

**NON-PROFIT ORGANIZATION
DIRECTORS AND OFFICERS
INCLUDING EMPLOYMENT PRACTICES LIABILITY
CERTIFICATE OF INSURANCE**

**Certificate
Number: 37630**

ISSUED: 02/01/2024

Company Affording Coverage:
MARKEL INSURANCE COMPANY

AUTHORIZED AGENT:
K&K INSURANCE GROUP, INC.

**THE COVERAGE SHOWN ON THIS CERTIFICATE IS CLAIMS MADE COVERAGE
WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE COVERAGE PERIOD.**

This Certificate of Insurance provides you (the Insured Member) with the insurance indicated below as part of Master Policy #DNO0000500500002 issued to the Sports, Leisure and Entertainment RPG. This Certificate of Insurance together with the Master Policy Declarations, Coverage Form, Endorsements and Enrollment Form constitute the contract between the Insurer, the Organization and the Individual Insureds.

Item A. INSURED MEMBER/PARENT ORGANIZATION

MILTON AMERICAN CRL
75 Edge Hill Road
Milton, MA, 02186

ITEM B. COVERAGE PERIOD

Effective: 02/01/2024

Expiration:

02/01/2025

(at 12:01 a.m. Standard Time at the address of the Parent Organization)

ITEM C. LIMITS OF INSURANCE

PREMIUM

<u>\$1,000,000</u>	Limit of Liability	
	Maximum Aggregate Limit of Liability for each Policy Year:	<u>\$579.00</u>
<u>EXCLUDED</u>	Outside Service Coverage:	<u>EXCLUDED</u>
<u>\$ 551</u>	Retention (Each Claim):	<u>INCLUDED</u>
<u>EXCLUDED</u>	Medical Payments for Participants	
	Directors and Officers:	<u>EXCLUDED</u>
<u>EXCLUDED</u>	Volunteers:	<u>EXCLUDED</u>
<u>Total Premium Fully Earned at Inception:</u>		<u>\$579.00</u>

**NOTICES: ALL NOTICES REQUIRED TO BE GIVEN TO THE
INSURER UNDER THIS COVERAGE SHALL BE ADDRESSED TO:**

K&K Insurance Group, Inc.
PO Box 2338, 1712 Magnavox Way
Fort Wayne, IN 46801

By:



AUTHORIZED REPRESENTATIVE SIGNATURE