



a town for a lifetime
IRONDEQUOIT *New York*

**SPECIAL TOWN BOARD
MEETING
May 2, 2024
5:00 PM
AGENDA**

5/1/2024 12:10 PM

PLEDGE OF ALLEGIANCE

ROLL CALL

PUBLIC INPUT

ITEM(S) FOR BOARD ACTION:

05STB2024-01 **Resolution** Approving a Special Event License for the Irondequoit Little League Parade and Festival

****Next Workshop Meeting: Monday, May 13, 2024 @ 4:00 pm****
Next Regular Town Board Meeting: Tuesday, May 21, 2024 @ 7 pm



a town for a lifetime
IRONDEQUOIT *New York*

Please sign below:

Chief of Police

Scott Peters

Fire Marshall

Bill Lang

Commissioner of DPW

Erin Magee

Supervisor

Andrae Evans

Acting Town Clerk

Latasha Elder

FOR TOWN USE ONLY:	APPLICATION FEE RECEIVED: ☒ YES ☐ NO	BARRICADE USAGE FEE: \$
	TOWN CLERK APPROVAL: _____	DATE: <u>4/9/24</u>
	POLICE APPROVAL: _____	DATE: <u>4/15/24</u>
	POLICE FEE: \$ _____ RECEIVED: ☐ YES ☐ NO	DATE: <u>4/15/24</u>
	FIRE MARSHAL APPROVAL: _____	DATE: <u>4/12/24</u>
	COMMISSIONER OF D.P.W. APPROVAL: <u>Cinjee</u>	

TOWN OF IRONDEQUOIT
APPLICATION FOR PARADE/WALK/RUN

A NON-REFUNDABLE FEE OF \$20.00 IS REQUIRED AT THE TIME OF APPLICATION

TYPE OF EVENT: ☒ PARADE ☐ WALK ☐ RUN

EVENT NAME: IRONDEQUOIT LITTLE LEAGUE OPENING DAY PARADE

DATE OF EVENT: 5/4/2024 RAIN DATE: NA

PURPOSE OF EVENT: CELEBRATION OF OPENING DAY GAMES

NAME OF SPONSOR ORGANIZATION: IRONDEQUOIT LITTLE LEAGUE

ADDRESS: PO BOX 17962 ROCHESTER NY 14617

DAYTIME TELEPHONE: 315-576-7005 EVENING TELEPHONE: 315-576-7005

CELL #: 315-576-7005 FAX #: _____ E-MAIL: Heathermott31@gmail.com

TIME OF EVENT: FROM 9am TO 12pm

TIME & LOCATION OF ASSEMBLY: 8:30am @ IRONDEQUOIT TOWN HALL FIELDS

TIME & LOCATION OF DISBANDMENT: 12pm @ IROND. TOWN HALL BY GAZEBO

NUMBER OF PARTICIPANTS EXPECTED: 350 NUMBER OF VOLUNTEER MARSHALS: 20

EVENT TO TAKE PLACE: ☒ STREET ☐ SIDEWALK ☐ BOTH

IS AREA TO BE BLOCKED OFF? ☒ YES ☐ NO

IF YES, PLEASE SPECIFY: KING HWY FROM FIELDS TO TITUS, TITUS TO IROND TOWN HALL CIR

ARE BARRICADES NEEDED? ☐ YES ☒ NO (A FEE WILL BE ASSESSED FOR BARRICADE USAGE)

IF YES, PLEASE INDICATE LOCATIONS WHERE BARRICADES ARE TO BE SET UP: _____

ALL AFFECTED RESIDENTS MUST BE NOTIFIED OF EVENT. HAVE YOU NOTIFIED ALL AFFECTED RESIDENTS?

☐ YES ☒ NO IF NO, NUMBER INFORMED: 0

PLEASE LIST THE NAMES AND ADDRESS OF ANY RESIDENT OPPOSED TO THIS EVENT, USE A SEPERARE SHEET OF PAPER IF NECESSARY:

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

HAVE YOU RECEIVED ROUTE CLEARANCE (IF APPLICABLE) (I.E. REGIONAL TRANSIT AUTHORITY)? ☐ YES ☒ NO
BUS RE-ROUTING MUST BE CLEARED BY APPLICAT WITH THE REGIONAL TRASIT AUTHORITY



Department of Transportation

Monroe County, New York

Adam J. Bello
County Executive

Thomas J. Frys, P.E.
Director

April 24, 2024

Caitlyn Bailey, Special Events Coordinator
Town of Irondequoit
1280 Titus Avenue
Rochester, New York 14617

RE: PARADE PERMIT – YOUTH BASEBALL OPENING DAY - 2024

Dear Ms. Bailey:

This is to inform you of the approval to use Titus Avenue (CR91) from Portland Avenue (CR114) to Kings Highway N (CR118) and Kings Highway N from Titus Avenue to Lake Shore Blvd (CR97) for the purpose of a Youth Baseball Opening Day parade. The road closures will take place on Saturday, May 4, 2024 from 8:30 am to 10:00 am.

All emergency departments must be notified by your office of the dates and times of the above activities. This approval is granted with the understanding that the County of Monroe assumes no liability for any injury to any participant or bystander while they are within the County right-of-way. It is also our understanding that the Irondequoit Police Department will provide traffic control within the approved activities and locations on behalf of the Town of Irondequoit.

If you have any questions, please contact John Raymond at 753-7711 or me at 753-7747.

Sincerely,

A handwritten signature in black ink, appearing to be "TH", is written over a light blue rectangular stamp area.

Tim Harris, P.E.
Chief of Traffic Operations and Permits

BHP:JR:jlc

cc: T. Frys, T. Polech, T. Walton
Bill Dyrland, Irondequoit Fire Marshal
Chief Scott Peters, Irondequoit Police Department
Julie Tolar-Boasi, RGRTA

File H:\Subject\Traffic Operations and Permits\PERMITS\Parade Permits\2024\Irondequoit\Irondequoit baseball opening day parade 2024.doc



TOWN OF IRONDEQUOIT

"Where the land and waters meet." Est. 1839

INDEMNIFICATION AND CONTRIBUTION AGREEMENT

To the fullest extent permitted by law, Contractor agrees to indemnify, defend Town of Irondequoit any and all losses, claims, actions, demands, liabilities, or expenses, including but not limited to attorney's fees and all other costs of defense, by reason of the liability imposed by law or otherwise upon Town of Irondequoit for damages because of bodily injuries, including death, at any time resulting therefrom, sustained by any persons, including Contractor's employees, or on account of damages to property, including loss of use thereof, arising directly or indirectly from the performance of Contractor's work or from any of the acts or omissions on the part of Contractor, its employees, agents, representatives, materialmen, suppliers, and/or subcontractors. If such indemnity is made void or otherwise indemnity permitted by law, so as to require indemnification, in whole or in part, to the fullest extent permitted by law.

Contractor shall strictly observe and comply with all safety laws, rules and regulations (including but not limited to the Federal Occupational Safety and Health Act, the New York Labor Law, and all regulations promulgated pursuant to such laws) and to provide such protection as necessary to protect its workers and the workers of other contractors. In the event that additional safety measures are required. Contractor agrees that it will install or procure such additional safety measures at its sole expense. To the fullest extent permitted by law, Contractor shall hold harmless, indemnify and defend Town of Irondequoit against all losses, claims, fines or expenses, including but not limited to attorney's fees, resulting from the enforcement of these laws and related acts of its officers, employees, subcontractors, suppliers, and materialmen.

