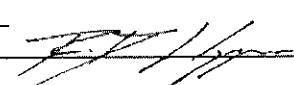


**Berkeley County Public Schools**  
**Martinsburg, West Virginia**  
**APPLICATION FOR THE USE OF SCHOOL PROPERTY**  
**PLEASE ANSWER ALL APPLICABLE QUESTIONS**

1. Hedgesville Little League  
(Name of Individual or Organization sponsoring this event)
- Character of Organization: Little League Baseball / Softball  
(i.e., religious, social, political, service or other – please be specific)
2. Hedgesville HS baseball / softball fields along with the LL complex located between the elementary / middle schools  
(Property requested, specify name of school and area. i.e., athletic field, cafeteria, classroom, gymnasium)
3. Performance date(s):  
a. Term usage date(s): Start Date: August 1 2024 End Date: July 31st 2025  
Hour Performance Begins: \_\_\_\_\_ Closing Hour: \_\_\_\_\_  
Day(s) of week usage: 7 between different fields
4. Specific purpose for use of property:  
To allow young boys and girls to enjoy baseball / softball and build friendships and memories.  
Will admission be charged or a collection be taken: Yes \_\_\_\_\_ No  \_\_\_\_\_  
If yes, for what benefits will the profits of this admission or collection be used?  
\_\_\_\_\_
5. Name of persons, address and phone numbers who will accept responsibility for this event  
(two names, please fill out completely):
- |                                  |                                  |
|----------------------------------|----------------------------------|
| Name: <u>Robert Clopper</u>      | Name: <u>Sarah Myers</u>         |
| Address: <u>248 Clearview Rd</u> | Address: <u>100 Capticorn Dr</u> |
| <u>Hedgesville WV 25427</u>      | <u>Martinsburg WV 25403</u>      |
| Telephone: <u>304-702-4119</u>   | Telephone: <u>304-839-2927</u>   |
6. Name of school employee who will open/close or be present (or Name of Parks and Recreation Board employee):  
Name: Eric Grove / Joy Vandyne
7. Have you read the attached regulations governing the use of school property?  
Yes  No \_\_\_\_\_  
Signature:  Date: 08/01/2024
8. A current certificate of liability insurance **must** be attached before this will be presented to the Board for approval. Have you attached a current certificate of liability insurance:  
Yes  No \_\_\_\_\_
9. A NOTICE OF PERMISSION will be sent from the Office of the Board of Education if request is granted.  
Principal's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

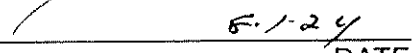
**AGREEMENT OF INDEMNITY FOR USERS OF  
BERKELEY COUNTY SCHOOL PROPERTY**

The undersigned, in consideration of being granted permission to use Berkeley County School facilities and property, agrees that the undersigned shall indemnify and hold forever harmless the Berkeley County Board of Education and its employees against any liability of any accident, injury or other mishap that may occur to anyone during, or as a result of, said use of those facilities and property. The undersigned further agrees to defend against any claim brought against the Berkeley County Board of Education or any of its employees as a result of any such accident, injury or mishap. Undersigned further covenants and agrees that it shall be covered by an appropriate liability insurance property in the amount of no less than \$1,000,000.00 for the purpose of insuring against any injury as a result of any accident or mishap during or as a results of the use of said facilities and property.

Robert Clopper

  
\_\_\_\_\_  
UNDERSIGNED

08/01/2024

  
\_\_\_\_\_  
DATE

CERTIFICATE OF INSURANCE						DATE (MM/DD/YYYY) 03/27/24	
PRODUCER <b>Keystone Risk Managers, LLC</b> 1995 Point Township Drive Northumberland, PA 17867				CERTIFICATE #:		3480614-2024-4 3 48 06	
ADDITIONAL NAMED INSURED HEDGESVILLE LL 543 Stoney Lick rd Martinsburg, WV 25403				<b>INSURERS AFFORDING COVERAGE:</b>			
				INSURER A:	Interstate Fire & Casualty Company		
				INSURER B: (Non-Liability)	National Union Fire Insurance Company of Pittsburgh, PA		
				INSURER C:	AIG Specialty Insurance Company		
				INSURER D:	Markel American Insurance Company		
<p>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.</p> <p>* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&amp;O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&amp;O POLICY.</p> <p>** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.</p>							
INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS				PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
						Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person	
C	X	DIRECTORS & OFFICERS	014674121	01/01/2024	01/01/2025	EACH LOSS	\$1,000,000*
						AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	014681404	01/01/2024	01/01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
		S&P SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION	RETROACTIVE DATE	CONTINUITY DATE		
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION		
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION		
D	X	INLAND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500
A	X	CRIME	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2024	01/01/2025	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess
<b>"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED</b>							
<b>ADDITIONAL INSURED</b>							
<p>Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions.</p> <p>1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and</p> <p>2. That part of the ball field or other premises not being used by the above-named Little League.</p>							
<b>NAME AND ADDRESS OF PERSON OR ORGANIZATION:</b>							
1. Berkeley County Board of Education    2. First Baptist Church    3. Bethel Assembly of God    4. Shenandoah Bible Baptist Church							
<b>INSURED</b>				<b>CANCELLATION</b>			
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S. RT. 15 Highway South Williamsport, PA 17702				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			

POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY  
CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or

Berkeley County Board of Education  
1453 Winchester Avenue  
Martinsburg, WV 25405

