Policy No: **4102AH460300 - 8**

Insured : Lead-Deadwood Girls Softball Association, Inc.
c/o Amber Vogt
62 1st Street
Lead, SD 57754

Policy Period : 05-23-2025 – 05-23-2026

Policy renewal information

Markel account number: PI0781505
Renewal policy number: 4102AH460300-8
Renewal term: 05/23/25 - 05/23/26
Insured name: Lead-Deadwood Girls Softball Association, Inc.

Thank you for choosing Markel

We greatly appreciate your business and the continued opportunity to provide you with the coverage you need for another term.

Should you have questions or concerns about your renewal, or changes have occurred within your operation, please contact your insurance agent.

Agent: Bollinger Inc DBA RPS Bollinger
PO Box 1322
Morristown, NJ 07960
Phone: 800-446-5311
Fax: 973-921-2876

Markel and risk management riskmanagementlibrary.com

Markel is committed to providing the tools you need to help keep safety first. Markel's risk management library is full of information, pointers, and guidelines for maintaining a safer environment. Use this information in your safety program to help avoid accidents and potential claims while controlling costs at the same time.

Important notice - Policy expiration

Your current insurance will expire at 12:01 a.m. on 05/23/25 . This is subject to the terms and conditions indicated in your contract.

In order to continue your coverage, please make your premium payment to Markel prior to the expiration date 05/23/25.

Pay your renewal premium online markelinsurance.com/paymybill

Save time and paper when you pay your bill online. Create an account, or make a one-time payment. You will need your Markel account number.

For questions about your payment:
Phone: 888-642-4968
Email: directbill@markelcorp.com

About your renewal - Review your policy

Please take a minute to thoroughly review your policy to be sure everything is in order.

MARKEL®

COVER SHEET

New Products

POLICY NUMBER: 4102AH460300 - 8

MIC INVOICE(01/95)	Markel Insurance Company Payment Schedule
M-SR100(01/95)	BLANKET SPECIAL RISK A&H POLICY
MPIL1007(01/20)	PRIVACY POLICY
MPIL1083(04/15)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL
MSR101(01/95)	SCHEDULE OF INSURANCE
MIL1214(09/17)	TRADE OR ECONOMIC SANCTIONS
MSR-CF-BOLL(07/20)	SPECIAL RISK CLAIM FORM - BOLLINGER 52 WEEK
MSR128(01/04)	2004 ACCIDENT DEFINITION
MSR128(01/95)	HMO/PPO NOT COVERED
MSR128(03/95)	CORRIDOR DEDUCTIBLE DEFINITION
MSR128-AD(02/20)	MIC ADDRESS CHANGE
MSR128-AS(03/07)	AMENDATORY ENDORSEMENT - BOLLINGER LIMITATION
MSR128-BP(08/00)	BENEFIT PERIOD
MSR128-SDA(05/96)	SOUTH DAKOTA AMENDATORY ENDORSEMENT
MSR128-SDD(05/96)	SOUTH DAKOTA AMENDATORY ENDORSEMENT
MSR200(01/95)	COORDINATION OF BENEFITS FOR ACCIDENT MEDICAL EXPENSE
PN-MEP(02/09)	NOTICE TO POLICYHOLDER - MINIMUM PREMIUM

Insured Copy

Payment Schedule

Account #:	PI0781505
Billing Date:	April 23, 2025
Policy Number:	4102AH460300-8
Policy Period:	05-23-2025 - 05-23-2026
Policy Type:	Accident and Medical
Gross Premium:	$ 350.00

Account #: PI0781505
Lead-Deadwood Girls Softball Association, Inc.
c/o Amber Vogt
62 1st Street
Lead, SD 57754

Agent #: 88707
Bollinger Inc DBA RPS Bollinger
PO Box 1322
Morristown, NJ 07960
1-800-446-5311

Due Date	Transaction Description	Amount
05-23-2025	Premium Due	$350.00

THIS IS NOT A BILL. INVOICES WILL BE ISSUED SEPARATELY FOR ANY AMOUNTS DUE.

If you would like to pay now, please choose one of the options below.