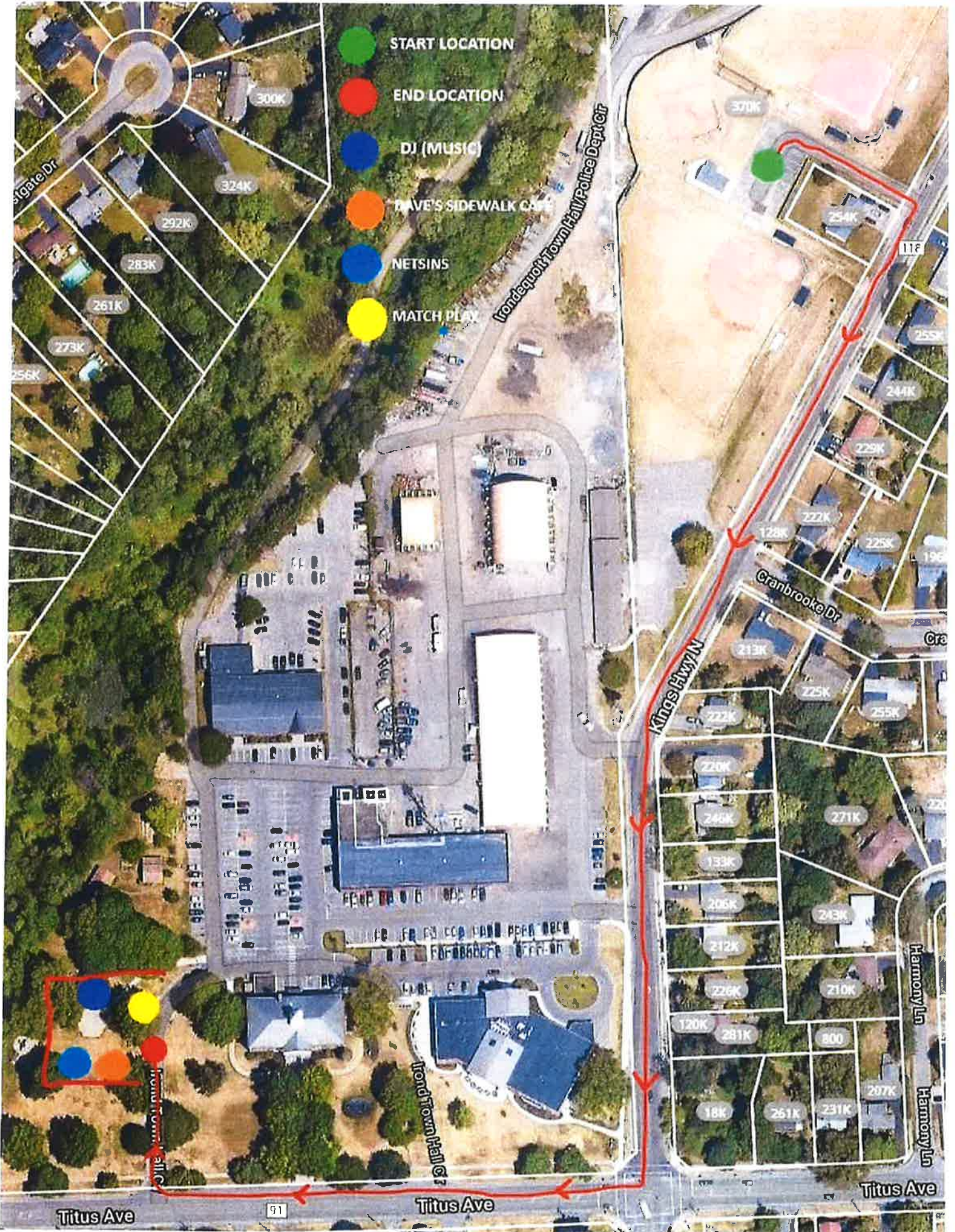
3/26/2024
Date

Irondequoit Little League
(Individual or Company Name)

By Christopher R. Ronzo
Signature

CHRISTOPHER R. RONZO
Print Name and Office

IRLL BOARD MEMBER





a town for a lifetime
IRONDEQUOIT *New York*

Date: April 3, 2024

To: Scott Peters, IPD

Bill Lang, Fire Marshal

Erin Magee, DPW Commissioner

Andrae Evans, Town Supervisor

From: Latasha Elder, Acting Town Clerk

Re: Applications for 2024 Irondequoit Little League Parade and Festival

Scott,

Please read the attached event applications. They require your review and approval.

Please review, approve and forward interoffice mail to Bill Lang in the Fire Marshall's Office in the next three business days.

Bill,

Please read the attached event applications. They require your review and approval.

Please review, approve and forward interoffice mail to Erin Magee at the Department of Public Works Office in the next three business days.

Erin,

Please read the attached event application. It requires your review and approval. Then please send all paperwork back to me in interoffice mail within the next three business days.

Thank you for your prompt attention to this matter.

Attachment: Two separate applications, Letters of Intent, and Insurance approvals

Event Name: Irondequoit Little League Opening Day Parade

Event Date: May 5th, 2024

Time: 9am to 12pm

Place and Address: Irondequoit Town Hall Baseball Field and Gazebo.



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IRONDEQUOIT *New York*

Please sign below:

Chief of Police

Scott Peters

Fire Marshall

Bill Lang

Commissioner of DPW

Erin Magee

Supervisor

Andrae Evans

Acting Town Clerk

Latasha Elder

FOR TOWN USE ONLY: Festivals / Carnivals / Events

\$100.00 **Application Fee:**

Date Received: 3/28/24 By: SE

Insurance Approval: 4/3/24 see attached.
email confirmation

Fire Marshal Approval

Signature

Date

Police Department Approval

Signature

Date

**Community Services
Bureau of Public Works**

Signature

Date

Security Deposit (If Applicable)

Amount Taken: _____

Received by: _____

Date Received: _____

Once all approved: Give a copy to Barb to put on the Board Meeting for final approval.
When final approval is given, call applicant to tell them it's all approved and mail them a copy with the resolution.

**APPLICATION FOR LICENSE TO CONDUCT
FESTIVALS/CARNIVALS/EVENTS**

NOTE: This application is pursuant to Town of Irondequoit Municipal Code, Chapter 194, "Special Events", attached.

If any section is not applicable to your event, please put N/A in lieu of leaving it blank.

GENERAL:

Name of Applicant: Irondequoit Little League

Applicant's Address: PO Box 17962, Rochester, NY 14617

Telephone Number: 315-576-7005

If Corporation, list State of Incorporation: N/A

Corporation Officers' Addresses: N/A

Type of Event Planned: 5/4/2024

Event Site Address: Town of Irondequoit - Little League field to town hall

**Location of Nearby Residents: (ATTACH A MAP SHOWING ALL RESIDENTIAL LOT LINES
WITHIN 150 FEET OF EVENT SITE.)**

Name of Outside Contractor (or Concessionaire): DAVE'S SIDEWALK
CAFE

Contractor Residence Address (Local): 50 PUTTING GREEN LN. PENFIELD NY 14526

Contractor Telephone No.: 585-455-7665

Contractor Business Address: N/A

Contractor Business Telephone No.: N/A

Names of Contractor Employees: N/A

(If additional space is needed, please list on reverse side of this sheet.) SEE BACK.

If employees housed on event site, state in what manner: N/A

Type and number of contractor rides/concessions/exhibitions to be used (Locate on map):

DAVE'S SIDEWALK CAFE

NETSINS ICE CREAM

JAKE WAGNER (DJ)

MATCH PLAY

POWER:

Type of electrical power to be used (house current, generator, etc.): HOUSE CURRENT

Location of generator on event site (Locate on map): NA

Type of lighting to be used (If searchlight is planned, indicate size and site location):

NA

PARKING/TRANSPORTATION:

Storage location of trailers and trucks (indicate on map):

Parking location of workers and patrons' vehicles (indicate on map):

Street route to be used to transport equipment/rides to and from event site:

Titus → Irondequoit Town Hall Cir.