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name Of Person Or Organization:

Berkeley County Board of Education  
1453 Winchester Avenue  
Martinsburg, WV 25405

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

Berkeley County Public Schools  
Martinsburg, West Virginia

APPLICATION FOR THE USE OF SCHOOL PROPERTY  
PLEASE ANSWER ALL APPLICABLE QUESTIONS

1. Hedgesville Little League  
(Name of Individual or Organization sponsoring this event)

Character of organization: Little League  
(i.e., religious, social, political, service or other—please be specific)

2. High School softball field complex, baseball complex and batting cages  
(Property requested, specify name of school and area, i.e., athletic field, cafeteria, classroom, gymnasium)

3. Performance date(s):  
a. Term usage date(s): Start date: 7/1/2023 End Date: 7/1/2024  
Hour performance begins: 0600 Closing hour: 2300  
Day(s) of week usage: 7 days

4. Specific purpose for use of property: Little league games, practices and Tournaments

Will admission be charged or a collection be taken: Yes \_\_\_\_\_ No NO

If yes, for what benefits will the profits of this admission or collection be used? \_\_\_\_\_

5. Name of persons, address and phone numbers who will accept responsibility for this event (two names, please fill out completely):

Name: Bruce Haines Name: Robert Clopper

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: 304-620-2096 Telephone: 304-702-4119

6. Name of school employee who will open/close or be present (or Name of Parks and Recreation Board employee):

Name: \_\_\_\_\_

7. Have you read the attached regulations governing the use of school property?

Yes Yes No \_\_\_\_\_

Signature : Bruce Haines Date: 5/29/23

8. A current certificate of Liability Insurance **must** be attached before this will be presented to the Board for approval. Have you attached a current certificate of liability insurance: Yes Yes No \_\_\_\_\_

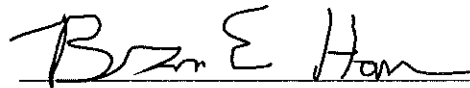
9. **A NOTICE OF PERMISSION** will be sent from the Office of the Board of Education if request is Granted.

Principal's Signature: 

Date: 5-30-23

**AGREEMENT OF INDEMNITY FOR USERS OF  
BERKELEY COUNTY SCHOOL PROPERTY**

The undersigned, in consideration of being granted permission to use Berkeley County School facilities and property, agrees that the undersigned shall indemnify and hold forever harmless the Berkeley County Board of Education and its employees against any liability of any accident, injury or other mishap that may occur to anyone during, or as a result of said use of those facilities and property. The undersigned further agrees to defend against any claim brought against the Berkeley County Board of Education or any of its employees as a result of any such accident, injury or mishap. Undersigned further covenants and agrees that it shall be covered by an appropriate liability insurance property in the amount of no less than \$1,000,000.00, for the purpose of insuring against any injury as a result of any accident or mishap during or as a result of the use of said facilities and property.



\_\_\_\_\_  
UNDERSIGNED

5/29/23

\_\_\_\_\_  
DATE

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)  
11/01/22

**PRODUCER**  
Keystone Risk Managers, LLC  
1995 Point Township Drive  
Northumberland, PA 17867

CERTIFICATE #: 3480614-2023-1 3 48 06

**INSURERS AFFORDING COVERAGE:**

ADDITIONAL NAMED INSURED:  
HEDGESVILLE LL  
543 Stoney Lick rd  
Martinsburg, WV 25403

INSURER A: Lexington Insurance Company  
INSURER B: National Union Fire Insurance Company of Pittsburgh, PA (Non-Liability)  
INSURER C: AIG Specialty Insurance Company

**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.  
\* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY. FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.  
\*\* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY. FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS				PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
						Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person	
C	X	DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
						AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
						S&P SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION		
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION		
A	X	CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
						AGGREGATE	NONE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

- Berkeley County Board of Education
- First Baptist Church

**INSURED**

Little League Baseball Risk Purchasing Group, Incorporated  
539 U.S.RT. 15 Highway  
South Williamsport, PA 17702

**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

## **IMPORTANT**

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM DD YY)  
11/01/22

**PRODUCER**  
**Keystone Risk Managers, LLC**  
1995 Point Township Drive  
Northumberland, PA 17867

**CERTIFICATE #:** 3480614-2023-1 3 48 06

**INSURERS AFFORDING COVERAGE:**

**ADDITIONAL NAMED INSURED.**  
HEDGESVILLE LL  
543 Stoney Lick rd  
Martinsburg, WV 25403

**INSURER A:** Lexington Insurance Company  
**INSURER B:** National Union Fire Insurance Company of Pittsburgh, PA  
**(Non-Liability)**  
**INSURER C:** AIG Specialty Insurance Company

**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.  
\* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.  
\*\* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A	X	<b>GENERAL LIABILITY</b>	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000	
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000	
		X INCL PARTICIPANTS				PROPERTY DAMAGE DEDUCTIBLE: \$250	PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE					Sexual Abuse OCCURRENCE	\$1,000,000
							Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person		
C	X	<b>DIRECTORS &amp; OFFICERS</b>	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *	
						AGGREGATE	\$1,000,000	
C	X	<b>CYBER LIABILITY COVERAGE</b>	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
		S&P				SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY **	RETROACTIVE DATE
	REGULATORY ACTION SUBLIMIT OF LIABILITY					\$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE				\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
			\$1,000 PER LEAGUE RETENTION					
A	X	<b>CRIME COVERAGE</b>	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000	
						Crime Deductible: \$250 Property/\$1,000 Money	AGGREGATE	NONE
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2023	01/01/2024	As in Master Policy; Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess	

**"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

Berkeley County Board of Education  
1453 Winchester Avenue  
Martinsburg, WV 25405

**INSURED**

Little League Baseball Risk Purchasing Group, Incorporated  
539 U.S.RT. 15 Highway  
South Williamsport, PA 17702

**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

## **IMPORTANT**

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2022

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).

