



MARKEL INSURANCE COMPANY

MEMBER CERTIFICATE

CLAIMS MADE COVERAGE: CERTAIN COVERAGES AFFORDED BY THE POLICY APPLY TO CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY CAREFULLY.

CERTIFICATE NUMBER: U00165056

DATE: 11/04/2025

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING:

MASTER POLICY NUMBER: M1DNO0000000530000

AUTHORIZED ORGANIZATION (MASTER POLICY HOLDER): Sports, Leisure and Entertainment Risk Purchasing Group

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THE MASTER POLICY, THE INSURER AGREES TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

PARENT ORGANIZATION (CERTIFICATE HOLDER)

Name and Address (No., Street, Town or City, State, Zip Code):

Cypress Youth Baseball Inc
PO Box 1435
Cypress, CA 90630

Effective Date: 11/18/2025

At 12:01 a.m. Standard Time at the address shown above.

Expiration Date: 11/18/2026

This replaces prior Member Certificate dated:

Plan Administered By K&K Insurance Group, Inc. P.O. Box 2338 Fort Wayne IN 46801-2338
Contact Information Name: MM - Amateur Sports - Teams, Leagues and Associations Phone 1-800-426-2889 Fax: 1-260-459-5105 Email: info@sportsinsurance-kk.com

Insurer Markel Insurance Company 10275 West Higgins Road, Suite 750 Rosemont, IL 60018
Producer Name And Address K&K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, IN 46801-2338

To Report A Claim
By Phone: 1-800-237-2917 By Fax: 1-312-381-9079 By E-mail: KK.Claims@kandkinsurance.com By Mail K&K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, Indiana 46801-2338 Online: www.kandkinsurance.com

Retention

Retention: \$1,000

Limits of Liability

Insured Persons And Organization Liability Coverage And Employment Practices And Third Party Discrimination Coverage

Policy Year Aggregate Limit Of Liability: \$1,000,000 All Loss for Each Policy Year

Insuring Agreements Policy Year Aggregate Limits Of Liability

Insured Persons And Organization Liability Coverage: All Loss for Each Policy Year

Employment Practices And Third Party Discrimination Coverage: All Loss for Each Policy Year

Other Coverages

Coverage is provided to the Certificate Holder for an Other Coverage only if indicated with an X in the box(es) below. If a coverage is provided, its corresponding endorsement will apply to this Member Certificate.

Medical Payments for Specified Individuals

Directors & Officers \$10,000

Volunteers Excluded

Item 7. Pending Or Prior Date:

Forms and Endorsements

Forms and endorsements applying to this Member Certificate and made part of the Policy at time of issue: Refer to the Master Policy including all state amendatory endorsements applicable to the state of this Member Certificate.

This Member Certificate, together with the policy form, endorsement(s), and notices, if any, attached to the Master Policy and the Application, complete the above numbered certificate. Coverage is subject to all terms, conditions, limitations, exclusions, and other provisions contained therein.

Member Certificate Annual Premium

Premium \$657.00

To review the Master Policy: Please send a written request to the Plan Administrator shown above.

Countersigned: 11/04/2025
Date

By: *Scott Fink*
AUTHORIZED REPRESENTATIVE