Nature and scope of event advertising: SOCIAL MEDIA, EMAIL,

WORD OF MOUTH, ANNOUNCEMENTS AT PRACTICES FOR FAMILIES.

Statement of method used by applicant and/or outside contractor to supervise

parking/traffic flow: COUNTY TO HANDLE ROAD CLOSURES AND TRAFFIC FLOW. NO NEED FOR PARKING ASSISTANCE

SURETY:

Applicant must file with Town Clerk, upon approval of application but prior to issuance of license, the following:

CERTIFICATE OF LIABILITY INSURANCE insuring the licensee and the Town of Irondequoit for a minimum of \$1,000,000 Combined Single Limit for Bodily Injury and Property Damage Liability, including Products and Completed Operations Coverage, arising out of the licensed activity.

NOTE: The Town of Irondequoit must be listed on a primary and non-contributory basis.

EVENT OPERATING SCHEDULE: (Maximum of 5 days from 8:00 AM to 12 Midnight only.)

Equipment/rides set up start date 5/4/2024 Time 8:30 am

Event Start Date 5/4/2024 Time 09:00am

Event Completion Date 5/4/2024 Time 12 pm

Equipment/rides take down date 5/4/2024 Time 12 pm

RESPONSIBLE PARTIES:

Person or alternate located on event site and responsible for all event activities during its operations:

NAME Irondequoit Little League

ADDRESS PO Box 17962, Rochester, NY 14617

TELEPHONE NO. 315-576-7005

NAME Heather Mott

ADDRESS 61 LGran Rd, Rochester, NY 14617

TELEPHONE NO. 315-576-7005

Date of Application: 3/15/2024

Signature of Applicant: Heather Mott

***PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE THE TOWN CLERK'S OFFICE WITH A COMPLETED LICENSE APPLICATION AND PROPER INSURANCE REQUIREMENTS AT TIME OF SUBMITTAL. INCOMPLETE APPLICATIONS WILL NO LONGER BE ACCEPTED.**

March 24, 2004

NEW LOCAL LAW

Chapter 194 entitled "SPECIAL EVENTS"

§ 194-1. Title.

This chapter shall be known and may be cited as the "Special Events Ordinance of the Town of Irondequoit," hereinafter referred to in the chapter as "Special Events" or "Events."

§ 194-2. License required.

- A. No person, organization or group shall conduct, exhibit or cause to be conducted or exhibited any organized activity, including but not limited to, parades, road races, walks, festivals, shows, performances, circuses, outdoor carnivals, medicine shows, acrobatic exhibitions, bazaars or performances or any concession or refreshment stand in conjunction therewith without a license as hereinafter provided. Determinations as to type of activity shall be made by the town clerk, town attorney and the town's insurance agent.
- B. All town sponsored activities are exempt from the licensing requirements of this chapter.
- C. Vendors contracted by the town to vend at town sponsored activities are required to comply with this chapter as it relates to insurance requirements.

§ 194-3. License application; bond.

- A. Any person, organization or group desiring to procure a license is herein required to file with the Town Board a written application for such license upon the form provided by the town.
- B. Such application shall state:
 - (1) The name and address of the applicant and the owner of the site. If a corporation, the state of incorporation and the names and addresses of all officers thereof shall be included. If an outside contractor or concessionaire is involved, all provisions for the installation, housing or residence of employees, take down of rides, concessions, exhibitions, lighting and pertinent devices, including all power sources and ancillary activity, shall be set forth, including the storage and parking of equipment and trucks. Furthermore, any outside contractor shall be required to submit the proper certificate of insurance, and said certificate shall be appended to the application, and said certificates shall meet all the requirements of Subsection D.
 - (2) Provisions made for parking of motor vehicles of patrons and of workers.
 - (3) The scope and nature of advertising for the event sought to be licensed.
 - (4) The period of time for which the license is required, including setup and take-down time. There will be no activity of any nature whatsoever on the licensed site either of preparation and setup, operation of the activity, nor take-down and cleanup time between the hours of 12:00 midnight and 8:00 a.m., under any circumstances.
 - (5) The kind and character of the festival and the lighting, sound and power sources to be used.
 - (6) The place where the festival is to be conducted, with an appropriate map or survey exhibiting all residential lots within one hundred fifty (150) feet of the festival site.
 - (7) The route over which any equipment and/or materials are to be transported to and from the place where the festival is to be conducted.
 - (8) Such other information as may be required by the Town Clerk or Town Board.
- C. Bond. The application shall be accompanied by a performance bond determined by the Town Board and the Town Attorney to the Town of Irondequoit, conditioned upon the strict compliance with the terms of the license, of this chapter and of all laws of the State of New York. It shall indemnify the town against any damage or loss occasioned by reason of such showing, either directly or indirectly. Said bond must be first approved as to form by the Town Attorney before filing with the application.
- D. The application shall be accompanied by an appropriate certificate of liability insurance insuring the licensee and the Town of Irondequoit as more fully described in §194-4.

§194-4. Insurance and Indemnification Requirements.

- A. This section shall apply to:
 - (1) All license applicants as set forth in §194-2.
 - (2) All applicants for non-town sponsored activities held on town grounds.
 - (3) All vendors contracted by the town to vend at town sponsored activities.
- B. The following requirements must be met:
 - (1) For all activities conducted by the town and/or conducted on town grounds:

- (a) Insurance company(ies) providing coverage(s) must:
 - [1] Carry a minimum "B+ VIII" rating from A.M. Best Co.;
 - [2] A minimum of one million dollars (\$1,000,000.) combined single limit for bodily injury and property damage liability, including products and completed operations liability coverage, and automobile coverage (if applicable) is required; and
 - [3] Be admitted to do business in the State of New York.
- (b) For applicant's that are self-insured, proof must be shown of adequate financial responsibility, subject to approval by the town clerk, town attorney and the town's insurance agent.
- (2) For all other activities requiring authorization by the town or requiring permits, the applicant must provide the following:
 - (a) Insurance company(ies) providing coverage(s) must:
 - [1] Evidence of adequate insurance with a financially sound insurance company;
 - [2] A minimum of one million dollars (\$1,000,000.) combined single limit for bodily injury and property damage liability, including products and completed operations liability coverage, and automobile coverage (if applicable) is required.
 - [3] Be admitted to do business in the State of New York.
 - (b) For applicants that are self-insured, evidence of self-insurance with adequate financial responsibility must be provided. Such evidence is subject to approval by the town clerk, town attorney, and the town's insurance agent.
- (3) A minimum of thirty (30) days' advance notice of cancellation or nonrenewal must be given to the Town of Irondequoit, Town Clerk's Office, 1280 Titus Avenue, Rochester, New York 14617
- (4) A certificate of insurance must be in the town's possession a minimum of thirty (30) days prior to the event or first use of town facilities or fields.
- (5) The following coverage's are required:
 - (a) Commercial general liability.
 - [1] A minimum of one million dollars (\$1,000,000.) combined single limit for bodily injury and property damage liability, including products and completed operations liability coverage, and automobile coverage (if applicable) is required.
 - [2] Contractual liability must include coverage for the attached indemnification agreement.
 - [3] The Town of Irondequoit shall be named as an additional insured.
 - [4] If any sports contests or physical activities are involved, the certificate and policy must specifically state "The policy does not exclude liability coverage for bodily injury to participants or athletic participants."
 - (b) Liquor law legal liability (when applicable). If there is to be any involvement on the part of the licensee in the service of alcoholic beverages, the certificate must include a minimum of one million dollars (\$1,000,000.) combined single limit.
- (6) Any certificate of insurance must so state or be accompanied by a statement from the agent verifying that:
 - (a) The agent has the authority to bind coverage and issue a certificate of insurance.
 - (b) The commercial General Liability Insurance Policy does not exclude Bodily Injury Liability Coverage for injury to participants or athletic participants.
 - (c) The policy does cover the Indemnification Agreement with the Town.
- (7) Additional coverage requirements for vendors only are as follows:
 - (a) Workers' compensation.
 - [1] Statutory benefits.
 - [2] Employer's liability. Unlimited for New York State.
 - (b) Disability benefits law coverage: statutory benefits.