- **On-line:** **www.markelinsurance.com/paymybill Make a single payment or sign up for electronic payments using (credit, debit or electronic check).**
  It's secure, easy, and convenient. No hassles, no stamps, and no forgetting to pay your bill.
- **By Phone:** **1-866-665-4983 (English/en Espanol)**
- **By Mail:** **Markel Specialty Commercial, P.O. Box 79652, Baltimore, MD 21279-0652**

Payment Inquiries: Toll-free 1-888-642-4968 8:00 a.m. to 8:00 p.m. EST

SNA

Insured

Our commitment to you

Our commitment to you begins the moment you choose Markel as your insurance company. You expect quality coverage-that's why you buy insurance. But good service, someone who really wants to help you? That almost seems too much to hope for.

From the minute you pick up the phone and talk with our receptionist (a real person, not an automated system!), you'll notice what separates us from the pack-our people.

Our underwriters, claims associates, loss control representatives, and administrative associates are real people, too. We treat you the way you want to be treated: respectfully, courteously, and professionally. When you have a question, we get the answer. When you leave a message, we call you back. You get service, not the run-around.

Our claims staff is experienced, efficient, and effective-everything you expect. What you may not expect is how our loss control and risk management specialists suggest improvements that can help you avoid losses and accidents altogether.

How else is Markel committed to you? Our prudent, conservative approach to fiscal management makes us financially stable, so you have greater assurance of our ability to pay claims when you need it.

Our commitment to you is simple. We treat you right. We deliver what we promise. We are a partner you can rely on for many years to come.

Alex Martin, President

4600 Cox Road
Glen Allen, VA 23060
800-431-1270
www.markelinsurance.com

A STOCK COMPANY

MARKEL INSURANCE COMPANY

Shand Morahan Plaza, Evanston, Illinois 60201

BLANKET
ACCIDENT AND HEALTH POLICY
SPECIAL RISK

THE ATTACHED DECLARATIONS PAGE, SPECIAL POLICY CONDITIONS, FORMS, AND ENDORSEMENTS COMPLETE THIS POLICY.

SECTION 2 DEFINITIONS

You, your or yours means the Policyholder shown in Section 1.

We, us or our means Markel Insurance Company.

Insured Person means a member of the class(es) of person(s) as shown in Section 1, while they are covered under this Policy.

Physician means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist and graduate nurse. Physician shall not include a member of the Insured's immediate family.

Hospital means a licensed institution including a tax supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

Ambulatory Surgical Center or Ambulatory Medical Center means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Loss means medical Expense caused by Injury or Sickness and covered by the Policy.

Injury means bodily harm caused by an accident which occurs while this Policy is in force and is the sole cause of the Loss.

Sickness means disease or illness which; (a) is first diagnosed and treated while the Insured is covered under this Policy; and (b) causes a Loss to the Insured which is covered by this Policy. "Sickness" includes Normal Pregnancy and Complications of Pregnancy.

Pre-existing Condition means the existence of symptoms which would cause a person to seek diagnosis, care or treatment within a one-year period preceding the effective date of the coverage of the Insured Person, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a one-year period preceding the effective date of coverage of the Insured Person.

Complications of Pregnancy means conditions whose diagnoses are distinct from pregnancy, but are adversely affected by or are caused by pregnancy. Such complications include, but are not limited to: a) acute nephritis; b) nephrosis; c) cardiac decompensation; d) missed abortion; e) hyperemesis gravidarum; f) preeclampsia; and g) similar medical and surgical conditions of comparable severity. Complications of Pregnancy also includes: a) nonelective Cesarean section; b) ectopic pregnancy which is terminated; and c) spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy shall not mean: a) false labor; b) occasional spotting; c) Physician prescribed rest during the period of pregnancy; d) morning sickness; or e) similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct Complication of Pregnancy.

Prescription Medicines or Drugs means any medicine or drug, under applicable state law, that is dispensed only with a written prescription from a Physician and has a label bearing the legend: "Caution: Federal law prohibits the dispensing without a prescription." It is also any mixed medicine with at least one ingredient bearing the above legend.

