

May 7, 2009

Rome Mens Softball Association  
Brandon Lovett, Treasurer  
911 Roosevelt Avenue  
Rome, NY 13440

Dear Insured,

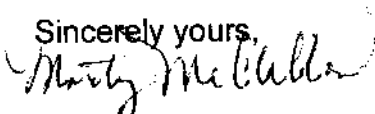
Enclosed please find your Certificate(s) of Insurance and related forms. Please note if you requested Additional Insureds be added to your policy, they will show on a separate certificate of insurance with their name referenced as the Certificate Holder.

If you have any questions, please feel free to contact any of Bollinger's ASA Customer Service Representatives at 1-800-526-1379. Our hours are 8:00 a.m. to 5:00 p.m. (EST).

For information on other ASA insurance plans, Directors & Officers Liability, Crime and Equipment Insurance, please visit our web site at [www.BollingerASA.com](http://www.BollingerASA.com).

Thank you for purchasing ASA insurance. We appreciate your business.

Sincerely yours,



Marty McClellan

Amateur Sports Division  
Bollinger Insurance

Enclosure

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YYYY)  
05/07/2009

<b>PRODUCER</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>BOLLINGER</b> 101 JFK PARKWAY SHORT HILLS, NJ 07078 TELEPHONE: 1-800-526-1379		<b>COMPANIES AFFORDING COVERAGE</b>	
<b>CODE</b>	<b>SUB-CODE</b>	<b>COMPANY LETTER</b> <b>A</b>	<b>MARKEL INSURANCE COMPANY</b>
		<b>COMPANY LETTER</b> <b>B</b>	<b>EVEREST NATIONAL INSURANCE COMPANY</b>
<b>INSURED</b>	<b>REGISTERED TEAMS OF THE AMATEUR SOFTBALL ASSOCIATION OF AMERICA</b>	<b>COMPANY LETTER</b> <b>C</b>	
	Rome Mens Softball Association Brandon Lovett, Treasurer 911 Roosevelt Avenue Rome, NY 13440	<b>COMPANY LETTER</b> <b>D</b>	
		<b>COMPANY LETTER</b> <b>E</b>	

## COVERAGES

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 (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>3602AH230069</b>	<b>*SEE EFFECTIVE DATES BELOW</b>	<b>01/01/10</b>	<b>GENERAL AGGREGATE \$5,000,000</b>
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				<b>PRODUCTS-COMP/OPS AGGREGATE \$2,000,000</b>
<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				<b>PERSONAL &amp; ADVERTISING INJURY \$2,000,000</b>
<b>A</b>	<b>X PARTICIPANT LIABILITY</b>	<b>Number of Teams: 36</b>	<b>Certificate # 37701</b>		<b>EACH OCCURRENCE \$2,000,000</b>
		<b>*GENERAL AGGREGATE APPLIES PER TEAM</b>			<b>FIRE DAMAGE (Any one fire) \$300,000</b>
<input checked="" type="checkbox"/>	EXCESS LIABILITY	<b>Policy Effective Date: *See Below</b>	<b>Policy Expiration Date: 1/1/2010</b>		<b>MEDICAL EXPENSES (Any one person) \$10,000</b>
<input type="checkbox"/>	Claims Made <input checked="" type="checkbox"/> Occur.	<b>POLICY # 71G1000013-071</b>			<b>EACH OCCURRENCE \$3,000,000</b>
					<b>AGGREGATE \$3,000,000</b>

**IMPORTANT: TEAMS MUST BE CURRENTLY REGISTERED WITH ASA TO BE ELIGIBLE FOR COVERAGE.**

EFFECTIVE DATE / TEAM NAME	EFFECTIVE DATE / TEAM NAME	EFFECTIVE DATE / TEAM NAME
05/07/2009 Anson Construction	05/07/2009 BobRaymond.com	05/07/2009 Bottini Funeral Home
05/07/2009 Casey's	05/07/2009 Don's Auto/Korp's Corner	05/07/2009 Firemen
05/07/2009 Mac Construction	05/07/2009 McKie's	05/07/2009 Midnight Mikes/ Federated Insurance
05/07/2009 Oriskany Manufacturing Technologies	05/07/2009 Palisades Hotel	05/07/2009 Rhine Haus
05/07/2009 Advance Auto	05/07/2009 Aquino's	05/07/2009 Bravo's/Evolution
05/07/2009 B-52's	05/07/2009 Dreamer's	05/07/2009 Rhine Haus
05/07/2009 R & S Steel	05/07/2009 State Farm	05/07/2009 Taylor Construction
05/07/2009 Titan Home Security	05/07/2009 Waste Management	05/07/2009 Westerville Legion
05/07/2009 Aquino's/East Rome Barber	05/07/2009 Black River Ale House	05/07/2009 Bostwick Liquors
05/07/2009 Brew Crew	05/07/2009 Bucky's/Korp's Corner	05/07/2009 Casey's/Chubb's Construction
05/07/2009 Delbuono Insurance Co.	05/07/2009 Dilligaf	05/07/2009 Garage/La Pub
05/07/2009 Mohawk Valley Practitioners (MVP)	05/07/2009 Performance Wire	05/07/2009 Regulators

Important Note - If Waiver and Release Plan purchased, signed forms must be kept by Team/League for a minimum of three years.

COVERAGE UNDER THIS POLICY SHALL APPLY TO LIABILITY OF THE INSURED TEAM/LEAGUE LISTED ABOVE ARISING OUT OF THE ADMINISTRATION, PLAY OR PRACTICE OF AMATEUR SOFTBALL/BASEBALL, BUT ONLY FOR INCIDENTS INVOLVING BODILY INJURY, PERSONAL INJURY OR PROPERTY DAMAGE.

### CERTIFICATE HOLDER

Rome Mens Softball Association  
Brandon Lovett, Treasurer  
911 Roosevelt Avenue  
Rome, NY 13440

### CANCELLATION

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

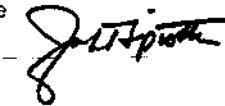
**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

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

Named Insured  
As shown on the attached Certificate of Insurance

Policy Number	Policy Period	Endorsement Effective Date
3602AH230069	01/01/09 - 01/01/10	As shown on the attached Certificate of Insurance

Issued By  
**MARKEL INSURANCE COMPANY**

Authorized Representative 

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

**SCHEDULE**

**Name of Person or Organization:**

As shown on the attached Certificate of Insurance

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

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

- a. That if the person or organization is designated as a Team, the person or organization so designated shall be deemed to include team members, managers, coaches, assistants, batboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the team, and if so indicated, a Field Owner, but only for liability arising out of the designated Team's amateur softball/baseball activities covered under this policy;
- b. That if the person or organization is designated as a League, the interest of the League shall not be included unless all teams in the League purchase this insurance.

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

All other terms and conditions of this policy remain unchanged.