C. Indemnification Agreement. All applicants must sign the indemnification agreement provided by the town.

§ 194-5. Grounds for refusal of license.

The Town Board may refuse to issue a license when, in its judgment, on the basis of findings made from the information provided in the application, such issuance will result in a disturbance of the peace and good order of the town or constitute a nuisance. The Board shall take into particular consideration the proximity of the licensed site to residential areas as well as the impact of noise from the festival itself and its power sources as well as lighting and advertising in addition to all of the matters set forth in the application.

§ 194-6. License fee; term.

- A. The license fee for any license issued under this chapter shall be set in accordance with § 1-18 and shall be paid to the Town Clerk upon the filing of the application.
- B. Each license issued pursuant to this chapter shall be for a period of not more than ten (10) days. A licensee shall be issued but one (1) license hereunder per calendar year.

§ 194-7. Issuance of the license; refund of fee; revocation.

- A. The Town Clerk may, upon filing of the application, the bond and other required data as herein provided and upon payment of the required fee, authorize the issuance of the license for such festival upon such terms and conditions as he or she deems appropriate. All licenses shall set forth in bold print the following: "Noncompliance with any of the terms and conditions herein shall result in the immediate suspension of the activity licensed."
- B. In the event that the license is refused or the event is canceled, the entire fee paid shall be refunded except for twenty-five dollars (\$25.) to cover the administrative expenses of the town in processing the application.
- C. Revocation. The Town Board shall have the right to order the revocation of any license granted hereunder in accordance with Town Law § 137, as amended or changed, upon a finding of a violation of this chapter or of the terms and conditions of the license as issued.

§ 194-8. Penalties for offenses.

Any person, organization or group violating the provisions of this chapter and the license issued hereunder shall be guilty of a misdemeanor punishable as provided in § 1-16. In addition, any and all persons, organizations or group who shall violate any provision of this chapter or who shall omit, neglect or refuse to do any act required by this chapter or the license issued hereunder shall, for each and every such violation and noncompliance, respectfully forfeit and pay a penalty of three hundred dollars (\$300.) in addition to the above. The application of the above penalty or penalties or the prosecution for violation of the provisions of this chapter shall not be held to prevent the enforcement of conditions prohibited by this chapter.



TOWN OF IRONDEQUOIT

"Where the land and waters meet." Est. 1839

Application for Festivals/Carnivals/Special Events

Must submit at least six (6) weeks prior to the regular Town Board meeting (View Schedule at www.Irondequoit.org), please submit the following to the Town Clerk's Office along with the completed application:

- Letter of Intent
- Required Insurance as per Chapter 194, "Special Events"
- \$100.00 Non-refundable application Fee
- Security deposit will be required if barricades are requested

If you have any questions, please contact the Town Clerk's Office at 585-467-8840.



Opening Day Letter of Intent

Event Timeline:

- Date of Event: 5/4/2024
 - Start Time for Gathering: 8:30 AM
 - Start Time of Event: 9 AM
 - End Time of Event: 12 PM

To whom it may concern,

We (The Board of IRLL) are submitting this letter of intent for the Irondequoit Little League opening day parade. This parade can consist of the IRLL 2024 Spring Season Baseball/Softball Players (TeeBall - 16u), Coaches, Board Members, Rochester Redwing Mascots Spike and Mittsy, and East & West Irondequoit High School Varsity Players and Mascots which will meet at the starting point, Irondequoit Town Hall Fields, at 8:30 AM on May 4th, 2024.

At 9 AM we will look to start our precession from the Town Hall Baseball/Softball Fields on Kings Hwy heading south towards the Titus Avenue Intersection. Once at the Intersection, the parade will make a right-hand turn onto Titus Avenue heading west. They will continue down Titus Avenue in front of the Town Hall until they reach the Irondequoit Town Hall Cir, where they will then make another right-hand turn down this road stopping near the gazebo area just shy of the Town Hall parking lot. This parade should take about 30 minutes based on previous events.

From here we would then start the celebration. This would include a DJ who we would have set up in the Gazebo playing music for the crowd from 9:30 AM to 12 PM at the latest. We will also be providing food options via Dave's Sidewalk Cafe and ice cream from Netsins as well as Sports apparel by Match Play. To our knowledge, the only vendors that could require access to electricity would be the DJ in the gazebo area and the Mach Play table.

This event will be ending at noon at the latest, and we ask that the vendors be provided another 30 minutes to pack up and exit by 12:30 PM.

Thank you very much for your continued partnership with Irondequoit Little League.

Christopher Ronzo
IRLL Board Member

A handwritten signature in black ink that reads 'Christopher R. Ronzo'. The signature is written in a cursive, flowing style.

Latasha Elder

From: Susan Lamanna <susanlam@paris-kirwan.com>
Sent: Wednesday, April 3, 2024 11:36 AM
To: Latasha Elder
Subject: RE: Irondequoit Athletic Association

Hi Latasha,

This is approved, thank you!

Susan Lamanna
Commercial Account Representative
Paris-Kirwan Associates Inc.
255 East Ave, Suite 300
Rochester, NY 14604
585-461-6436 phone
585-340-1714 fax
susanlam@paris-kirwan.com

Please note my office hours are 7:30-4:00 M-Thurs and 7:30- 2:45 on Fridays.

From: Latasha Elder <lelder@irondequoit.gov>
Sent: Thursday, March 28, 2024 11:53 AM
To: Susan Lamanna <susanlam@paris-kirwan.com>
Subject: Irondequoit Athletic Association

Attached find a request to have a parade/festival. Please let me know if you need anything else to get these approved.

Thank you,
Latasha Elder, Acting Town Clerk
Town of Irondequoit

FOR TOWN USE ONLY:	APPLICATION FEE RECEIVED: ☒ YES ☐ NO	BARRICADE USAGE FEE: \$
	TOWN CLERK APPROVAL: _____	DATE: / /
	POLICE APPROVAL: _____	DATE: / /
	POLICE FEE: \$ _____ RECEIVED: ☐ YES ☐ NO	DATE: / /
	FIRE MARSHAL APPROVAL: _____	DATE: / /
	COMMISSIONER OF D.P.W. APPROVAL: _____	DATE: / /

