

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						CT Zain Jeew	/aniee				
Zain Jeewanjee Insurance Agency						NAME: Zain Jeewanjee PHONE (A/C, No, Ext): 408-703-4900 Ext:4902 FAX (A/C, No): 408-997-7890					
1494 Hamilton Way						E-MAIL ADDRESS: zain.jeewanjee@insure123.com					
Suite 101						INSURER(S) AFFORDING COVERAGE NAIC #					
San Jose CA 95125					INSURER A: HDI Global Specialty SE				NAIO#		
INSURED STATES						INSURER B: Axis Insurance Company					
USA Cricket Inc. / Midwest Cricket League						INSURER C:					
1530 S. Tejon St.					INSURER D :						
1000 0. 100010.						INSURER E :					
Colorado			CO 80905			INSURER F :					
			RTIFICATE 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.									H THIS		
INSR LTR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X COMMERCIAL GENERAL LIABILITY					(,	(,	EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000	
								MED EXP (Any one person)	\$ 5,00	00	
Α				HDGL19000267		3/1/2020	3/1/2021	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
	OTHER:							Deductible	\$ 2,50	00	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
								(Consistent)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Maximum Medical			SRPO-171217		3/1/2020	3/1/2021	Limits: \$25,000			
В	Accidental Death			SRPO-171217		3/1/2020	3/1/2021	Limits: \$10,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
THE CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED DURING THE POLICY PERIOD. Team Name: Challangers Event: 30 over red ball and T20 with white ball in summer time.											
CE	RTIFICATE HOLDER	CANCELLATION									
Challangers						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					