

<b>CERTIFICATE OF INSURANCE</b>				ISSUE DATE (MM/ DD/ YY) <b>03/04/2010 04:41:25 PM ET</b>		
<b>PRODUCER</b> <b>SADLER &amp; COMPANY, INC.</b> <b>P.O. BOX 5866</b> <b>COLUMBIA, SOUTH</b> <b>CAROLINA 29250-5866</b> <b>(800) 622-7370</b> <b>Email:</b> <b>dizzy@sadlersports.com</b>		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
<b>INSURED</b> ERS RISK PURCHASING GROUP ASSOCIATION, INC. D/ B/ A DIZZY DEAN BASEBALL, INC. <b>Boynton Recreation Association</b> <b>c/ o Wil Stiles</b> <b>P. O. Box 796</b> <b>1111 Boynton Dr.</b> <b>Ringgold, GA 30736</b>		<b>COMPANIES AFFORDING COVERAGE</b>				
		COMPANY LETTER <b>A</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY				
		COMPANY LETTER <b>B</b> ACE AMERICAN INSURANCE COMPANY				
		COMPANY LETTER <b>C</b>				
<b>COVERAGES</b>						
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.						
CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMIT OF COVERAGE	
<b>A</b>	<b>General Liability</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owners & contractors Prot.	PHPK500969	04:41PM ET 03/04/2010	12:01AM ET 02/01/2011	General Aggregate	NONE
					Products- Comp/ Ops Aggregate	\$2,000,000
					Personal & Advertising Injury	\$2,000,000
					Each Occurrence	\$2,000,000
					Rented to you limit	\$100,000
					Medical Expenses (Any one person)	NONE
					Participant Legal Liability	\$2,000,000
<b>B</b>	<b>Participant Accident</b>	PTP-N00720185	04:41PM ET 03/04/2010	12:01AM ET 02/01/2011	Excess Medical	\$50,000
					AD&D	\$25,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS <b>COVERED SPORTS: Baseball 12 &amp; Under, Baseball 13-14, Baseball 15-16, Baseball 17-19, Softball 12 &amp; Under, Softball 13-14, Softball 15-16, Softball 17-19,</b>						
NOTE: The Participant Accident policy, if included above, is not a part of the ERS Risk Purchasing Group Association, Inc.						
CERTIFICATE HOLDER		CANCELLATION				
<b>EVIDENCE OF COVERAGE</b>		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.				
		AUTHORIZED REPRESENTATIVE 				