

Exhibit B - Pompano Baseball Insurance CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/6/2017

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).

this cert	incate does not confer rights to the certificate holder in fied of su	ch endorsement(s).						
PRODUCER		CONTACT NAME:						
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): (408) 414-8100 FAX (A/C, No)! (408) 414-8199 E-MAIL ADDRESS: sales@gsportsinsurance.com						
	. 13th St. #117B							
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE						
80984	:0	INSURER A: New York Marine & General Ins. 16608						
INSURED	Pompano Baseball, Inc.	INSURER B: Starr Indemnity & Liability Co	38318					
	P.O Box 85	INSURER C:						
	Pompano Beach, FL 33061	INSURER D:						
	954-540-8429	INSURER E:						
		INSURER F:						
001/504	OFO OFFICIAL AND INCOME.	DEL MOION AND MEDER						

X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Abuse & Molestation X Abuse & Molestation X PREDISTS les accourance) X 1,700,000 AMED EXP (Anyone person) X 1,700,000 AMED EX	INSURER F:								
NDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE MAY PERFORDED BY THE POLICES LEURIS SHOWN MAY HAVE BEEN REDUCED BY PARD CLAMB. EXCUSIONS AND CONDITIONS OF SUCH POLICES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PARD CLAMB. X COMMERCIAL GENERAL LIABILITY	COVERAGES CER	TIFICATE	NUMBER:			REVISION NUMBER:			
TYPE OF INSURANCE NEW WOOD NAME	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,								
CLAIMS-MADE X OCCUR X Abuse & Molestation A BERNA AGGREGATE LIMIT APPLIES PER: APOLICY PRODUCTS - COMPICIO AGGINAL ADVINUARY S 1,000,000 BERNA AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMPICIO AGGINAL ADVINUARY S 1,000,000 BERNA AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMPICIO AGGINAL ADVINUARY S 1,000,000 BERNAL AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMPICIO AGGINAL ADVINUARY S 1,000,000 BERNAL AGGREGATE LIMIT APPLIES PER: X POLICY AUTONO BERNAL AGGREGATE S 1,000,000 BER	INST LTR TYPE OF INSURANCE			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
ANYAUTO OWNED ANTOS ONLY AUTOS ON	CLAIMS-MADE X OCCUR X Abuse & Molestation GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Anyone person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	300,000 1,000,000 2,000,000 1,000,000 1,000,000		
EXCESS LIAB DED	ANYAUTO OWNED AUTOS ONLY HIRED V NON-OWNED		PK201700008909	11/17/2017	11/17/2018	(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply. CERTIFICATE HOLDER AD&D \$10K Dental \$3K Dental \$3K CANCELLATION	EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	By Jo		2 am, Nov 0	7 M 8, 2017	AGGREGATE \$ \$ PER OTH- STATUTE ELL. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			
respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply. CERTIFICATE HOLDER CANCELLATION	B Accident Medical BAP 640000 11/17/2017 11/17/2018 Limit \$250K Ded \$50								
	respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.								

City of Pompano Beach 100 W. Atlantic Blvd. Pompano Beach, FL 33060 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE BOLICY PROVISIONS.	1	AUTHORIZED REPRESENTATIVE
	100 W. Atlantic Blvd.	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

© 1988-2015 ACORD CORPORATION All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/6/2017

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).

tilis cert	incate does not come rights to the certificate holder in hed or	such endorsement(s).						
PRODUCER		CONTACT NAME:						
_	ardi Insurance Services, Inc.	PHONE (A/C, No, Ext): (408) 414-8100 FAX (A/C, No): (408)	414-8199					
	. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com						
	delphia, PA 19107	INSURER(S) AFFORDING COVERAGE	NAIC#					
80984	U	INSURER A: New York Marine & General Ins. 16608						
INSURED	Pompano Baseball, Inc.	INSURER B: Starr Indemnity & Liability Co	38318					
	P.O Box 85	INSURER C:						
	Pompano Beach, FL 33061	INSURER D:						
	954-540-8429	INSURER E:						
		INSURER F:						

INSURER F:													
CC	OVE	RAGES		CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
INI CE	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.												
INSI LTR	R	TYPE OF INS	SURA	ANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X	CLAIMS-MADE	_	— ,							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1 ,	300,000
A	X	Abuse & Mol	les	station	x		PK201700008909)	11/17/2017	11/17/2018	MED EXP (Anyone person) PERSONAL & ADV INJURY	· ·	000,000
	GEI	N'L AGGREGATE LIMIT POLICY PRO- JECT		PLIES PER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1 ,	000,000
		OTHER:		-							Participant Legal Liab		000,000
	AU	OMOBILE LIABILITY ANYAUTO									COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 1 ,	000,000
A		OWNED AUTOS ONLY		SCHEDULED AUTOS			PK201700008909		11/17/2017	11/17/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED V NON-C	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		7.0100 01.21										\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
l .	EXCESS LIAB CLAIMS-MADE									AGGREGATE	\$		
Ш		DED RETENT		۱\$							1050	\$	
		RKERS COMPENSATIO DEMPLOYERS' LIABILIT		V/N							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNE	ER/E ED?	EXECUTIVE Y/N	N/A						E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERA									E.L. DISEASE - POLICY LIMIT	\$	
B Accident Medical BAP 640000							BAP 640000		11/17/2017	11/17/2018	Limit \$250K AD&D \$10K		\$50 tal \$3K
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proof of coverage.													
CEF	TIFI	CATE HOLDER						CANC	ELLATION				
	Pompano Baseball, Inc.												
P O Box 85								SHO	OULD ANY OF TH	HE ABOVE DESC	RIBED POLICIES BE CANCELLE	D BEFOR	₹E