TOWN OF IRONDEQUOIT
APPLICATION FOR PARADE/WALK/RUN

A NON-REFUNDABLE FEE OF \$20.00 IS REQUIRED AT THE TIME OF APPLICATION

TYPE OF EVENT: ☒ PARADE ☐ WALK ☐ RUN

EVENT NAME: IRONDEQUOIT LITTLE LEAGUE OPENING DAY PARADE

DATE OF EVENT: 5/4/2024 RAIN DATE: NA

PURPOSE OF EVENT: CELEBRATION OF OPENING DAY GAMES

NAME OF SPONSOR ORGANIZATION: IRONDEQUOIT LITTLE LEAGUE

ADDRESS: PO BOX 17962 ROCHESTER NY 14617

DAYTIME TELEPHONE: 315-576-7005 EVENING TELEPHONE: 315-576-7005

CELL #: 315-576-7005 FAX #: _____ E-MAIL: Heathermott31@gmail.com

TIME OF EVENT: FROM 9am TO 12pm

TIME & LOCATION OF ASSEMBLY: 8:30am @ IRONDEQUOIT TOWN HALL FIELDS

TIME & LOCATION OF DISBANDMENT: 12pm @ IROND. TOWN HALL BY GAZEBO

NUMBER OF PARTICIPANTS EXPECTED: 350 NUMBER OF VOLUNTEER MARSHALS: 20

EVENT TO TAKE PLACE: ☒ STREET ☐ SIDEWALK ☐ BOTH

IS AREA TO BE BLOCKED OFF? ☒ YES ☐ NO

IF YES, PLEASE SPECIFY: KING HWY FROM FIELDS TO TITUS, TITUS TO IROND TOWN HALL CIR

ARE BARRICADES NEEDED? ☐ YES ☒ NO (A FEE WILL BE ASSESSED FOR BARRICADE USAGE)

IF YES, PLEASE INDICATE LOCATIONS WHERE BARRICADES ARE TO BE SET UP: _____

ALL AFFECTED RESIDENTS MUST BE NOTIFIED OF EVENT. HAVE YOU NOTIFIED ALL AFFECTED RESIDENTS?

☐ YES ☒ NO IF NO, NUMBER INFORMED: 0

PLEASE LIST THE NAMES AND ADDRESS OF ANY RESIDENT OPPOSED TO THIS EVENT, USE A SEPERARE SHEET OF PAPER IF NECESSARY:

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

HAVE YOU RECEIVED ROUTE CLEARANCE (IF APPLICABLE) (I.E. REGIONAL TRANSIT AUTHORITY)? ☐ YES ☒ NO

BUS RE-ROUTING MUST BE CLEARED BY APPLICAT WITH THE REGIONAL TRASIT AUTHORITY

Town of Irondequoit

Application for Special Event – Parade/Walk/Run

APPLICATION PROCEDURE

Completed Applications **MUST** be submitted **4 – 6 WEEKS PRIOR TO REGULAR TOWN BOARD MEETING** (View Schedule at www.Irondequoit.org). The following information **must** be attached to the Application at submittal:

- (1) Letter of Intent
- (2) Required Insurance as per Chapter 194, "Special Events." A copy of the Town code pertaining to special events and a sample copy of a Certificate of Insurance showing all required insurance information is attached.
- (3) Detailed map of route with written directions from start to finish\
- (4) If applicable, confirmation receipt for rental of Town owned facility (i.e. Camp Eastman).
- (5) Monroe County Approval Letter (for closing of County roads, if necessary). You will need to send a request and map of route to: John Raymond, P.E. City Place, Suite 600, 50 W. Main Street, Rochester, New York 14614.
- (6) Confirmation from Regional Transit Authority for bus re-routing, if applicable.

Mail or drop off completed application to the Irondequoit Town Clerk, 1280 Titus Avenue, Rochester, New York 14617.

INCOMPLETE APPLICATION WILL NOT BE ACCEPTED AND WITH BE RETURNED TO SPONSOR/ORGANIZATION.

REVIEW OF PROCEDURE

This Application will be reviewed by the Irondequoit Town Clerk and an Irondequoit Police Department representative.

A Police Department representative will contact the sponsor/organization of the event to discuss public safety.

The Police Department will have the authority to approve or reject the Application and will specify its reason(s) to the sponsor/organizer of the event.

A Police Department officer will assess the event and determine the number of police personnel needed.

A Police Department representative will prepare an estimated cost of the chargeback and will present it to the sponsor/organizer of the event.

Chargeback fees will be calculated from the pay scale shown in the current PBA contract. Fee calculations may be discussed to ensure a full understanding of how the fees are derived.

If the event is cancelled less than forty-eight (48) hours from its scheduled start, the sponsor/organizer will be billed for two (2) hours of overtime per for **EACH OFFICER** assigned to the event.

FIRE MARSHAL APPROVAL

(1) A driving lane of at least twelve (12) feet must be kept open within the closed area at all times for emergency vehicles to pass.

(2) Lightweight barricades, which can be easily moved in case of emergency, will be allowed. **NO VEHICLES MAY BE USED AS A ROAD BLOCKING DEVICE.**

Noise levels should be kept at a level in keeping with Town Code, Chapter 160 – Noise. **EXCESSIVE NOISE WILL RESULT IN POLICE ACTION.**

The Town Clerk will notify the Highway Department if barricades are requested. A fee for barricade usage may be incurred.

Police and Highway Department fees MUST be paid prior to approval of this Application. Fees will be paid to the Town of Irondequoit.

No fees will be charged for Town or Fire District sponsored events.

This chargeback policy shall apply to private, profit and non-profit organizations. This chargeback policy does not apply to block parties.

March 24, 2004

NEW LOCAL LAW

Chapter 194 entitled "SPECIAL EVENTS"

§ 194-1. Title.

This chapter shall be known and may be cited as the "Special Events Ordinance of the Town of Irondequoit," hereinafter referred to in the chapter as "Special Events" or "Events."

§ 194-2. License required.

- A. No person, organization or group shall conduct, exhibit or cause to be conducted or exhibited any organized activity, including but not limited to, parades, road races, walks, festivals, shows, performances, circuses, outdoor carnivals, medicine shows, acrobatic exhibitions, bazaars or performances or any concession or refreshment stand in conjunction therewith without a license as hereinafter provided. Determinations as to type of activity shall be made by the town clerk, town attorney and the town's insurance agent.
- B. All town sponsored activities are exempt from the licensing requirements of this chapter.
- C. Vendors contracted by the town to vend at town sponsored activities are required to comply with this chapter as it relates to insurance requirements.

§ 194-3. License application; bond.

- A. Any person, organization or group desiring to procure a license is herein required to file with the Town Board a written application for such license upon the form provided by the town.
- B. Such application shall state:
 - (1) The name and address of the applicant and the owner of the site. If a corporation, the state of incorporation and the names and addresses of all officers thereof shall be included. If an outside contractor or concessionaire is involved, all provisions for the installation, housing or residence of employees, take down of rides, concessions, exhibitions, lighting and pertinent devices, including all power sources and ancillary activity, shall be set forth, including the storage and parking of equipment and trucks. Furthermore, any outside contractor shall be required to submit the proper certificate of insurance, and said certificate shall be appended to the application, and said certificates shall meet all the requirements of Subsection D.
 - (2) Provisions made for parking of motor vehicles of patrons and of workers.
 - (3) The scope and nature of advertising for the event sought to be licensed.
 - (4) The period of time for which the license is required, including setup and take-down time. There will be no activity of any nature whatsoever on the licensed site either of preparation and setup, operation of the activity, nor take-down and cleanup time between the hours of 12:00 midnight and 8:00 a.m., under any circumstances.
 - (5) The kind and character of the festival and the lighting, sound and power sources to be used.
 - (6) The place where the festival is to be conducted, with an appropriate map or survey exhibiting all residential lots within one hundred fifty (150) feet of the festival site.
 - (7) The route over which any equipment and/or materials are to be transported to and from the place where the festival is to be conducted.
 - (8) Such other information as may be required by the Town Clerk or Town Board.
- C. Bond. The application shall be accompanied by a performance bond determined by the Town Board and the Town Attorney to the Town of Irondequoit, conditioned upon the strict compliance with the terms of the license, of this chapter and of all laws of the State of New York. It shall indemnify the town against any damage or loss occasioned by reason of such showing, either directly or indirectly. Said bond must be first approved as to form by the Town Attorney before filing with the application.
- D. The application shall be accompanied by an appropriate certificate of liability insurance insuring the licensee and the Town of Irondequoit as more fully described in §194-4.

