

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

01/15/2009

PRODUCER Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Phone Number 800-526-1379 Fax No. 973-921-2876	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW.
INSURED Amateur Softball Association and Members Of ASA JO SoCal Indiv Reg Program Phil Gutierrez PO Box 5028 Oceanside, CA 92052	INSURERS AFFORDING COVERAGE INSURER A. Markel Insurance Company INSURER B. Markel Insurance Company INSURER C. Everest Nat'l Insurance Company INSURER D. INSURER E.

COVERAGES
 THE POLICIES OF INSURED LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN PRODUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input checked="" type="checkbox"/> Participant Liability GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3602AH230069	01/01/2009	01/01/2010	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>MED EXP (any one person, non-participants only)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	FIRE DAMAGE (Any one fire)	\$ 300,000	MED EXP (any one person, non-participants only)	\$ 10,000	PERSONAL & ADV INJURY	\$ 2,000,000	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000
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C	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE Umbrella Form <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	71G1000013	01/01/2009	01/01/2010	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 3,000,000	AGGREGATE	\$ 3,000,000		\$		\$		\$		
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B	OTHER Accident Medical Full Excess	4102AH220317	01/01/2009	01/01/2010	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Med Max.</td><td style="text-align: right;">\$250,000</td></tr> <tr><td>52-Week Benefit Period</td><td></td></tr> </table>	Med Max.	\$250,000	52-Week Benefit Period									
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Coverage applies to liability of the named insured arising out of the administration, play or practice of amateur softball.
 Certificate holder is named as an additional insured. This certificate is issued on behalf of Ocean View School District

CERTIFICATE HOLDER

ADDITIONALLY INSURED; INSURER LETTER

CANCELLATION

Ocean View School District
17200 Pinehurst Lane

Huntington Beach, CA 92649

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ISSUER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD 25-S (7/97)

@ ACORD CORPORATION 1988

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONALLY INSURED-DESIGNATED PERSON OR ORGANIZATION FOR AMATEUR SOFTBALL ASSOCIATION OF AMERICA ACTIVITIES

This endorsement modifies insurance provided under the following:

COMMERCE GENERAL LIABILITY COVERAGE FORM

With respect the coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Named Insured: Amateur Softball Association and Members of ASA JO SoCal Indiv Reg Program Ocean View School District		
Policy Number: 3602AH230069	Policy Period: 01/01/2009-01/01/2010	Endorsement Effective Date As shown on the attached Certificate of Insurance
Issued By: MARKEL INSURANCE COMPANY		Authorized Representative

The above information is required only when this endorsement is prepared after the policy is issued

SCHEDULE

Name of Person or Organization:

As Shown on the Attached Certificate of Insurance

A. The following is added to Section II - WHO IS AN INSURED:

The person or organization shown in the above SCHEDULE but only with respect to liability arising out of the organization, promotion, administration and conduct of amateur softball activities, including games, practices, tournaments, and fund-raising activities, under the rules of the Amateur Softball Association of America, provided:

a.) That if the person or organization is designated as a Team, the person or organization so designated shall be deemed to include team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the team, and if so indicated, a Field Owner, but only for the liability arising out of the designated Team's amateur softball activities covered under this policy;

b.) That if the person or organization is designated as a League, the interest of the League shall not be included unless all teams in the League purchase this insurance.

When the interest of the League is so included, the person or organization designated as a League shall be deemed to include all teams in the league and team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the League or any such teams, and if so indicated, a Field Owner, by only for liability arising out of the designated League's amateur softball activities covered under this policy;

All other terms and conditions of this policy remain unchanged.