<b>PRODUCER</b> Keystone Risk Managers, LLC 1995 Point Township Drive  Northumberland PA 17867		<b>CONTACT NAME:</b> David Irwin <b>PHONE (A/C, No, Ext):</b> (570) 473-2150 <b>E-MAIL ADDRESS:</b> Dirwin@Keystoneinsgrp.com <b>FAX (A/C, No):</b> (570) 473-2151	
<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated HEDGESVILLE LL 543 Stoney Lick rd Martinsburg WV 25403		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lexington Insurance Company <b>INSURER B:</b> AIG Specialty Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 19437 26883	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

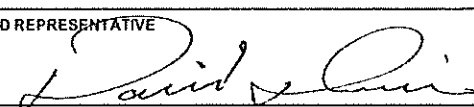
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League			011405746	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

**CERTIFICATE HOLDER****CANCELLATION**

Berkeley County Board of Education  1453 Winchester Avenue  Martinsburg WV 25405	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 
--	---

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):

Berkeley County Board of Education  
1453 Winchester Avenue  
Martinsburg, WV 25405

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)  
11/01/22

PRODUCER

**Keystone Risk Managers, LLC**  
1995 Point Township Drive  
Northumberland, PA 17867

CERTIFICATE #: 3480614-2023-1

3 48 06

**INSURERS AFFORDING COVERAGE:**

ADDITIONAL NAMED INSURED:

HEDGESVILLE LL  
543 Stoney Lick rd  
Martinsburg, WV 25403

INSURER A:	<b>Lexington Insurance Company</b>
INSURER B: (Non-Liability)	<b>National Union Fire Insurance Company of Pittsburgh, PA</b>
INSURER C:	<b>AIG Specialty Insurance Company</b>

**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.  
 \* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY. FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.  
 \*\* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY. FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS				PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
						Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person	
C	X	<b>DIRECTORS &amp; OFFICERS</b>	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
						AGGREGATE	\$1,000,000
C	X	<b>CYBER LIABILITY COVERAGE</b>	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE	CONTINUITY DATE
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			POLICY INCEPTION	POLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			NOT APPLICABLE	POLICY INCEPTION
A	X	<b>CRIME COVERAGE</b>	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
			Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE	NONE
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

**"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

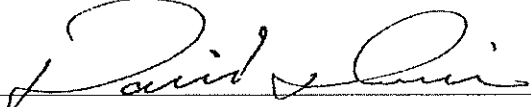
First Baptist Church  
1000 Block Ridge Road South  
Martinsburg, WV 25403

**INSURED**

Little League Baseball Risk Purchasing Group, Incorporated  
539 U.S.R.T. 15 Highway  
South Williamsport, PA 17702

**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

## **IMPORTANT**

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2022

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).

<b>PRODUCER</b> Keystone Risk Managers, LLC 1995 Point Township Drive  Northumberland PA 17867	<b>CONTACT NAME:</b> David Irwin <b>PHONE (A/C, No, Ext):</b> (570) 473-2150 <b>E-MAIL ADDRESS:</b> DIrwin@Keystoneinsgrp.com	<b>FAX (A/C, No):</b> (570) 473-2151
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated HEDGESVILLE LL 543 Stoney Lick rd Martinsburg WV 25403	<b>INSURER A:</b> Lexington Insurance Company	<b>NAIC #</b> 19437
	<b>INSURER B:</b> AIG Specialty Insurance Company	<b>NAIC #</b> 26883
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

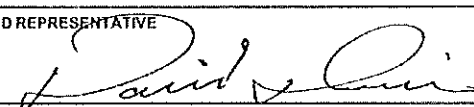
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League	X		011405746	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION S						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

**CERTIFICATE HOLDER****CANCELLATION**

First Baptist Church  1000 Block Ridge Road South  Martinsburg WV 25403	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 
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):

First Baptist Church  
1000 Block Ridge Road South  
Martinsburg, WV 25403

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

APPLICATION FOR THE USE OF SCHOOL PROPERTY PLEASE  
ANSWER ALL APPLICABLE QUESTIONS

1. Hedgesville Little League

(Name of Individual or Organization sponsoring this event)

Character of organization: \_\_\_\_\_  
Little league

(i.e., religious, social, political, service or other — please be specific)

2. Hedgesville High school softball field complex and cages, baseball complex and batting cages.

(Property requested, specify name of school and area, i.e., athletic field, cafeteria, classroom, gymnasium)

3. Performance date(s):

a. Term usage date(s): Start date: 11/1/2022 End Date: 6/30/2023  
Hour performance begins: Subject to availability Closing hour: Subject to availability  
Day(s) of week usage: Subject to availability