§194-4. Insurance and Indemnification Requirements.

- A. This section shall apply to:
 - (1) All license applicants as set forth in §194-2.
 - (2) All applicants for non-town sponsored activities held on town grounds.
 - (3) All vendors contracted by the town to vend at town sponsored activities.
- B. The following requirements must be met:
 - (1) For all activities conducted by the town and/or conducted on town grounds:
 - (a) Insurance company(ies) providing coverage(s) must:

- [1] Carry a minimum "B+ VIII" rating from A.M. Best Co.;
- [2] A minimum of one million dollars (\$1,000,000.) combined single limit for bodily injury and property damage liability, including products and completed operations liability coverage, and automobile coverage (if applicable) is required; and
- [3] Be admitted to do business in the State of New York.
- (b) For applicant's that are self-insured, proof must be shown of adequate financial responsibility, subject to approval by the town clerk, town attorney and the town's insurance agent.
- (2) For all other activities requiring authorization by the town or requiring permits, the applicant must provide the following:
 - (a) Insurance company(ies) providing coverage(s) must:
 - [1] Evidence of adequate insurance with a financially sound insurance company;
 - [2] A minimum of one million dollars (\$1,000,000.) combined single limit for bodily injury and property damage liability, including products and completed operations liability coverage, and automobile coverage (if applicable) is required.
 - [3] Be admitted to do business in the State of New York.
 - (b) For applicants that are self-insured, evidence of self-insurance with adequate financial responsibility must be provided. Such evidence is subject to approval by the town clerk, town attorney, and the town's insurance agent.
- (3) A minimum of thirty (30) days' advance notice of cancellation or nonrenewal must be given to the Town of Irondequoit, Town Clerk's Office, 1280 Titus Avenue, Rochester, New York 14617
- (4) A certificate of insurance must be in the town's possession a minimum of thirty (30) days prior to the event or first use of town facilities or fields.
- (5) The following coverage's are required:
 - (a) Commercial general liability.
 - [1] A minimum of one million dollars (\$1,000,000.) combined single limit for bodily injury and property damage liability, including products and completed operations liability coverage, and automobile coverage (if applicable) is required.
 - [2] Contractual liability must include coverage for the attached indemnification agreement.
 - [3] The Town of Irondequoit shall be named as an additional insured.
 - [4] If any sports contests or physical activities are involved, the certificate and policy must specifically state "The policy does not exclude liability coverage for bodily injury to participants or athletic participants."
 - (b) Liquor law legal liability (when applicable). If there is to be any involvement on the part of the licensee in the service of alcoholic beverages, the certificate must include a minimum of one million dollars (\$1,000,000.) combined single limit.
- (6) Any certificate of insurance must so state or be accompanied by a statement from the agent verifying that:
 - (a) The agent has the authority to bind coverage and issue a certificate of insurance.
 - (b) The commercial General Liability Insurance Policy does not exclude Bodily Injury Liability Coverage for injury to participants or athletic participants.
 - (c) The policy does cover the Indemnification Agreement with the Town.
- (7) Additional coverage requirements for vendors only are as follows:
 - (a) Workers' compensation.
 - [1] Statutory benefits.
 - [2] Employer's liability. Unlimited for New York State.
 - (b) Disability benefits law coverage: statutory benefits.
- C. Indemnification Agreement. All applicants must sign the indemnification agreement provided by the town.

§ 194-5. Grounds for refusal of license.

The Town Board may refuse to issue a license when, in its judgment, on the basis of findings made from the information provided in the application, such issuance will result in a disturbance of the peace and good order of the town or constitute a nuisance. The Board shall take into particular consideration the proximity of the licensed site to residential areas as well as the impact of noise from the festival itself and its power sources as well as lighting and advertising in addition to all of the matters set forth in the application.

§ 194-6. License fee; term.

- A. The license fee for any license issued under this chapter shall be set in accordance with § 1-18 and shall be paid to the Town Clerk upon the filing of the application.
- B. Each license issued pursuant to this chapter shall be for a period of not more than ten (10) days. A licensee shall be issued but one (1) license hereunder per calendar year.

§ 194-7. Issuance of the license; refund of fee; revocation.

- A. The Town Clerk may, upon filing of the application, the bond and other required data as herein provided and upon payment of the required fee, authorize the issuance of the license for such festival upon such terms and conditions as he or she deems appropriate. All licenses shall set forth in bold print the following: "Noncompliance with any of the terms and conditions herein shall result in the immediate suspension of the activity licensed."
- B. In the event that the license is refused or the event is canceled, the entire fee paid shall be refunded except for twenty-five dollars (\$25.) to cover the administrative expenses of the town in processing the application.
- C. Revocation. The Town Board shall have the right to order the revocation of any license granted hereunder in accordance with Town Law § 137, as amended or changed, upon a finding of a violation of this chapter or of the terms and conditions of the license as issued.

§ 194-8. Penalties for offenses.

Any person, organization or group violating the provisions of this chapter and the license issued hereunder shall be guilty of a misdemeanor punishable as provided in § 1-16. In addition, any and all persons, organizations or group who shall violate any provision of this chapter or who shall omit, neglect or refuse to do any act required by this chapter or the license issued hereunder shall, for each and every such violation and noncompliance, respectfully forfeit and pay a penalty of three hundred dollars (\$300.) in addition to the above. The application of the above penalty or penalties or the prosecution for violation of the provisions of this chapter shall not be held to prevent the enforcement of conditions prohibited by this chapter.



TOWN OF IRONDEQUOIT

"Where the land and waters meet." Est. 1839

Attention: Contractor, Subcontractor, Vendors, and other operating on town property

Here at the Town of Irondequoit, we have an established policy that is applied uniformly to each contractor, subcontractor, service or individual (here after referred to as the "contractor") whose service(s) we utilize. This policy required that each contractor (1) Be adequately insured; meeting or exceeding the limits stated below, (2) Provide us with adequate proof of their insurance coverage; by means of Certificate of Insurance that is current, complete and meets our specifications and (3) Sign a hold harmless agreement; included in our contract or as separate document (see attached). Each contractor must initially provide this information to our main office before they will be allowed to perform any activity owned or managed by the Town of Irondequoit. Once received, reviewed and approved by our main office, the contractor will be given authorization to begin. If the documentation received does not satisfy our stated requirement, the contractor will be made aware and will not be allowed to begin any activity until compliance is met.

The INSURANCE COVERAGES and limits required:

General Liability	Each Occurrence	\$1,000,000
	Fire Damage (Any one fire)	\$100,000
	Med Exp (Any one person)	\$10,000
	Personal and Advanced Injury	\$1,000,000
	General Aggregate	\$2,000,000
	Products-Comp/Op Aggregate	\$2,000,000
Automobile Liability	Combined Single Limit (Ea accident)	\$1,000,000
Excess Liability	Each Occurrence & Aggregate	\$1,000,000
Workers Comp	WC Statutory Limits	\$100,000/\$100,000/\$500,000

The CERTIFICATE OF INSURANCE See attached sample

The HOLD HARMLESS AGREEMENT attached must be agreed to and signed



TOWN OF IRONDEQUOIT

"Where the land and waters meet." Est. 1839

INDEMNIFICATION AND CONTRIBUTION AGREEMENT

To the fullest extent permitted by law, Contractor agrees to indemnify, defend Town of Irondequoit any and all losses, claims, actions, demands, liabilities, or expenses, including but not limited to attorney's fees and all other costs of defense, by reason of the liability imposed by law or otherwise upon Town of Irondequoit for damages because of bodily injuries, including death, at any time resulting therefrom, sustained by any persons, including Contractor's employees, or on account of damages to property, including loss of use thereof, arising directly or indirectly from the performance of Contractor's work or from any of the acts or omissions on the part of Contractor, its employees, agents, representatives, materialmen, suppliers, and/or subcontractors. If such indemnity is made void or otherwise indemnity permitted by law, so as to require indemnification, in whole or in part, to the fullest extent permitted by law.