Pompano Baseball, Inc.

P.O. Box 85

Pompano Beach, FL 33061

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/6/2017

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).

this certificate does not comer rights to the certificate holder in fied of suc	ch endorsement(s).						
PRODUCER	CONTACT NAME: PHONE (A/C, No, Ext): (408) 414-8100 FAX (A/C, No, Ext): (408) 414-8199						
Gagliardi Insurance Services, Inc.							
109 S. 13th St. #117B	E-MAIL ADDRESS: sales@gsportsinsurance.com						
Philadelphia, PA 19107	INSURER(S) AFFORDING COVERAGE NAIC#						
809840	INSURER A: New York Marine & General Ins. 16608						
INSURED Pompano Baseball, Inc.	INSURER B: Starr Indemnity & Liability Co 38318						
P.O Box 85	INSURER C:						
Pompano Beach, FL 33061	INSURER D:						
954-540-8429	INSURER E:						
	INSURER F:						

331 313 312						INSURER E :								
								INSURE	RF:					
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.														
INS LTR	R	TYPE OF INSU	JRANC	CE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X	COMMERCIAL GENE	RAL I	LIABILITY							EACH OCCURRENCE	\$ 1 ,	000,000	
		CLAIMS-MADE	X	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	X	Abuse & Mol	est	ation			PK201700008909		11/17/2017	11/17/2018	MED EXP (Anyone person)	\$	0	
A		-			X		PK201700006909	' l		21, 17, 2010	PERSONAL & ADV INJURY		000,000	
	GEN	N'L AGGREGATE LIMIT	APPLI	ES PER:							GENERAL AGGREGATE	_	000,000	
	X	POLICY PRO- JECT	L	LOC							PRODUCTS - COMP/OP AGG Participant Legal Liab		000,000	
		OTHER:											000,000	
	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$ 1 ,	000,000	
		ANYAUTO	- 1				PK201700008909	.	11/17/2017	11/17/2018	BODILY INJURY (Per person)	\$		
A	L	OWNED AUTOS ONLY HIRED	ĂÚ.	HEDULED TOS N-OWNED								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X	AUTOS ONLY X		TOS ONLY							(Per accident)	\$		
_			ᅩ									\$		
	L	UMBRELLA LIAB	Ш	OCCUR							EACH OCCURRENCE	\$		
	Н	EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
_	WO!	DED RETENT									DER OTH	\$		
	AND	RKERS COMPENSATIO) EMPLOYERS' LIABILIT'	Υ	Y/N							PER OTH- STATUTE ER			
		PROPRIETOR/PARTNE CER/MEMBER EXCLUDE		CUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ndatory in NH) s. describe under		_							E.L. DISEASE - EA EMPLOYEE	\$		
В		s, describe under CRIPTION OF OPERAT Ccident Med					BAP 640000		11/17/2017	11/17/2018	E.L. DISEASE - POLICY LIMIT Limit \$250K	\$	\$50	
B	AC	scident Med	arc	aı			BAP 640000	ľ	11/1//201/	11/1//2010	AD&D \$10K		\$30 tal \$3K	
											AD&D \$10K	Dem	Jai SOK	
DES	CRIPT	TION OF OPERATIONS	/1.00^	TIONS / VEHICI	ES (A	COBD	101, Additional Remarks Schedule, m	nav he attor	shedif more engag	a is required)				
Th	e (Certificate	e h	older i	is :	inc	luded as an add	ditic	nal ins	sured, k	out only with			
re	spe	ect to the	li	ability	aı	cis	ing out of the	negl	ligence	of the	named insured	•		
All policy terms and conditions apply.														
CE	RTIFI	CATE HOLDER						CANCI	ELLATION					
OL!	<u> </u>	Pony Ba	sel	ball So	ftb	all	l Inc.	O/NINOI	LLLATION					
1	Ton, Daboball Boloball inc.										,			

	AUTHORIZED REPRESENTATIVE
P.O.Box 225 Washington, PA 01530	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Pony Baseball Softball Inc. 1951 Pony Place	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
CERTIFICATE HOLDER	CANCELLATION

© 1988-2015 ACORD CORPORATION. All rights reserved.