4. Specific purpose for use of property: Little league games and practices.

Will admission be charged or a collection be taken: Yes \_\_\_\_\_ No XXX  
If yes, for what benefits will the profits of this admission or collection be used? \_\_\_\_\_

5. Name of persons, address and phone numbers who will accept responsibility for this event (two names, please fill out completely):

Name: Bruce Haines Name: Robert Clopper

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone 304-620-2096

Telephone 304-702-4119

6. Name of school employee who will open/close or be present (or Name of Parks and Recreation Board employee):

Name: \_\_\_\_\_

7. Have you read the attached regulations governing the use of school property?

Yes XXX No \_\_\_\_\_

Signature: Bruce Haines Date: 10/31/2022

8. A current certificate of Liability Insurance must be attached before this will be presented to the Board for approval. Have you attached a current certificate of liability insurance: Yes XX No \_\_\_\_\_

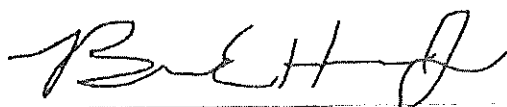
9. A NOTICE OF PERMISSION will be sent from the Office of the Board of Education if request is Granted.

Principal's Signature: \_\_\_\_\_

Date: 11-1-22

**AGREEMENT OF INDEMNITY FOR USERS OF BERKELEY  
COUNTY SCHOOL PROPERTY**

The undersigned, in consideration of being granted permission to use Berkeley County School facilities and property, agrees that the undersigned shall indemnify and hold forever harmless the Berkeley County Board of Education and its employees against any liability of any accident, injury or other mishap that may occur to anyone during, or as a result of said use of those facilities and property. The undersigned further agrees to defend against any claim brought against the Berkeley County Board of Education or any of its employees as a result of any such accident, injury or mishap. Undersigned further covenants and agrees that it shall be covered by an appropriate liability insurance property in the amount of no less than \$1,000,000.00, for the purpose of insuring against any injury as a result of any accident or mishap during or as a result of the use of said facilities and property.



\_\_\_\_\_  
UNDERSIGNED

10/31/2022

\_\_\_\_\_  
DATE

**CERTIFICATE OF LIABILITY INSURANCE**

Keystone Risk Managers, LLC  
1935 Point Township Drive  
Northumberland, PA 17857

CERTIFICATE # 3155412-22-1

**INSURERS AFFORDING COVERAGE:**

INSURER A Lexington Insurance Company  
INSURER B National Union Fire Insurance Company of Pittsburgh, PA  
INSURER C AIG Specialty Insurance Company

**COVERAGES**

THIS POLICY IS SUBJECT TO THE POLICY WORDS, CONDITIONS, EXCLUSIONS, ENDORSEMENTS AND DECLARATIONS. THE POLICY IS SUBJECT TO THE POLICY WORDS, CONDITIONS, EXCLUSIONS, ENDORSEMENTS AND DECLARATIONS. THE POLICY IS SUBJECT TO THE POLICY WORDS, CONDITIONS, EXCLUSIONS, ENDORSEMENTS AND DECLARATIONS.

CLASS CODE	ADDL NAME'S INCRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERAGE	LIMITS
A	X	GENERAL LIABILITY	011405244	01/01/2022	01/01/2024	Product/Completed Operations	\$1,000,000
		Contractual Liability				\$2,000,000	
		Personal and Advertising Injury				\$1,000,000	
		Medical Payments				\$1,000,000	
		Property Damage Deductible: \$250					
C	X	FACTORY & OFFICERS	91823722	01/01/2022	01/01/2024	Directors and Officers	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	917355170	01/01/2022	01/01/2024	Computer Fraud & Theft	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	917355170	01/01/2022	01/01/2024	Electronic Data Breach	\$1,000,000
						Network Security	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION
						System Integrity	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION
C	X	CRIME COVERAGE	9172628	01/01/2022	01/01/2024	Employee Theft	\$35,000
		Crime Deductible: \$250 Property/\$1,000 Money					
B	X	SPORTS, EXERCISE ACCIDENT	5070105431	01/01/2022	01/01/2024	As in Master Policy	As in Master Policy

X\* INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED/INSURED

**ADDITIONAL INSURED**

When a policy is issued to a person or organization, it is often required that the policy be extended to other persons or organizations who are involved in the business of the insured. This is done by adding the name of the person or organization to the policy as an additional insured. The policy will then cover the additional insured for the same risks and coverages as the original insured. This is done by adding the name of the person or organization to the policy as an additional insured. The policy will then cover the additional insured for the same risks and coverages as the original insured.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

1. [Blank] 2. [Blank]

**INSURED**

Lehigh League Baseball RAS Purchasing Group, Incorporated  
533 US Rt 15 Highway  
South Whitehall, PA 17772

**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.

*[Signature]*  
AGENT REPRESENTATIVE



**CERTIFICATE OF LIABILITY INSURANCE**

Keystone Risk Managers, LLC  
1995 Point Township Drive  
Northumberland, PA 17867

CERTIFICATE # 150254 2022 1

**INSURERS AFFORDING COVERAGE:**

INSURER A: Lexington Insurance Company  
INSURER B: National Union Fire Insurance Company of Pittsburgh, PA  
(Non Liability)  
INSURER C: AIG Specialty Insurance Company