Expense means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Usual and Customary Expense means an Expense which (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

Medically Necessary means medical services, supplies or treatment authorized by a Physician to treat an Insured Person's bodily Injury which are: (a) consistent with the symptoms or diagnosis; (b) appropriate and accepted according to good medical practice standards; (c) not primarily for the convenience of the Insured Person, Physician or other providers; and (d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

The Aggregate Limit of Indemnity stated in Section 1 shall be the total limit of our liability for all coverages payable under the Policy with respect to all classes of Insured Persons arising out of Injury sustained by two or more Insured Persons as the result of any one accident. If the total of such indemnities exceed the Aggregate Limit of Indemnity, we shall not be liable to any one Insured Person for a greater proportion of such Insured Person's indemnity than said Aggregate Limit of Indemnity bears to the total indemnities afforded by the coverage to all such Insured Persons.

Deductible means the amount an Insured is required to pay as provided by the applicable coverage under this Policy in the event of a Loss.

Home Health Care Expenses means the care and treatment of an Insured who is under the care of a Physician, only if hospitalization or confinement in a skilled nursing facility as defined in title XVIII of the Social Security Act would otherwise have been required if home care was not provided, and the plan covering the Home Health Service is established and approved in writing by such Physician. Home care shall be provided by a certified home health agency possessing a valid certificate of approval issued pursuant to public health law.

SECTION 3 EFFECTIVE DATE, POLICY TERM, POLICY TERMINATION AND RENEWAL

This Policy is effective on the Effective Date in Section 1 and expires on the Expiration Date. With our consent, it may be renewed by paying the renewal premium within the grace period in Section 5. Upon 60 days' prior written notice, we may change the premium rate, but not more often than once every twelve months. We reserve the right to refuse to renew the Policy.

SECTION 4 EFFECTIVE DATE OF INDIVIDUAL INSURANCE

The persons eligible for inclusion as Insured Persons shall be all persons denoted in classifications described in Section 1. Insurance for such eligible persons shall become effective with respect to the activity and/or trip covered and benefits designated in Section 1 on the effective date in Section 1.

The insurance for any Insured shall terminate on the earliest of the following dates:

1. The date the Policy expires;
2. The premium due date if you fail to pay the required premium for the Insured, subject to the Grace Period, except as the result of inadvertent error; or
3. The date the Insured ceases to be a member of any class, as shown in Section 1.

Termination of coverage will not affect any claim which starts before termination.

SECTION 5 POLICY PROVISIONS

Entire Contract; Changes

This Policy and endorsements signed by the Policyholder and Insurer are the entire contract. Any change, modification or waiver of this Policy or a certificate issued under it must be in writing and signed by one of the following: our President; our Vice-President; a Secretary; or Assistant Secretary.

Grace Period

This Policy has a 31 day Grace Period. If the premium is not paid by the due date, it may be paid during the 31 days immediately following the due date. The Policy will remain in force during the Grace Period. The Grace Period does not apply:

(a) to the first premium due; or
(b) to premiums due thereafter if we have given you 60 days prior notice that we will not renew the Policy.

Notice of Claim

Notice of Claim must be given to us within 30 days after a Loss occurs, or as soon thereafter as possible. The notice can be given to us at P.O. Box 2039, Glen Allen, VA 23058-2039. Notice should include the Insured Person's name and Policy Number.

Claim Forms

When we receive the Notice of Claim, we will send the Insured Proof of Loss forms. If we do not send these forms within 15 days, the Insured can meet the Proof of Loss requirement by giving us a written statement of the nature and extent of Loss within the time limit in the Proofs of Loss Section.

Proofs of Loss

Written Proof of Loss must be given to us within 90 days after such Loss. We will not deny or reduce any claim because proof is not filed within this time, if it is filed as soon as reasonably possible. In any event, the proof required must be given, unless the claimant is legally incapacitated.

Time of Payment of Claims

After receiving written Proof of Loss, we will immediately pay all benefits as they accrue.

Payment of Claims

After receiving written Proof of Loss, we will pay all benefits to the Insured, if living, or at the Insured's request, to the Hospital or person rendering services. It is not required that the service be rendered by a particular Hospital or person.

Benefits for accidental death, if any, will be paid to the named beneficiary, other than the policyholder or an officer thereof, if then living. If no beneficiary is named, or the named beneficiary predeceases the Insured, such benefits will be paid to the Insured's estate.

Discontinuance of this Policy will not prejudice any claim incurred while this Policy is in force.

Physical Examination

We, at our expense, have the right to have any Insured examined by a Physician of our choice as often as reasonably necessary, while a claim is pending.