Contractor shall strictly observe and comply with all safety laws, rules and regulations (including but not limited to the Federal Occupational Safety and Health Act, the New York Labor Law, and all regulations promulgated pursuant to such laws) and to provide such protection as necessary to protect its workers and the workers of other contractors. In the event that additional safety measures are required. Contractor agrees that it will install or procure such additional safety measures at its sole expense. To the fullest extent permitted by law, Contractor shall hold harmless, indemnify and defend Town of Irondequoit against all losses, claims, fines or expenses, including but not limited to attorney's fees, resulting from the enforcement of these laws and related acts of its officers, employees, subcontractors, suppliers, and materialmen.

3/26/2024
Date

Irondequoit Little League
(Individual or Company Name)

By Christopher R. Ronzo
Signature

CHRISTOPHER R. RONZO
Print Name and Office

IRLL BOARD MEMBER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insured's Agent Name & Address	CONTACT NAME: PHONE (A/C, No. Ex): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Company(ies) providing coverage INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Insured's Name and Address	NAIC #

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 INSR (Y/N)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	☒ GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
	☐ CLAIMS-MADE ☒ OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	☐ POLICY ☐ PRO-JECT ☐ LOC					\$
	☒ AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	☒ ANY AUTO					BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	☐ SCHEDULED AUTOS					\$
	☐ NON-OWNED AUTOS					\$
	☒ UMBRELLA LIAB					EACH OCCURRENCE \$ 1,000,000
	☐ EXCESS LIAB					AGGREGATE \$
	☐ OCCUR					\$
	☐ CLAIMS-MADE					\$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					☒ NO STATU-TORY LIMITS ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	On C105.2, U28.3 or GS105.2			E.L. EACH ACCIDENT \$
	(If yes, describe under DESCRIPTION OF OPERATIONS below)	N/A				E.L. DISEASE - EA EMPLOYEE \$
	NYS Disability		On DB120.1			E.L. DISEASE - POLICY LIMIT \$

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

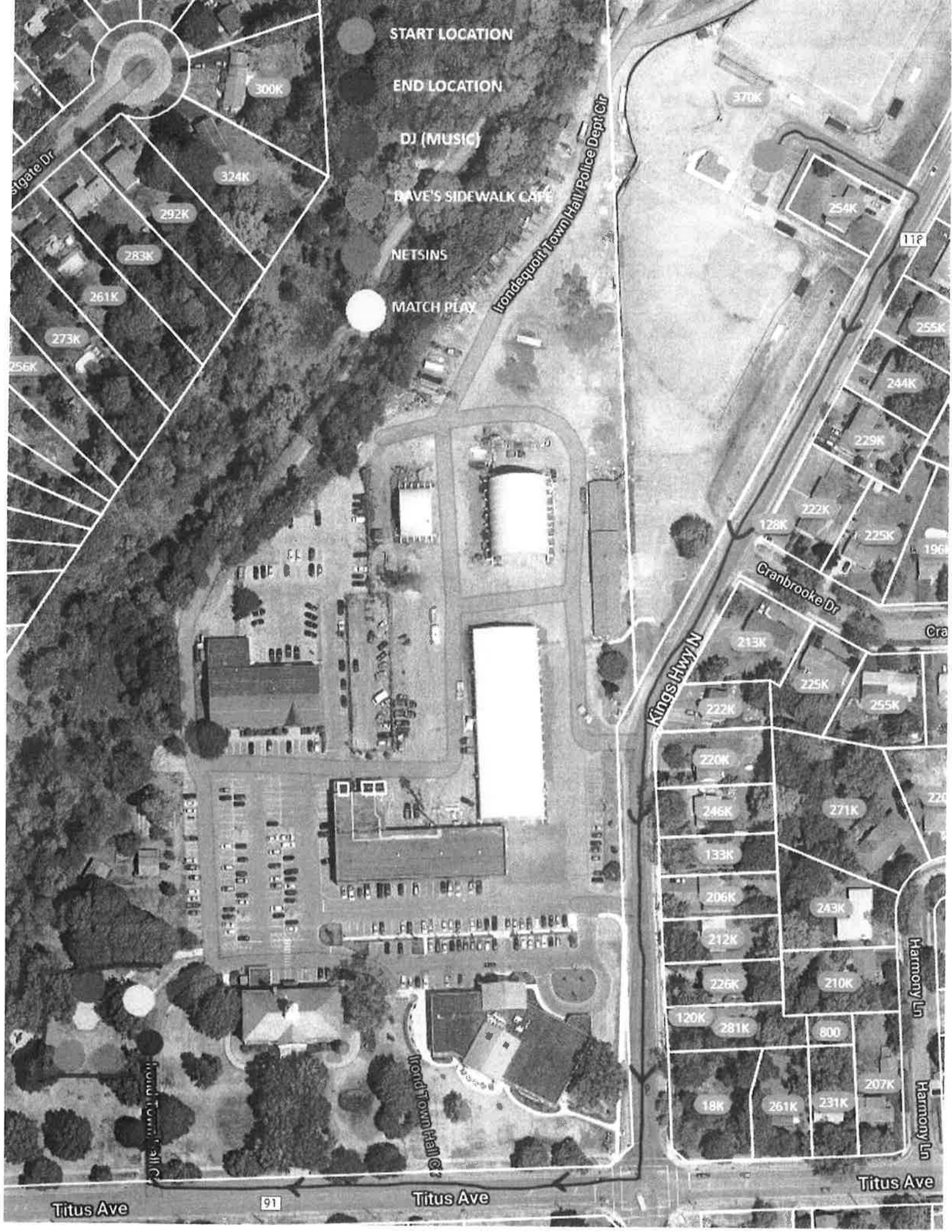
Reference Project or Contract Name

Town of Irondequoit is added to the General Liability coverage, including ongoing and completed operations, as Additional Insured on a primary and noncontributory basis.

CERTIFICATE HOLDER**CANCELLATION**

Town of Irondequoit 1280 Titus Avenue Rochester, NY 14617	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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START LOCATION

END LOCATION

DJ (MUSIC)

DAVE'S SIDEWALK CAFE

NETSINS

MATCH PLAY

Irondequoit Town Hall/Police Dept Cir

Kings Hwy N

Cranbrooke Dr

Harmony Ln

Harmony Ln

Titus Ave

91

Titus Ave

Titus Ave

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
01/13/24

PRODUCER

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

CERTIFICATE #: 2320411-2024-1

2 32 04

ADDITIONAL NAMED INSURED:

IRONDEQUOIT LL
630 Eaton Road
Rochester, NY 14617

INSURERS AFFORDING COVERAGE:

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

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	GENERAL LIABILITY	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$2,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage Deductible: \$250			PRODUCTS/COMP OPS AGGREGATE	\$2,000,000
		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
		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	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

"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:

- Bishop Kearney
- East Irondequoit Central School District
- St. Kateri Tekakwitha Roman Catholic Parish
- Town of Irondequoit
- West Irondequoit Central School District
- PAWS Youth and Advocacy Center

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)
01/13/24

PRODUCER

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

CERTIFICATE #: 2320411-2024-1

2 32 04

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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	
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		SECURITY AND PRIVACY LIABILITY INSURANCE				\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION	
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	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION		NOT APPLICABLE	POLICY INCEPTION	
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"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

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- 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:

Bishop Kearney
125 King's Highway South
Rochester, NY 14617

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)

1/13/2024

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).