**COVERAGES**

NR	ADDR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY PROPERTY DAMAGE PERSONAL AND ADJUTANT MEDICAL EXPENSES	011405744	01/01/2022	01/01/2023	\$1,000,000 \$2,000,000 \$1,000,000 \$100,000 \$100,000
			Property Damage Deductible: \$250			
C	X	DIRECTORS & OFFICERS	015235522	01/01/2022	01/01/2023	\$1,000,000 \$1,000,000
F	X	CYBER LIABILITY COVERAGE	017355170	01/01/2022	01/01/2023	\$100,000 \$100,000
	SAP	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION				\$100,000 \$1,000
	PM	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION				\$100,000 \$1,000
A	X	CRIME COVERAGE	9172628	01/01/2022	01/01/2023	\$35,000 NONE
			Crime Deductible: \$250 Property/\$4,000 Money			
B	X	SPORTS EXCESS ACCIDENT	SRG910431	01/01/2022	01/01/2023	As in Master Policy Med Max: \$50,000 Deductible: \$50

\* X INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

**ADDITIONAL INSURED**

As a condition of this policy, the insured hereby agrees to add as an insured the person or organization shown in the schedule below, with respect to the coverages indicated. This coverage shall be provided by the terms and conditions of the policy, including any exclusions, limitations, conditions, coverages, amounts, deductibles, and co-payments. This coverage shall be provided for the term of the policy and shall be provided for the term of the policy and shall be provided for the term of the policy.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION**

Bedford County Board of Education  
1100 Winchester Avenue  
Bedford, PA 17005

**INSURED**

150254 Group - Bedford Risk Participating Group, Incorporated  
150254 Street, 150254  
Northumberland, PA 17862

**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.

APPROVED REPRESENTATIVE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Berkeley County Board of Education  
1453 Winchester Avenue  
Martinsburg, WV 25405

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part by your acts or omissions or the acts or omissions of those acting on your behalf.

1. In the performance of your ongoing operations, or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law, and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



## IMPORTANT

### DISCLAIMER

The Certificate of Issuance on the reverse side of this form does not constitute a contract. It does not constitute a representation of the issuer, and the issuer is not liable for any loss or damage caused by its use. The issuer is not liable for any loss or damage caused by its use.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):

First Baptist Church  
1000 Block Ridge Road South  
Martinsburg, WV 25403

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part by your acts or omissions or the acts or omissions of those acting on your behalf.

- 1. In the performance of your ongoing operations, or
- 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law, and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement, or
  - 2. Available under the applicable Limits of Insurance shown in the Declarations,
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

# 84. Krycztufor Miller

Updated at Mar 28, 2024

Submission Date	Mar 12, 2024
I have read and agree to the Procedures for the Use of School Facilities:	Yes
Name of Individual or Organization sponsoring this event:	Hedgesville Little League
Character of organization:	Little League Baseball
Name of school requesting for use:	Eagle School Intermediate
Please specify the area of the school you would like to use:	Field
Start Date & Time	Mar 18, 2024 05:30 PM
End Date & Time	Jun 1, 2024 05:30 PM
Specific purpose for use of school property:	T-ball practice
Principal Email	john.golebiewski@k12.wv.us
Are you requesting use of school property on behalf of a nonprofit organization with an approved 501(c)(3) IRS status?	Yes
I understand that the Berkeley County Board of Education does NOT permit the use of tobacco, smoking, vaping, weapons, or any form of illegal drugs on school property.	
Email	davebowersjr32@gmail.com
Will admission be charged or a collection be taken?	No

For what benefits will the profits of this admission or collection be used?

Name (Individual # 1) David Bowers

Address (Individual #1) 126 Knox Drive Hedgesville, WV, 25427

Phone Number (Individual #1) (304) 279-7584

Name (Individual #2) Krycztufor Miller

Address (Individual #2) 226 School House Dr Hedgesville, WV, 25427

Phone Number (Individual #2) (304) 261-8916

Upload Certificate of Liability Insurance



Upload 501(c)(3) IRS Determination Letter



Electronic Signature David Bowers

Submission IP 174.203.98.111

Submission ID 5860652341117615558

Last Update Date Mar 28, 2024

**CERTIFICATE OF INSURANCE**

DATE (MM/DD/YY)  
01/10/24

**PRODUCER**  
  
**Keystone Risk Managers, LLC**  
1995 Point Township Drive  
Northumberland, PA 17867

**CERTIFICATE #:** 3480614-2024-2 3 48 06

**ADDITIONAL NAMED INSURED:**  
HEDGESVILLE LL  
543 Stoney Lick rd  
Martinsburg , WV 25403

**INSURERS AFFORDING COVERAGE:**

<b>INSURER A:</b>	<b>Interstate Fire &amp; Casualty Company</b>
<b>INSURER B:</b> (Non-Liability)	<b>National Union Fire Insurance Company of Pittsburgh, PA</b>
<b>INSURER C:</b>	<b>AIG Specialty Insurance Company</b>
<b>INSURER D:</b>	<b>Markel American Insurance Company</b>

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.  
 \* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.  
 \*\* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS				
A	X	<b>GENERAL LIABILITY</b>	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000			
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000			
		X INCL PARTICIPANTS				<b>Property Damage Deductible: \$250</b>		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE						Sexual Abuse OCCURRENCE	\$1,000,000	
								Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS				Any One Person				
C	X	<b>DIRECTORS &amp; OFFICERS</b>	014674121	01/01/2024	01/01/2025	EACH LOSS	\$1,000,000*			
						AGGREGATE	\$1,000,000			
C	X	<b>CYBER LIABILITY COVERAGE</b>	014681404	01/01/2024	01/01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE			
						S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION	RETROACTIVE DATE	CONTINUITY DATE
							REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION
						EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION
D	X	<b>INLAND MARINE/PROPERTY FLOATER</b>	MKLM71M0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500			
A	X	<b>CRIME</b>	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000			
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2024	01/01/2025	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess			

**"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:  
 1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and  
 2. That part of the ball field or other premises not being used by the above-named Little League.