Legal Actions

No legal action may be brought to recover on this Policy: (a) within 60 days after written Proof of Loss has been given as required; or (b) after 6 years from the time written Proof of Loss is required, or after the expiration of the applicable statute of limitations, if greater.

Change of Beneficiary

The Insured can change the beneficiary at any time giving us written notice. The beneficiary's consent is not required for this or any other change in the coverage.

Conformity With State Statutes

Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which it is issued or in which the Insured Person resides, is hereby amended to conform to the minimum requirements of such statutes.

Assignment

This policy and an Insured's coverage may not be assigned.

Records Maintained

You must maintain adequate records of this insurance.

Examination and Audit

At any reasonable time and for any purpose relating to this Policy, your records shall be open for our inspection and audit. Such examination may be made during the Policy term; within 3 years after the Policy is terminated; or until final settlement of all claims hereunder, whichever is later.

Subrogation

When benefits are paid to or for an Insured Person under the terms of this Policy, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such Insured Person once the Insured has been indemnified for his Loss, against any person who might be acknowledged liable or found legally liable by a Court of competent jurisdiction for the Injury or Sickness that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay fees and costs associated with such recovery.

Right of Recovery

Payments made by us which exceed the Covered Expenses (after allowance for Deductible and coinsurance clauses, if any) payable hereunder, shall be recoverable by us from or among any persons, firms, or corporations to or for whom such payments were made.

Workers' Compensation

This Policy is not in place of and does not affect any requirement for such coverage by workers' compensation insurance.

SECTION 6 COVERAGE

All Policy benefits are as indicated in Section 1 - Schedule of Insurance and as described herein, or in riders attached to and made a part of this Policy.

Accident Medical Expense Benefit

When an insured's Injury requires:

(a) treatment by a Physician;
(b) Hospital services;
(c) services of a licensed practical nurse or RN;
(d) x-ray service;
(e) use of operating room, anesthesia (including the administration thereof), laboratory service;
(f) use of an ambulance;
(g) use of an Ambulatory Surgical Center or Ambulatory Medical Center;
(h) if ordered by a Physician, prescription medicines, drugs, or any other therapeutic services or supplies; or
(i) Home Health Care Expenses,

we will pay the Expense, subject to the Coinsurance Percentage, incurred within the Benefit Period after the date of the accident that exceeds the Deductible Amount. Our payment will not exceed the Aggregate Maximum for a single accident.

The Deductible Amount, Coinsurance Percentage, Benefit Period and the Aggregate Maximum are shown in Section 1 - Schedule of Insurance. These amounts apply to each insured.

Accidental Death and Dismemberment Benefits

Accidental Death and Dismemberment Insurance covers the Insured for a Loss as shown below. The Loss must result from an accident, directly and independently of all other causes. The accident must take place while the person is an Insured under this Policy. Also, the LOSS must take place within 52 weeks after the accident.

The following table shows the amounts we will pay:

For Loss Of	Amount
Life	Principal
Both hands or both feet or sight of both eyes	Principal
One hand and one foot	Principal
One hand and sight of one eye	Principal
One foot and sight of one eye	Principal
One hand or one foot or sight of one eye	1/2 the Principal

The most we will pay for all Losses to an Insured as the result of one accident is the Principal shown on the Schedule.

Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

Accidental Death and Dismemberment Benefits Limitations

We will not pay for a Loss caused in any way by:

1. bodily or mental infirmity or illness;
2. infection; except pyogenic or bacterial infection in a cut or wound caused by an accident;
3. medical or surgical treatment; except for surgery which results from an accident;
4. air travel, other than as a fare-paying passenger on a scheduled commercial flight;
5. war or act of war;
6. taking part in a riot or felony; this shall not include being a victim of a felony;
7. suicide; attempted suicide or intentional self-inflicted injury.

