•	\$	1,000,000
	X · · · · · · · · · · · · · · · · · · ·							PERSONAL & ADV		\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							PRODUCTS - COP Participants		\$	1,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$	1,000,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM/ (Per accident)	AGE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							1050	0.711	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCID	ENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	A EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$	
Υοι	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL verage is provided under this policy for s uth and Adult Cricket rtificate Holder is named as an additional		D 101, Additional Remarks Schedu I and supervised activities	ile, may b of the i	e attached if mor named insure	e space is requii d for which a	 red) a premium has	been paid.			
CE	ERTIFICATE HOLDER				CANO	ELLATION					
	City of Milton 13000 Deerfield Parkway Ste 107				THE	EXPIRATION ORDANCE WI	N DATE TH	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.	CE WILL		
	Milton, GA 30004				AUTHO	RIZED REPRESE	NIAIIVĒ				





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/27/2019

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.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsemen	t. As	tatement on
	DDUCER					^{c⊤} Rhonda				
Ter	ry I. Green & Associates Inc				PHONE (A/C, No			FAX (A/C, No):		
310	0 Five Forks Trickum Road te 101				E-MAIL ADDRE			(A/C, NO):		
	ourn, GA 30047				ADDICE		SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE		•	y Insurance Company	,	44768
INS	URED				INSURE	RB:				
	Atlanta Cricket League, Inc				INSURE	R C :				
	13590 Weycroft Cir				INSURE	RD:				
	Alpharetta, GA 30004				INSURE	RE:				
					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
II	HIS IS TO CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R PERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSF			SUBR				POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α		INOD	****			(MINI/DD/11111)	(MINIOD) I I I I I	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X ABUSE/MOLESTATION							MED EXP (Any one person)	\$	5,000
	χ \$25 OCC/ \$100 AGG							PERSONAL & ADV INJURY	\$	1,000,000 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG Participants	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							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 \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Υοι	CERIPTION OF OPERATIONS / LOCATIONS / VEHIC verage is provided under this policy for s th and Adult Cricket tificate Holder is named as an additiona			D 101, Additional Remarks Schedu I and supervised activities	ile, may b	e attached if mor named insure	re space is requir d for which a	red) a premium has been paid.		
CE	RTIFICATE HOLDER				CANO	CELLATION				
	City of Roswell 38 Hill St Roswell, GA 30075				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		
	,				AUTHO	RIZED REPRESE	NTATIVE			

ACORD 25 (2016/03)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/27/2019

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.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsemer	it. As	statement on
	DDUCER	<u> </u>				^{c⊤} Rhonda				
Ter	ry I. Green & Associates Inc				PHONE (A/C, No			FAX (A/C, No):		
310 Sui	0 Five Forks Trickum Road te 101				E-MAIL ADDRE			(A/C, NO).		
	ourn, GA 30047				ADDRE		SURFR(S) AFFOI	RDING COVERAGE		NAIC #
					INSURE		• •	y Insurance Company	,	44768
INS	URED				INSURE	RB:		•		
	Atlanta Cricket League, Inc				INSURE	R C :				
	13590 Weycroft Cir				INSURE	R D :				
	Alpharetta, GA 30004				INSURE	RE:				
					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
II	HIS IS TO CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R PERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPI SED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSF			SUBR				POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α		III	1111			(MINI/DD/1111)	(MINIODITITI)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X ABUSE/MOLESTATION							MED EXP (Any one person)	\$	5,000
	X \$25 OCC/ \$100 AGG							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000 1,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG Participants	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							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 \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Υοι	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI rerage is provided under this policy for s th and Adult Cricket tificate Holder is named as an additiona			D 101, Additional Remarks Schedu I and supervised activities	ile, may b	e attached if mor named insure	e space is requi d for which a	red) a premium has been paid		
CE	RTIFICATE HOLDER				CANO	CELLATION				
	Cobb County Parks and Rec 1792 County Service Parkwa Marietta, GA 30008		ion		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		
					AUTHO	RIZED REPRESE	NTATIVE			