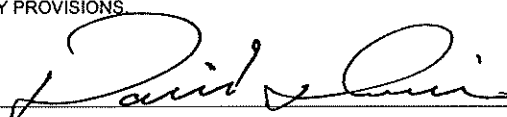
**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

1. Berkeley County Board of Education    2. First Baptist Church

**INSURED**

**Little League Baseball Risk Purchasing Group, Incorporated**  
539 U.S. RT. 15 Highway  
South Williamsport, PA 17702

**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

**CERTIFICATE OF INSURANCE**

DATE (MM/DD/YY)  
01/10/24

**PRODUCER**  
**Keystone Risk Managers, LLC**  
1995 Point Township Drive  
Northumberland, PA 17867

**CERTIFICATE #:** 3480614-2024-2 3 48 06

**ADDITIONAL NAMED INSURED:**  
HEDGESVILLE LL  
543 Stoney Lick rd  
Martinsburg , WV 25403

**INSURERS AFFORDING COVERAGE:**

<b>INSURER A:</b>	<b>Interstate Fire &amp; Casualty Company</b>
<b>INSURER B:</b> (Non-Liability)	<b>National Union Fire Insurance Company of Pittsburgh, PA</b>
<b>INSURER C:</b>	<b>AIG Specialty Insurance Company</b>
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INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A	X	<b>GENERAL LIABILITY</b>	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000		
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS				<b>Property Damage Deductible: \$250</b>		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE						Sexual Abuse OCCURRENCE	\$1,000,000
								Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person			
C	X	<b>DIRECTORS &amp; OFFICERS</b>	014674121	01/01/2024	01/01/2025	EACH LOSS	\$1,000,000*		
						AGGREGATE	\$1,000,000		
C	X	<b>CYBER LIABILITY COVERAGE</b>	014681404	01/01/2024	01/01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
		S&P				SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION	RETROACTIVE DATE	CONTINUITY DATE
		REGULATORY ACTION SUBLIMIT OF LIABILITY				\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION	
	EM	EVENT MANAGEMENT INSURANCE				\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION	
D	X	<b>INLAND MARINE/PROPERTY FLOATER</b>	MKLM71M0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500		
A	X	<b>CRIME</b>	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000		
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2024	01/01/2025	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

**"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED**

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:  
 1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and  
 2. That part of the ball field or other premises not being used by the above-named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

Berkeley County Board of Education  
1453 Winchester Avenue  
Martinsburg, WV 25405

**INSURED**  
**Little League Baseball Risk Purchasing Group, Incorporated**  
539 U.S. RT. 15 Highway  
South Williamsport, PA 17702

**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

*David [Signature]*

AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/10/2024

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).

<b>PRODUCER</b> Keystone Risk Managers, LLC 1995 Point Township Drive  Northumberland PA 17867		<b>CONTACT NAME:</b> David Irwin <b>PHONE (A/C, No, Ext):</b> (570) 473-2150 <b>FAX (A/C, No):</b> (570) 473-2151 <b>E-MAIL ADDRESS:</b> Dlrwin@Keystoneinsgrp.com																						
<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated HEDGESVILLE LL 543 Stoney Lick rd Martinsburg WV 25403		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Interstate Fire &amp; Casualty Company</td> <td>22829</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Interstate Fire & Casualty Company	22829	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League	X	X	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
  
Certificate Holder is named as Additional Insured per form CG 2026 (12/19)

<b>CERTIFICATE HOLDER</b> Berkeley County Board of Education 1453 Winchester Avenue Martinsburg WV 25405	<b>CANCELLATION</b> 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 
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© 1988-2015 ACORD CORPORATION. All rights reserved.

POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY  
CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or

Berkeley County Board of Education  
1453 Winchester Avenue  
Martinsburg, WV 25405

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name Of Person Or Organization:

Berkeley County Board of Education  
1453 Winchester Avenue  
Martinsburg, WV 25405

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

**CERTIFICATE OF INSURANCE**

DATE (MM/DD/YY)  
01/10/24

PRODUCER

**Keystone Risk Managers, LLC**  
1995 Point Township Drive  
Northumberland, PA 17867

CERTIFICATE #: 3480614-2024-2 3 48 06

**INSURERS AFFORDING COVERAGE:**

ADDITIONAL NAMED INSURED:

HEDGESVILLE LL  
543 Stoney Lick rd  
Martinsburg, WV 25403

INSURER A:	<b>Interstate Fire &amp; Casualty Company</b>
INSURER B: (Non-Liability)	<b>National Union Fire Insurance Company of Pittsburgh, PA</b>
INSURER C:	<b>AIG Specialty Insurance Company</b>
INSURER D:	<b>Markel American Insurance Company</b>

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\* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.