SECTION 7 EXCLUSIONS

The Policy does not cover Loss nor provide benefits for:

1. Expenses for treatment on or to the teeth, except for treatment resulting from Injury to natural teeth;
2. Services normally provided without charge by you or your employees;
3. Eyeglasses, hearing aids, and examination for the prescription or fitting thereof;
4. Suicide, attempted suicide or intentionally self-inflicted Injury;
5. Injury due to participation in a riot;
6. Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered accident or Sickness which results in trauma, infection or other diseases of the involved part;
7. Loss resulting from air travel, except as a fare-paying passenger on a commercial airline;
8. Injury or Sickness resulting from any declared or undeclared war;
9. Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, we will refund the unearned pro rata premium to the Insured;
10. Injury or Sickness covered by any workers' compensation or occupational disease law;
11. Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges;
12. Infections except pyogenic or bacterial infections caused wholly by a covered Injury or Sickness;
13. Hernia, unless it results from a covered Injury;
14. The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
15. Claims occurring while parachuting or hang-gliding; or Injury sustained while traveling in or on any two or three-wheeled motor vehicle operated by a person who does not hold a valid operator's license;
16. Pre-existing Conditions as defined in Section 2, Definitions.

President

Secretary

Service Address:
Markel Insurance Company
P O. Box 2009
Glen Allen, VA 23058-2009
(800) 431-1270

Markel Insurance Company

PRIVACY NOTICE

U. S. Consumer Privacy Notice Rev. 1/1/2020

FACTS	WHAT DOES MARKEL GROUP OF COMPANIES REFERENCED BELOW (INDIVIDUALLY OR COLLECTIVELY REFERRED TO AS "WE", "US", OR "OUR") DO WITH YOUR PERSONAL INFORMATION?
Why?	In the course of Our business relationship with you, We collect information about you that is necessary to provide you with Our products and services. We treat this information as confidential and recognize the importance of protecting it. Federal and state law gives you the right to limit some but not all sharing of your personal information. Federal and state law also requires Us to tell you how We collect, share, and protect your personal information. Please read this notice carefully to understand what We do.
What?	The types of personal information We collect and share depend on the product or service you have with Us. This information can include: • your name, mailing and email address(es), telephone number, date of birth, gender, marital or family status, identification numbers issued by government bodies or agencies (i.e.: Social Security number or FEIN, driver's license or other license number), employment, education, occupation, or assets and income from applications and other forms from you, your employer and others; • your policy coverage, claims, premiums, and payment history from your dealings with Us, Our Affiliates, or others; • your financial history from other insurance companies, financial organizations, or consumer reporting agencies, including but not limited to payment card numbers, bank account or other financial account numbers and account details, credit history and credit scores, assets and income and other financial information, or your medical history and records. Personal information does not include: • publicly-available information from government records; • de-identified or aggregated consumer information. When you are no longer Our customer, We continue to share your information as described in this Notice as required by law.
How?	All insurance companies need to share customers' personal information to run their everyday business. In the section below, We list the reasons financial companies can share their customers' personal information; the reasons We choose to share; and whether you can limit this sharing. We restrict access to your personal information to those individuals, such as Our employees and agents, who provide you with insurance products and services. We may disclose your personal information to Our Affiliates and Nonaffiliates (1) to process your transaction with Us, for instance, to determine eligibility for coverage, to process claims, or to prevent fraud, or (2) with your written authorization, or (3) otherwise as permitted by law. We do not disclose any of your personal information, as Our customer or former customer, except as described in this Notice.

Reasons We can share your personal information	Do We share?	Can you limit this sharing?
For Our everyday business purposes and as required by law - such as to process your transactions, maintain your account(s), respond to court orders and legal/regulatory investigations, to prevent fraud, or report to credit bureaus	Yes	No
For Our marketing purposes - to offer Our products and services to you	Yes	No
For Joint Marketing with other financial companies	Yes	No
For Our Affiliates' everyday business purposes - information about your transactions and experiences	Yes	No
For Our Affiliates' everyday business purposes - information about your creditworthiness	No	We don't share
For Our Affiliates to market you	No	We don't share
For Nonaffiliates to market you	No	We don't share
Questions? Call (888) 560-4671 or email privacy@markel.com		

Who We are	
Who is providing this Notice?	A list of Our companies is located at the end of this Notice.