CERTIFICATE OF LIABILITY INSURANCE

3/27/2019

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.

t	his certificate does not confer rights to				ıch enc	lorsement(s)		require an endorseme	ni. As	
Ter	DDUCER ry L. Green & Associates, Inc. 10 Five Forks Trickum Road				PHONE (A/C, No	o, Ext):	CIUUK	FAX (A/C, No):	
Sui	10 Five Forks Trickum Road te 101				E-MAIL ADDRE	SS:				
LIID	ourn, GA 30047					INS	URER(S) AFFO	RDING COVERAGE		NAIC #
					INSURE	R A : Vantapı	ro Specialt	y Insurance Compan	y	44768
INS	URED				INSURE	RB:				
	Atlanta Cricket League, Inc				INSURE	RC:				
	13590 Weycroft Cir Alpharetta, GA 30004				INSURE	RD:				
	Alpharetta, OA 00007				INSURE					
					INSURE	RF:				
				E NUMBER:				REVISION NUMBER:		
ll C	'HIS IS TO CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH I	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESE BED HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSF LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIM	ITS	
A						\	(EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	χ ABUSE/MOLESTATION							MED EXP (Any one person)	\$	5,000
	χ \$25 OCC/ \$100 AGG							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG Participants	\$	1,000,000 1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							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		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE	E \$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
You	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Verage is provided under this policy for s of the and Adult Cricket			D 101, Additional Remarks Schedu I and supervised activities	ıle, may b of the	e attached if mor named insure	e space is requi d for which a	 red) a premium has been paid	d.	
Cer	tificate Holder is named as an additional	insu	ıred							
CF	RTIFICATE HOLDER				CANC	ELLATION				
	Forsyth County Parks & Rec PO Box 2417 Cumming, GA 30028	:			SHO THE ACC	ULD ANY OF T EXPIRATION ORDANCE WI	N DATE TH	DESCRIBED POLICIES BE OF THE PROVISIONS.		
					AUTHO	RIZED REPRESE	NIAIIVĒ			





CERTIFICATE OF LIABILITY INSURANCE

3/27/2019

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.

t	his certificate does not confer rights to				ıch enc	lorsement(s)		require an endors	sement	. A S	tatement on
Ter	DUCER ry L. Green & Associates, Inc. M Five Forks Trickum Road				PHONE (A/C, No	o, Ext):	CIUUK		AX VC, No):		
Sui	10 Five Forks Trickum Road te 101				E-MAIL ADDRE	SS:		•			
Lilk	ourn, GA 30047					INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Vantapı	ro Specialt	y Insurance Con	npany		44768
INS	URED				INSURE	RB:					
	Atlanta Cricket League, Inc				INSURE	RC:					
	13590 Weycroft Cir Alpharetta, GA 30004				INSURE	RD:					
	Alpharetta, GA 30004				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUMB			
ll C	'HIS IS TO CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY RY PERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REMI	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH SED HEREIN IS SUB	RESPE	CT TC	WHICH THIS
INSF LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	3	
A		.,,,,,,				\	(EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	300,000
	χ ABUSE/MOLESTATION							MED EXP (Any one per		\$	5,000
	χ \$25 OCC/ \$100 AGG							PERSONAL & ADV INJ	URY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	ГЕ	\$	3,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COMP/O Participants	P AGG	\$	1,000,000 1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LII (Ea accident)	MIT	\$	
	ANY AUTO							BODILY INJURY (Per p	erson)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per a	ccident)	\$	
	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 STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMI	PLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT	\$	
You	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL rerage is provided under this policy for s with and Adult Cricket tificate Holder is named as an additional			0 101, Additional Remarks Schedu I and supervised activities	ıle, may b of the	e attached if mor named insure	e space is requi	red) a premium has beel	n paid.		
Cer	inicate notice is named as an additional	msu	ireu								
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Gwinnett Co Board of Comm 75 Langley Dr Lawrenceville, GA 30046	issio	oners	S	SHO THE ACC	ULD ANY OF T EXPIRATION ORDANCE WI	N DATE TH	ESCRIBED POLICIES IEREOF, NOTICE CY PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				





