



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/31/2023

**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).**

<b>PRODUCER</b> Specialty Insurance LLC  3620 Pelham Road #383, Greenville, SC, 29615	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 888-673-7228      FAX (A/C No): 864-458-8371 E-MAIL ADDRESS: cturner@specialtyinsurancesc.com PRODUCER CUSTOMER ID : _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : Accelerant Specialty Insurance Company</td> <td>16890</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Accelerant Specialty Insurance Company	16890	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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<b>INSURED</b> Sports Marketing Program Management Inc. Raindrops Express LLC  612 Bohannon Road Fairburn, GA, 30213															

**COVERAGES      CERTIFICATE NUMBER:** A-SP-SU-23-09-12-286477      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS														
A	<b>GENERAL LIABILITY</b>	N	N	S0019GL000001-02	10/31/2023	10/31/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000.00</td></tr> <tr><td>DAMAGE TO PREMISES RENTED (Any one premises)</td><td>\$ 300,000.00</td></tr> <tr><td>MED EXP (any one person)</td><td>\$ 5,000.00</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000.00</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 3,000,000.00</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000.00</td></tr> <tr><td> </td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000.00	DAMAGE TO PREMISES RENTED (Any one premises)	\$ 300,000.00	MED EXP (any one person)	\$ 5,000.00	PERSONAL & ADV INJURY	\$ 1,000,000.00	GENERAL AGGREGATE	\$ 3,000,000.00	PRODUCTS - COMP/OP AGG	\$ 2,000,000.00		\$
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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS  GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC																				
	<b>AUTOMOBILE LIABILITY</b>						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$						
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	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS																				
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">WC STATUTORY LIMITS</td> <td style="font-size: small;">OTHER</td> <td></td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER		E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$		
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	N/A																			
A	<b>OTHER</b> Abuse/Molestation	N	N	S0019GL000001-02	10/31/2023	10/31/2024	Each Occurrence: \$ 25,000.00    Aggregate: \$ 50,000.00														

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Liability Policy Deductible: \$0.00 Deductible for Bodily Injury and \$ 1000.00 per Property Damage Claim. ISO Occurrence form CG 00 01 04 13 and company's specific forms. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. RE: Registered Gellyball participants: 10/31/2023 - 10/31/2024;

<b>CERTIFICATE HOLDER</b> Raindrops Express LLC  612 Bohannon Road Fairburn, GA, 30213	<b>CANCELLATION</b> 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  <div style="text-align: right;"><b>Mark Di Perno</b></div>
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Specialty Insurance LLC		<b>NAMED INSURED</b> Raindrops Express LLC	
<b>POLICY NUMBER</b> S0019GL000001-02		612 Bohannon Road Fairburn, GA, 30213	
<b>CARRIER</b> Accelerant Specialty Insurance Company	<b>NAIC CODE</b> 16890	<b>EFFECTIVE DATE:</b> 10/31/2023	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

*(This area is intentionally left blank for additional remarks.)*