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867	CONTACT NAME: David Irwin PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151 E-MAIL: Dlrwin@Keystoneinsgrp.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Interstate Fire & Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Little League Baseball Risk Purchasing Group, Incorporated IRONDEQUOIT LL 630 Eaton Road Rochester NY 14617	NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Per League	X	X	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ Excluded						
	PERSONAL & ADV INJURY \$ 2,000,000						
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 2,000,000
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$						PRODUCTS - COMP/OP AGG \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☐ N/A						SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							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)

CERTIFICATE HOLDER**CANCELLATION**

Bishop Kearney
125 King's Highway South
Rochester NY 14617

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

Bishop Kearney
125 King's Highway South
Rochester, NY 14617

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:

Bishop Kearney
125 King's Highway South
Rochester, NY 14617

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)
01/13/24

PRODUCER

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

CERTIFICATE #: 2320411-2024-1

2 32 04

INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED:

IRONDEQUOIT LL
630 Eaton Road
Rochester, NY 14617

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

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	GENERAL LIABILITY		UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$2,000,000
		X OCCURRENCE	GENERAL AGGREGATE				\$2,000,000	
		X INCL PARTICIPANTS	Property Damage Deductible: \$250				PRODUCTS/COMP OPS AGGREGATE	\$2,000,000
		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	
		SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE	CONTINUITY DATE	
	S&P	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	

"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:

East Irondequoit Central School District
600 Pardee Road
Rochester, NY 14609

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)

1/13/2024

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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).

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867	CONTACT NAME: David Irwin PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151 E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com INSURER(S) AFFORDING COVERAGE INSURER A: Interstate Fire & Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Little League Baseball Risk Purchasing Group, Incorporated IRONDEQUOIT LL 630 Eaton Road Rochester NY 14617	NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Per League	X	X	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ Excluded						
	PERSONAL & ADV INJURY \$ 2,000,000						
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 2,000,000
	UMBRELLA LIAB EXCESS LIAB ☐ DED ☐ RETENTION \$						PRODUCTS - COMP/OP AGG \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							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)

CERTIFICATE HOLDER**CANCELLATION**

East Irondequoit Central School District

600 Pardee Road

Rochester

NY 14609

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

© 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

East Irondequoit Central School District
600 Pardee Road
Rochester, NY 14609

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:

East Irondequoit Central School District
600 Pardee Road
Rochester, NY 14609

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)
01/13/24

PRODUCER

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

CERTIFICATE #: 2320411-2024-1

2 32 04

INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED:

IRONDEQUOIT LL
630 Eaton Road
Rochester, NY 14617

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

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	GENERAL LIABILITY	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$2,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage Deductible: \$250			PRODUCTS/COMP OPS AGGREGATE	\$2,000,000
		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

"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:

St. Kateri Tekakwitha Roman Catholic Parish
445 Kings Highway South
Rochester, NY 14617

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)

1/13/2024

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PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867	CONTACT NAME: David Irwin PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151 E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com INSURER(S) AFFORDING COVERAGE INSURER A: Interstate Fire & Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 22829
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Per League	X	X	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB ☐ DED ☐ RETENTION \$	☐ OCCUR ☐ CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☒ N	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)

CERTIFICATE HOLDER**CANCELLATION**

St. Kateri Tekakwitha Roman Catholic Parish

445 Kings Highway South

Rochester

NY 14617

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

© 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

St. Kateri Tekakwitha Roman Catholic Parish
445 Kings Highway South
Rochester, NY 14617

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:

St. Kateri Tekakwitha Roman Catholic Parish
445 Kings Highway South
Rochester, NY 14617

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)
01/13/24

PRODUCER

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

CERTIFICATE #: 2320411-2024-1

2 32 04

ADDITIONAL NAMED INSURED:

IRONDEQUOIT LL
630 Eaton Road
Rochester, NY 14617

INSURERS AFFORDING COVERAGE:

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

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	GENERAL LIABILITY	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$2,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS				PRODUCTS/COMP OPS AGGREGATE	\$2,000,000
		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				RETROACTIVE DATE	CONTINUITY DATE
	S&P	REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			POLICY INCEPTION	POLICY INCEPTION
		EVENT MANAGEMENT INSURANCE				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

"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:

Town of Irondequoit
117 King's Highway North
Rochester, NY 14617

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

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

Town of Irondequoit
117 King's Highway North
Rochester, NY 14617

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:

Town of Irondequoit
117 King's Highway North
Rochester, NY 14617

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) 01/13/24		
PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland, PA 17867				CERTIFICATE #:		2320411-2024-1		2 32 04	
				INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED: IRONDEQUOIT LL 630 Eaton Road Rochester, NY 14617				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			
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	GENERAL LIABILITY		UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$2,000,000	
		X	OCCURRENCE				GENERAL AGGREGATE	\$2,000,000	
		X	INCL PARTICIPANTS	Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$2,000,000		
		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	
"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:									
West Irondequoit Central School District 321 List Avenue Rochester, NY 14617									
INSURED				CANCELLATION					
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					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2024

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).

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867	CONTACT NAME: David Irwin PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151 E-MAIL ADDRESS: Dlrwin@Keystoneinsgrp.com														
INSURED Little League Baseball Risk Purchasing Group, Incorporated IRONDEQUOIT LL 630 Eaton Road Rochester NY 14617	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Interstate Fire & Casualty Company</td><td>22829</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</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 :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Interstate Fire & Casualty Company	22829														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

CERTIFICATE HOLDER**CANCELLATION**

West Irondequoit Central School District

321 List Avenue

Rochester

NY 14617

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

© 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

West Irondequoit Central School District
321 List Avenue
Rochester, NY 14617

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:

West Irondequoit Central School District
321 List Avenue
Rochester, NY 14617

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)
01/13/24

PRODUCER

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

CERTIFICATE #: 2320411-2024-1

2 32 04

INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED:

IRONDEQUOIT LL
630 Eaton Road
Rochester, NY 14617

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

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	GENERAL LIABILITY		UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$2,000,000
		X OCCURRENCE	GENERAL AGGREGATE				\$2,000,000	
		X INCL PARTICIPANTS	Property Damage Deductible: \$250			PRODUCTS/COMP OPS AGGREGATE	\$2,000,000	
		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	
		SECURITY AND PRIVACY LIABILITY INSURANCE				\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION		RETROACTIVE 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	

"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:

PAWS Youth and Advocacy Center
632 Hollenbeck St
Rochester, NY 14621

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)

1/13/2024

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).

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867	CONTACT NAME: David Irwin PHONE (A/C, No, Ext): (570) 473-2150 E-MAIL ADDRESS: DIrwin@Keystoneinsgrp.com FAX (A/C, No): (570) 473-2151 INSURER(S) AFFORDING COVERAGE INSURER A: Interstate Fire & Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 22829
INSURED Little League Baseball Risk Purchasing Group, Incorporated IRONDEQUOIT LL 630 Eaton Road Rochester NY 14617	

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Per League	X	X	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ Excluded						
	PERSONAL & ADV INJURY \$ 2,000,000						
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 2,000,000
	UMBRELLA LIAB EXCESS LIAB ☐ DED ☐ RETENTION \$						PRODUCTS - COMP/OP AGG \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							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)

CERTIFICATE HOLDER**CANCELLATION**

PAWS Youth and Advocacy Center

632 Hollenbeck St

Rochester

NY 14621

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

PAWS Youth and Advocacy Center
632 Hollenbeck St
Rochester, NY 14621

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:

PAWS Youth and Advocacy Center
632 Hollenbeck St
Rochester, NY 14621

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.