CERTIFICATE OF LIABILITY INSURANCE

3/27/2019

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.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsemen	t. As	tatement on
PRC	DUCER				CONTA NAME:	^{C⊤} Rhonda	Crook			
Ter	ry L. Green & Associates, Inc. 0 Five Forks Trickum Road				PHONE (A/C, No			FAX (A/C, No):		
Sui	te 101				E-MAIL ADDRE					
Lilb	urn, GA 30047						URER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Vantapı	ro Specialty	y Insurance Company	,	44768
INS	JRED				INSURE	RB:				
	Atlanta Cricket League, Inc				INSURE	RC:				
	13590 Weycroft Cir				INSURE	RD:				
	Alpharetta, GA 30004				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(IMIM/DD/1111)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	χ ABUSE/MOLESTATION							MED EXP (Any one person)	\$	5,000
	χ \$25 OCC/ \$100 AGG							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER:							Participants	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY 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		
	ANY PROPRIETOR/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	\$	
You	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL erage is provided under this policy for s th and Adult Cricket ificate Holder is named as an additional			0 101, Additional Remarks Schedu I and supervised activities	ile, may b of the i	e attached if mor named insure	e space is requir d for which a	^{red)} a premium has been paid.		
CE	RTIFICATE HOLDER				CANO	ELLATION				
	PROOF OF COVERAGE				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL CY PROVISIONS.		
					AUTHORIZED REPRESENTATIVE					





CERTIFICATE OF LIABILITY INSURANCE

3/27/2019

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.

	t SUBROGATION IS WAIVED, subject this certificate does not confer rights to				ıch end	lorsement(s)		require an en	dorsemen	t. As	tatement on	
PRO	ODUCER	CONTACT Rhonda Crook										
Ter	rry L. Green & Associates, Inc. 00 Five Forks Trickum Road	PHONE (A/C, No	PHONE FAX (A/C, No, Ext): (A/C, No):									
Sui	ite 101	E-MAIL ADDRESS:										
Lilk	ourn, GA 30047	INSURER(S) AFFORDING COVERAGE					NAIC #					
		INSURER A: Vantapro Specialty Insurance Company					44768					
INS	URED	INSURER B:										
Atlanta Cricket League, Inc 13590 Weycroft Cir Alpharetta, GA 30004						INSURER C:						
						INSURER D:						
	Alpharetta, OA 30004			INSURER E:					+			
						INSURER F:						
				E NUMBER:				REVISION NU				
l II	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W SED HEREIN IS	ITH RESPE	CT TO	WHICH THIS	
INSF	TYPE OF INSURANCE	ADDL	SUBR	UBR		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)						
A						,	<u>, , , , , ,</u>	EACH OCCURRENCE \$			1,000,000	
	CLAIMS-MADE X OCCUR X ABUSE/MOLESTATION X \$25 OCC/ \$100 AGG			5075-2143-00		3/24/2019	3/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$			300,000 5,000	
								MED EXP (Any one person) \$			1,000,000	
	X · · · · · · · · · · · · · · · · · · ·									\$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							PRODUCTS - COI		\$	1,000,000	
	OTHER: AUTOMOBILE LIABILITY							Participants COMBINED SING (Ea accident)	LE LIMIT	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAM/ (Per accident)	AGE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$								T ==:-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A						E.L. EACH ACCID	ENT	\$		
								E.L. DISEASE - EA EMPLOYEE		\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$		
Υοι	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL verage is provided under this policy for s uth and Adult Cricket rtificate Holder is named as an additional			0 101, Additional Remarks Schedu I and supervised activities	ile, may b of the i	e attached if mor named insure	e space is requii d for which a	red) a premium has	been paid.			
CE	ERTIFICATE HOLDER	CANCELLATION										
The City of Milton 13000 Deerfield Parkway Suite 107F Milton, GA 30004						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						