What We do	
How do We protect your personal information?	We maintain reasonable physical, electronic, and procedural safeguards to protect your personal information and to comply with applicable regulatory standards. For more information, visit www.markel.com/privacy-policy.
How do We collect your personal information?	We collect your personal information, for example, when you • complete an application or other form for insurance • perform transactions with Us, Our Affiliates, or others • file an insurance claim or provide account information • use your credit or debit card We also collect your personal information from others, such as consumer reporting agencies that provide Us with information such as credit information, driving records, and claim histories.
Why can't you limit all sharing of your personal information?	Federal law gives you the right to limit only • sharing for Affiliates' everyday business purposes - information about your creditworthiness • Affiliates from using your information to market to you • sharing for Nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See the Other Important Information section of this Notice for more on your rights under state law.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • Our Affiliates include member companies of Markel Group.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies • Nonaffiliates that We can share with can include financial services companies such as insurance agencies or brokers, claims adjusters, reinsurers, and auditors, state insurance officials, law enforcement, and others as permitted by law.
Joint Marketing	A formal agreement between Nonaffiliated companies that together market financial products or services to you. • Our Joint Marketing providers can include entities providing a service or product that could allow Us to provide a broader selection of insurance products to you.

Other Important Information

For Residents of AZ, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR, and VA: Under state law, under certain circumstances you have the right to access and request correction, amendment or deletion of personal information that We have collected from or about you. To do so, contact your agent, visit www.markel.com/privacy-policy, call (888) 560-4671, or write to Markel Corporation Privacy Office, 4521 Highwoods Parkway, Glen Allen, VA 23060.

We may charge a reasonable fee to cover the costs of providing this information. We will let you know what actions We take. If you do not agree with Our actions, you may send Us a statement.

For Residents of CA: You have the right to review, make corrections, or delete your recorded personal information contained in Our files. To do so, contact your agent, visit www.markel.com/privacy-policy, call (888) 560-4671, or write to Markel Corporation Privacy Office, 4521 Highwoods Parkway, Glen Allen, VA 23060. We do not and will not sell your personal information.

For the categories of personal information We have collected from consumers within the last 12 months, please visit: www.markel.com/privacy-policy.

For Residents of MA and ME: You may ask, in writing, for specific reason, for an adverse underwriting decision.

Markel Group of Companies Providing This Notice: City National Insurance Company, Essentia Insurance Company, Evanston Insurance Company, FirstComp Insurance Company, Independent Specialty Insurance Company, National Specialty Insurance Company, Markel Bermuda Limited, Markel American Insurance Company, Markel Global Reinsurance Company, Markel Insurance Company, Markel International Insurance Company Limited, Markel Service, Incorporated, Markel West, Inc. (d/b/a in CA as Markel West Insurance Services), Pinnacle National Insurance Company, State National Insurance Company, Inc., Superior Specialty Insurance Company, SureTec Agency Services, Inc. (d/b/a in CA as SureTec Agency Insurance Services), SureTec Indemnity Company, SureTec Insurance Company, United Specialty Insurance Company, Inc.

Markel Insurance Company

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully**.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site - https://www.treasury.gov/ofac.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

Markel Insurance Company

Policy Number **4102AH460300-8**

Evanston, Illinois 60201

(A Stock Insurance Company, Herein Called the Company)

AGREES with the Policyholder, named below in consideration of the payment of the premium and subject to the limits of liability, exclusions, conditions and other terms of the policy:
TO PAY the benefits described in Item 4, Coverage.

SECTION I SCHEDULE

1. Name of Policyholder: Lead-Deadwood Girls Softball Association, Inc.
   Address: c/o Amber Vogt
   62 1st Street
   Lead, SD 57754

2. Policy Period:From 05-23-2025 to 05-23-2026 at 12:01 A.M. Standard Time at your mailing address shown above.

3. Class of Insured Persons:
   All registered participants and volunteers for whom premium has been paid.

   Description of Hazards Covered:
   Insured persons are covered for Injury resulting from an Accident which occurs directly from: 1) activities that are scheduled, sponsored or supervised by the policyholder; 2) premises owned, leased or borrowed by the policyholder; or 3) travel scheduled, sponsored or supervised by the policyholder.

4. Coverage:

THE POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS AND RIDERS. THE BENEFIT AMOUNT SHOWN IS THE LIMIT SELECTED BY THE POLICYHOLDER. IF THE COVERAGE WAS NOT REQUESTED BY THE POLICYHOLDER, THAT IS INDICATED BY THE WORD NIL. THE PREMIUM FOR EACH COVERAGE IS ALSO SHOWN AS IS THE TOTAL PREMIUM AT THE BOTTOM OF THE SCHEDULE.

