Client#: 149057 MELJIF1

$ACORD_{\cdot\cdot\cdot}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/28/2019

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 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)

certificate floraer in flea of such endorsement(s).						
PRODUCER	CONTACT MEL Underwriting Service Centr					
Conner Strong & Buckelew	PHONE (A/C, No, Ext): FAX (A/C, No): 732					
MEL Underwriting Unit	E-MAIL ADDRESS: MELUnderwritingSvcCntr@connerstrong.com					
40 Lake Center Executive Park	INSURER(S) AFFORDING COVERAGE					
Marlton, NJ 08053	INSURER A: TRICO Municipal JIF					
INSURED	INSURER B : Municipal Excess Liability JIF					
Township of Washington	INSURER C:					
523 Egg Harbor Road, PO Box 1106	INSURER D:					
Turnersville, NJ 08012	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 LTR	SR R TYPE OF INSURANCE		A IN	NSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABI	LITY			TRI191001-91	01/01/2019	01/01/2020	EACH OCCURRENCE	\$500,000
		CLAIMS-MADE X OCC	CUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
									MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$
		POLICY PRO- JECT L	ос						PRODUCTS - COMP/OP AGG	\$
		OTHER:								\$
Α	A AUTOMOBILE LIABILITY					TRI191001-91	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$500,000
	X	ANY AUTO							BODILY INJURY (Per person)	\$
		ALL OWNED SCHED							BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X NON-ON AUTOS	WNED						PROPERTY DAMAGE (Per accident)	\$
										\$
В		UMBRELLA LIAB X OCC	CUR			MEL01190187	01/01/2019	01/01/2020	EACH OCCURRENCE	\$4,500,000
		EXCESS LIAB CLA	IMS-MADE						AGGREGATE	\$4,500,000
	DED RETENTION \$									\$
Α						TRI191001-91	01/01/2019	01/01/2020	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A					E.L. EACH ACCIDENT	\$2,000,000
	(Mandatory in NH)			1/ 7					E.L. DISEASE - EA EMPLOYEE	\$2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ...Certificate Holder Name Cont.: Cal Ripken Sr Foundation Inc., City of Aberdeen, Tufton Professional

Baseball

CERTIFICATE HOLDER

Evidence of insurance with respects to the Washington Township Parks and Recreation Youth Baseball Program

OZIKIN IOKIZ NOZDZIK	0,1110222,111011
Ripken Baseball Camps & Clinics LLC, Ripken Academy Inc., Ripken Baseball Academy, CRJ Inc	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
873 Long Dr	AUTHORIZED REPRESENTATIVE
Aberdeen, MD 21001	W. Molace Trapenacl
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CANCELL ATION