\*\* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS				PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
						Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person	
C	X	<b>DIRECTORS &amp; OFFICERS</b>	014674121	01/01/2024	01/01/2025	EACH LOSS	\$1,000,000*
						AGGREGATE	\$1,000,000
C	X	<b>CYBER LIABILITY COVERAGE</b>	014681404	01/01/2024	01/01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
		S&P				SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION
			REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION	
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION		
D	X	<b>INLAND MARINE/PROPERTY FLOATER</b>	MKLM71M0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500
A	X	<b>CRIME</b>	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2024	01/01/2025	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and
- That part of the ball field or other premises not being used by the above-named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

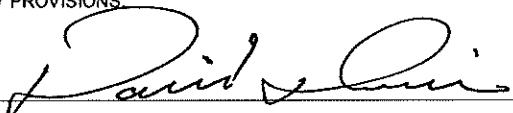
First Baptist Church  
1000 Block Ridge Road South  
Martinsburg, WV 25403

**INSURED**

**Little League Baseball Risk Purchasing Group, Incorporated**  
539 U.S. RT. 15 Highway  
South Williamsport, PA 17702

**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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/10/2024

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).

<b>PRODUCER</b> Keystone Risk Managers, LLC 1995 Point Township Drive  Northumberland PA 17867		<b>CONTACT NAME:</b> David Irwin <b>PHONE (A/C, No, Ext):</b> (570) 473-2150 <b>FAX (A/C, No):</b> (570) 473-2151 <b>E-MAIL ADDRESS:</b> Dlrwin@Keystoneinsgrp.com	
<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated HEDGESVILLE LL 543 Stoney Lick rd Martinsburg WV 25403		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Interstate Fire & Casualty Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 22829	

**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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League	X	X	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
  
Certificate Holder is named as Additional Insured per form CG 2026 (12/19)

<b>CERTIFICATE HOLDER</b> First Baptist Church 1000 Block Ridge Road South Martinsburg WV 25403	<b>CANCELLATION</b> 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 
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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY  
CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or

First Baptist Church  
1000 Block Ridge Road South  
Martinsburg, WV 25403

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name Of Person Or Organization:

First Baptist Church  
1000 Block Ridge Road South  
Martinsburg, WV 25403

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance Condition** and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

WEST VIRGINIA CONSUMERS SALES AND SERVICE TAX AND USE TAX

**EXEMPTION CERTIFICATE**

CANNOT BE USED TO PURCHASE GASOLINE OR SPECIAL FUEL



WV/CST-280  
(Rev. 905)

All sales of tangible personal property or taxable services are presumed to be subject to tax unless a properly completed Exemption Certificate or a Direct Pay Permit number is provided. Read instructions on reverse side before completing this certificate.

NAME OF VENDOR	DATE	CHECK APPLICABLE BOX:	
		<input type="checkbox"/> SINGLE PURCHASE CERTIFICATE	<input type="checkbox"/> BLANKET CERTIFICATE
STREET ADDRESS	CITY	STATE	ZIP CODE

TO BE COMPLETED BY PURCHASER: I, the undersigned, hereby certify that I am making an exempt purchase and hold a valid Business Registration Certificate:

Enter Tax Identification Number

95-0738470

My principle business activity is LITTLE LEAGUE BASEBALL

I claim an exemption for the following reason (Check applicable box or boxes):

**PURCHASE FOR RESALE**

Purchase of tangible personal property or taxable services for resale or for use in performing taxable services where such property becomes a component part of the property upon which the services are performed and will be actually transferred to the purchaser. WV Code § 11-15-9(a)(9)

**PURCHASE BY AN EXEMPT COMMERCIAL AGRICULTURAL PRODUCER**

- A. Purchase of tangible personal property or taxable services for use or consumption in the commercial production of an agricultural product. But not purchases for the construction of, or permanent improvement to real property or purchases of gasoline or fuel. WV Code § 11-15-9(a)(8)
- B. Purchase of propane for use in poultry houses for heating purposes. WV Code § 11-15-9(a)(18)

**TAX EXEMPT ORGANIZATIONS**

- A. **GOVERNMENT** - Purchases by governmental agencies and institutions of (1) the United States; (2) this State (including its local governments); and (3) any other State (and its local governments) which provides this same exemption to this State. Such purchases by government employees are not exempt unless they are on government business and are billed to and paid for directly by the government. Private persons doing business with government may not claim this exemption. WV Code § 11-15-9(a)(3)
- B. **CERTAIN NONPROFIT ORGANIZATIONS** - Purchases by a corporation or organization which has a current registration certificate and which is exempt from federal income taxes under section § 501(c)(3) or (c)(4) of the Internal Revenue Code. These organizations must meet all of the requirements set forth in WV Code § 11-15-9(a)(6). For information concerning these requirements refer to publication TSD-320. WV Code § 11-15-9(a)(6)
- C. **SCHOOLS** - Purchases by a school with its principal campus in this State which is approved by the State of West Virginia to award degrees and which is exempt from federal and state income taxes under section § 501(c)(3) of the Internal Revenue Code. WV Code § 11-15-9(a)(15)
- D. **CHURCHES** - Purchases of services, equipment, supplies, food for meals and materials directly used or consumed by churches which make no charge whatsoever for the services they render. The purchase must be paid for directly out of the church treasury. WV Code § 11-15-9(a)(5)