COVERAGE	BENEFIT AMOUNT		PREMIUM
AGGREGATE LIMIT OF INDEMNITY	$250,000		INCL.
ACCIDENT MEDICAL EXPENSE BENEFIT			INCL.
DEDUCTIBLE AMOUNT	$250		
COINSURANCE PERCENTAGE	100%		
BENEFIT PERIOD	52 Weeks		
AGGREGATE MAXIMUM	$25,000		
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS			INCL.
PRINCIPAL SUM	$5,000		
SICKNESS MEDICAL EXPENSE BENEFIT			N/A
DEDUCTIBLE AMOUNT	NIL		
COINSURANCE PERCENTAGE	NIL		
BENEFIT PERIOD	NIL		
AGGREGATE MAXIMUM	NIL		
CATASTROPHIC INJURY BENEFIT			N/A
BENEFIT MAXIMUM	NIL		
MONTHLY INSTALLMENT	NIL		
TOTAL TEMPORARY DISABILITY BENEFIT			N/A
BENEFITS COMMENCE WITH THE	NIL	DAY	
RATE PER WEEK	NIL		
PERCENT OF BASIC EARNINGS	NIL		
MAXIMUM PERIOD	NIL	WEEKS	
		TOTAL:	**$350**

5. Form(s) and endorsement(s) made a part of the policy at the time of issue:

M-SR100(01/95), MSR101(01/95), MSR128(01/95), MSR128(03/95), MSR128(01/04), MSR128-AS(03/07), MSR128-BP(08/00), MSR200(01/95), MIL1214(09/17), MSR128-AD(02/20), MSR128-S MSR128-SDD(05/96)

Countersigned by JOHN K. CLARK John K Clark Insured
Licensed Resident Agent

BLANKET ACCIDENT AND HEALTH POLICY

Markel Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRADE OR ECONOMIC SANCTIONS

The following is added to this policy:

Trade Or Economic Sanctions

This insurance does not provide any coverage, and we (the Company) shall not make payment of any claim or provide any benefit hereunder, to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose us (the Company) to a violation of any applicable trade or economic sanctions, laws or regulations, including but not limited to, those administered and enforced by the United States Treasury Department's Office of Foreign Assets Control (OFAC).

All other terms and conditions remain unchanged.

COMPLETE AND RETURN THIS FORM TO:

Medical/Dental Accident CLAIM FORM

RPS BOLLINGER SPORTS & LEISURE INSURANCE

MARKEL®

P.O. Box 1322, Morristown, NJ 07960

52-week benefit period

SECTION I TO BE COMPLETED BY PARENT/CLAIMANT (required)

1. **NAME:**(first)_____(last)_____
2. **ADDRESS:**_____(city)_____(state)_____(zip code)_____
3. **TELEPHONE #:** _____
4. **BIRTHDATE:** ____/___/____ **SEX:** Male☐ Female☐ SS#:_____
5. **CLAIMANT IS A:** ☐ Player ☐ Coach ☐Official ☐ Other
6. **ACCIDENT DATE:** __/__/__ **ACCIDENT TIME:**_____ ☐ am ☐pm
7. **BODY PART INJURED:**_____
8. **ACCIDENT OCCURRED DURING:** ☐ Game ☐ Practice ☐ Tournament ☐Camp/Clinic ☐Other_____
9. **DESCRIBE HOW AND WHERE ACCIDENT OCCURRED:**_____
_____
10. **NAME OF FIELD/FACILITY WHERE ACCIDENT OCCURED:**_____

SECTION II STATISTICAL INFORMATION (required)

1.NAME OF TEAM/CLUB:_____

2. TYPE:	☐ Competitive	☐ Recreational		
3. LOCATION:	☐ On Field	☐ Indoor	☐ Spectator Area	☐ Other
4. SURFACE:	☐ Dirt	☐ Grass	☐ Outdoor Turf	☐ Indoor Turf
5. SURFACE CONDITION:	☐ Dry/Normal	☐ Wet/Rainy	☐ Icy	☐ Muddy

6. POSITION: _____

7. STATUS: ☐ HIT BY OBJECT ☐ COLLISION W/OPPONENT ☐ COLLISION W/TEAMMATE

☐ OTHER_____

SECTION III TO BE COMPLETED BY ORGANIZATION OR AUTHORIZED OFFICIAL (required)

