



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/15/2020

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY K&K Insurance Group 1712 Magnavox Way PO Box 2338 Fort Wayne IN 46801-2338		PHONE (A/C, No, Ext): 1-800-441-3994	COMPANY Scottsdale Indemnity Company	
FAX (A/C, No): 1-260-459-5120	E-MAIL ADDRESS: Cheryl.Pettibone@kandkinsurance.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID#:				
INSURED DOVER YOUTH BABE RUTH SOFTBALL LG. 7 Drew Road Dover, NH, 03820		LOAN NUMBER	POLICY NUMBER KKI-80543-00	
		EFFECTIVE DATE 02/01/2020	EXPIRATION DATE 02/01/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Various Locations
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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	DEDUCTIBLE
UNscheduled Miscellaneous Equipment				<input checked="" type="checkbox"/>	\$45,000.00

REMARKS (Including Special Conditions)

Items Valued Over \$5,000:	Side by side Atv -- \$6,000.00, Score Board -- \$6,000.00, Score Board -- \$6,000.00, FME -- \$10,000.00, SE -- \$3,000.00, CSE -- \$6,000.00, PSU -- \$8,000.00,
Deductible:	\$1,000.00

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.

ADDITIONAL INTEREST

NAME AND ADDRESS	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	MORTGAGEE				
EVIDENCE OF COVERAGE	LOAN #				
	AUTHORIZED REPRESENTATIVE <i>Scott Furbush</i>				