**PURCHASES OF CERTAIN SPECIFIC SERVICES AND TANGIBLE PERSONAL PROPERTY**

- A. Purchases of electronic data processing services and related software but not data processing equipment, materials and supplies. WV Code § 11-15-9(a)(21)
- B. Purchases of services by one corporation, partnership or limited liability company from another corporation, partnership or limited liability company but only when the entities are members of the same controlled group or related taxpayers as defined in Section 267 of the Internal Revenue Code. WV Code § 11-15-9(a)(23)
- C. Purchases of computer hardware and software directly incorporated into manufactured products; certain leases; electronic data processing service; computer hardware and software directly used in communication; educational software; internet advertising; high technology business services directly used in fulfillment of a government contract. WV Code § 11-15-9h
- D. Purchases of motion picture films, coin-operated video arcade machines and other video arcade games for any use upon which there will be a charge subject to sales tax. WV Code § 11-15-9(a)(32)
- E. Purchases by a licensed carrier of persons or property, or by a government entity, of aircraft repair, remodeling and maintenance services for an aircraft, engine or other component part of an aircraft, or purchases of tangible personal property that is permanently affixed as a component part of an aircraft as part of the repair, remodeling or maintenance of aircraft, aircraft engines or aircraft component parts, and purchases by a licensed carrier of persons or property, or by a government entity, of machinery, tools or equipment, directly used or consumed exclusively in the repair, remodeling or maintenance of aircraft, aircraft engines or aircraft component parts. WV Code § 11-15-9(a)(33)

REVERSE SIDE OF EXEMPTION CERTIFICATE MUST BE COMPLETED TO BE CONSIDERED VALID

I understand that this certificate may not be used to make tax free purchases of items or services which are not for an exempt purpose and that I will pay the Consumers Sales or Use Tax on tangible personal property or services purchased pursuant to this certificate and subsequently used or consumed in a taxable manner. In addition, I understand that I will be liable for the tax due, plus substantial penalties and interest, for any erroneous or false use of this certificate.

NAME OF PURCHASER <b>HEDGESVILLE Little League</b>	STREET ADDRESS <b>P.O. Box 691</b>	
SIGNATURE OF OWNER, PARTNER, OFFICER OF CORPORATION, ETC. <i>Richard Slappin</i>	CITY <b>HEDGESVILLE</b>	
TITLE <b>TREASURER</b>	STATE <b>W.V</b>	ZIP CODE <b>25427</b>

### GENERAL INSTRUCTIONS

An Exemption Certificate may be used only to claim exemption from tax upon a purchase of tangible personal property or services which will be used for an exempt purpose as stated on the front of this form.

A purchaser may file a blanket Exemption Certificate with the vendor to cover additional purchases of the same general type of property or service. However, each subsequent sales slip or purchase invoice evidencing a transaction covered by a blanket Exemption Certificate must show the purchaser's name, address and Business Registration Certificate Number for purposes of certification.

### INSTRUCTIONS FOR PURCHASER

To purchase tangible personal property or services tax exempt, you must possess a valid Business Registration Certificate and you must properly complete this Exemption Certificate and present it to your supplier. To be properly completed, all entries on this Exemption Certificate must be filled in.

Your Business Registration Certificate (and any duplicates) may be suspended or revoked if you or someone acting on your behalf willfully issues this certificate for the purpose of making a tax exempt purchase of tangible personal property and/or services that is not used in a tax exempt manner (as stated on the front of this form).

When property or services are purchased tax exempt with an Exemption Certificate, but later used or consumed in a non exempt manner, the purchaser must pay Sales or Use Tax on the purchase price.

The willful issuance of a false or fraudulent Exemption Certificate with the intent to evade Sales or Use Tax is a misdemeanor.

Your misuse of this Certificate with intent to evade the Sales or Use Tax shall also result in your being subject to:

**A penalty of fifty percent of the tax that would have been due had there not been a misuse of such certificate.**

This is in addition to any other penalty imposed by the Law.

In the event you make false or fraudulent use of this Certificate with intent to evade the tax, you may be assessed for the tax at any time subsequent to such use.

### INSTRUCTIONS FOR VENDOR

At the time the property is sold or the service is rendered, you must obtain from your customer this Certificate, properly completed, (or a Direct Pay Permit number issued by the West Virginia Department of Tax and Revenue), or the sale will be deemed a taxable sale, unless the property or service sold is exempt per se from Sales Tax. Your failure to collect tax on such taxable sale will make you personally liable for the tax, plus penalties and interest.

Additional information may be required to substantiate that the sale was for exempt purposes. In order for this Certificate to be properly completed, it must be issued by a purchaser who has a valid Business Registration Certificate and must have all entries completed by the purchaser.

A timely received certificate which contains a material deficiency will be considered satisfactory if such deficiency is subsequently corrected.

You must keep this certificate for at least three years after the due date of the last return to which it relates, or the date when such return was filed, if later.

You must maintain a reasonable method of associating a particular exempt sale to a customer with the Exemption Certificate you have on file for such customer.

### INSTRUCTIONS FOR VENDOR AND PURCHASER

If you, as vendor or as a purchaser, engage in any business activity in West Virginia without possessing a valid Business Registration Certificate (and you do not clearly qualify for an exemption), you shall be subject to a penalty in an amount not exceeding \$100 for the first day on which such sales or purchases are made, plus an amount not exceeding \$100 for each subsequent day on which such sales or purchases are made.

**Please begin using this Certificate immediately.**