

GEORGE FLAGGS, JR.

MAYOR



ALEX J. MONSOUR, JR.  
ALDERMAN

MICHAEL A. MAYFIELD, SR.  
ALDERMAN

## City of Vicksburg

1401 WALNUT STREET • VICKSBURG, MS 39181 • (601) 636-3411

Date : 2/29/2024

To: Mayor and Board of Aldermen

From: Patrick Daughtry (Rick) / Director of Parks and Recreation

Re: Approval for Reimbursement to VGSA for Insurance

The Parks and Recreation Department is seeking approval for the reimbursement of Insurance for Vicksburg Girls Softball Association (VGSA) 2024 softball season. Which has 267 girls from 6u thru 16u age divisions in the amount of \$3375.00

VGSA  
PO Box 821941  
Vicksburg MS 39182

Recreation for All

A handwritten signature in black ink, appearing to read "Patrick Daughtry", is written over the printed name.

Patrick Daughtry (Rick)  
Director of Parks and Recreation

*Incorporated 1825*

City Website: <http://www.vicksburg.org>

VICKSBURG GIRLS SOFTBALL ASSN 10/06  
P.O. BOX 821941  
VICKSBURG MS 39182

2667

85-164/653  
02

2/20/2024

Date

CHECK ARMOR  
PHOTO PROTECTION

Pay to the  
Order of

Chappell Insurance Services \$ 3375<sup>00</sup>

three thousand three hundred seventy five  
dollars



Photo  
Safe  
Deposit®  
Details on back

River Hills Bank

Port Gibson • Vicksburg • Madison  
www.riverhillsbank.com

For

INSURANCE/2024/23 Terms

Mc Foley

MP





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/26/2024

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).

<b>PRODUCER</b> Chappell Insurance 4335 Cox Rd Ste 4335 Glen Allen, VA, 23060	<b>CONTACT</b> NAME: Daryl Chappell PHONE (A/C, No. Ext): 804-733-2020 FAX (A/C, No): 804-591-1603 E-MAIL ADDRESS: support@chappellinsurance.com																					
<b>INSURED</b> Vicksburg Girls Softball Assoc. PO Box 821941 Vicksburg, MS 39183  (19) Teams in Vicksburg Girls Softball Assoc. group	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>SiriusPoint America Insurance Company</td><td>38776</td></tr><tr><td>INSURER B:</td><td>Axis Insurance Company</td><td>37273</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	SiriusPoint America Insurance Company	38776	INSURER B:	Axis Insurance Company	37273	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES**

CERTIFICATE NUMBER: NS-SB-10S-002750

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PLH01GL00000693	01/01/2024 12:01 AM	01/01/2025 12:01 AM	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input checked="" type="checkbox"/> Abuse/Molestation - \$1 mil/\$2mil						MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> See addendum						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG	\$ 2,000,000
	OTHER:						Participant Legal Liability	\$ 1,000,000
		UMBRELLA LIAB					OCCUR	
	EXCESS LIAB		CLAIMS-MADE			AGGREGATE	\$	
	DED		RETENTION				\$	
B	PARTICIPANT ACCIDENT			SRP185328-00	01/01/2024 12:01 AM	01/01/2025 12:01 AM	EXCESS MEDICAL	\$ 100,000
		DEDUCTIBLE	\$					

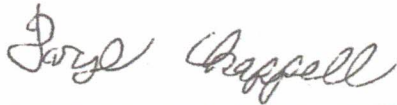
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage includes amateur play and practice in the insured sport for Vicksburg Girls Softball Assoc. NS-SB-10S-002750. The certificate holder is named as an additional insured but only with respect to the operations of the named insured.

Page 1 of 2

Sport Insured: Softball. Age Group: 12 &amp; Under.

**Coverage Effective From 01:06 PM on 02/21/2024 TO 01/01/2025**

<b>CERTIFICATE HOLDER</b> CITY OF VICKSBURG & MAYOR AND ALDERMAN PO BOX 150 Vicksburg, MS 39181  Certificate Number: NS-SB-10S-002750	<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 
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ACORD 25 (2016/03)

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Notice to Texas Insureds: The insurer for the purchasing group may not be covered by an insurance insolvency guarantee fund or similar mechanism and the insurer of the group is not subject to all the insurance laws and regulations of this state.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC # \_\_\_\_\_

**ACORD**<sup>TM</sup>**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Chappell Insurance Agency, Inc.		NAMED INSURED Vicksburg Girls Softball Assoc. PO Box 821941 Vicksburg, MS 39183
POLICY NUMBER GL PLH01GL00000693		
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Certificate Number: NS-SB-12S-002751

SEXUAL ABUSE/MOLESTATION  
\$1,000,000 PER OCCURRENCE  
\$2,000,000 AGGREGATE

WITH RESPECTS TO SEXUAL ABUSE/MOLESTATION COVERAGE PROVIDED UNDER THIS POLICY, IT IS AGREED THAT NO COVERAGE APPLIES TO MEMBER TEAMS, LEAGUES, DIRECTORS, OR AFFILIATES THAT DO NOT MEET THE FOLLOWING CRITERIA:

1. SYSTEM IN PLACE TO PERFORM AND RUNNING CRIMINAL BACKGROUND CHECKS ON PAID STAFF AND VOLUNTEERS
2. HAVE WRITTEN PROCEDURES THAT INCLUDE SEXUAL ABUSE AND MOLESTATION PREVENTION
3. HAVE WRITTEN PROCEDURES THAT INCLUDE A RESPONSE PLAN FOR ALLEGATIONS OF SEXUAL ABUSE AND MOLESTATION. THE PLAN MUST SPECIFY THAT LAW ENFORCEMENT IS TO BE CONTACTED IN THE EVENT OF AN ALLEGATION

**Sexual Abuse Molestation coverage effective from 01:06 PM on 02/21/2024 TO 01/01/2025**

Date Issued: 02/26/2024





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/26/2024

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## COVERAGES

CERTIFICATE NUMBER:

NS-SB-12S-002751

REVISION NUMBER:

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	OTHER:					PRODUCTS-COMP/OP AGG \$ 2,000,000
						Participant Legal Liability \$ 1,000,000
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED					\$
	RETENTION					
B	PARTICIPANT ACCIDENT		SRP185328-00	01/01/2024 12:01 AM	01/01/2025 12:01 AM	EXCESS MEDICAL \$ 100,000
						DEDUCTIBLE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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Page 1 of 2

Sport Insured: Softball. Age Group: 16-18.

**Coverage Effective From 01:06 PM on 02/21/2024 TO 01/01/2025**

## CERTIFICATE HOLDER

CITY OF VICKSBURG & MAYOR AND ALDERMAN  
PO BOX 150  
Vicksburg, MS 39181

Certificate Number: NS-SB-12S-002751

## CANCELLATION

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

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ACORD 25 (2016/03)

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LOC # \_\_\_\_\_

**ACORD**<sup>TM</sup>

## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

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POLICY NUMBER GL PLH01GL00000693		
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25

### ADDITIONAL REMARKS

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FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Certificate Number: NS-SB-10S-002750

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