Policy Effective Date	**Policy Expiration Date**	**Policy #**	**Name of Policyholder**
05-23-2025	05-23-2026	4102AH460300-8	Lead-Deadwood Girls Softball Associat
ADDRESS OF POLICYHOLDER (Street) c/o Amber Vogt	(City) 62 1st Street	(State)	TELEPHONE NUMBER

VERIFY THAT THE ACCIDENT OCCURRED DURING AN ACTIVITY SPONSORED OR SANCTIONED BY YOUR ORGANIZATION, AND WHETHER THE CLAIMANT WAS A MEMBER AT THE TIME OF ACCIDENT.

☐ YES-SPONSORED/SANCTIONED ACTIVITY

☐ YES-CLAIMANT WAS AN ACTIVE MEMBER ON THE DATE OF ACCIDENT

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE: **TITLE:** **DATE:**

SECTION IV STATEMENT OF OTHER INSURANCE (required)

Claimant/Father

Name:_____
Address:_____
City:_____
State:_____ Zip Code:_____
Phone:_____
Employer:_____
Phone:_____
Self Employed ☐ Unemployed ☐
Email: _____

Claimant/Mother

Name:_____
Address:_____
City:_____
State:_____ Zip Code:_____
Phone:_____
Employer:_____
Phone:_____
Self Employed ☐ Unemployed ☐
Email:_____

If you are employed but have no insurance, please include a statement of verification from your employer on their letterhead.

IS CLAIMANT COVERED UNDER ANY OTHER MEDICAL AND OR DENTAL INSURANCE POLICY?

☐ **YES** ☐ **NO**

IS CLAIMANT COVERED UNDER A GOVERNMENT SPONSORED INSURANCE SUCH AS MEDICARE/MEDICAID?

☐ **YES** ☐ **NO**

POLICYHOLDER NAME: _____ ID#: _____

INSURED GRP#/NAME: _____

INSURANCE COMPANY NAME:_____

ADDRESS:_____

CITY: _____ STATE: _____ ZIP: _____

PHONE:_____

****Please include copy of insurance card (both sides)**

Note: IF YOUR SON OR DAUGHTER HAS MEDICAL INSURANCE COVERAGE AS AN ELIGIBLE DEPENDENT FROM A PREVIOUS MARRIAGE AS MANDATED IN A DIVORCE DECREE, PLEASE GIVE NAME, ADDRESS AND PHONE NUMBER OF RESPONSIBLE PARTY: _____

SECTION V ASSIGNMENT OF BENEFITS (required)

ALL CLAIMS BENEFITS WILL BE PAID DIRECTLY TO DOCTORS AND HOSPITALS INVOLVED, UNLESS BILLING PROVIDED INDICATES PAYMENT MADE BY YOU.

SECTION VI STATEMENT OF CERTIFICATION and AUTHORIZATION TO RELEASE INFORMATION (required)

1. I CERTIFY that the above information given by me in support of this claim is true and correct.

SIGNATURE OF CLAIMANT/PARENT (required): _____ DATE:_____

2. I hereby authorize any physician, hospital or other medically related facility, insurance company, or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, to disclose, whenever requested to do so by RPS Bollinger or Markel Insurance Company or their representatives, any and all such information. I UNDERSTAND the information obtained by use of the Authorization will be used to determine eligibility for insurance and eligibility for benefits under any existing policy. Any information obtained will not be released to any person or organization EXCEPT as necessary in connection with the processing of this application, claim, or as may be otherwise lawfully required or as I may further authorize. A photocopy of this authorization shall be considered as effective and valid as the original.

SIGNATURE OF CLAIMANT/PARENT (required): _____ DATE:_____

HOW TO FILE A CLAIM: INSTRUCTIONS

IMPORTANT: ALL INFORMATION MUST BE PROVIDED IN ORDER FOR A CLAIM TO BE PROCESSED

1. **Excess Coverage:** Accident medical expenses are covered under this policy on an **Excess Basis**, and benefits will only be paid under this plan after your own personal or group insurance (including Health Maintenance Organizations) has paid out its benefits. Please note that you must follow your primary insurance carrier's eligibility criteria (i.e., to be treated in-network, if required by HMO, etc) in order for this policy to consider your expenses for payment. If you receive Government or State Aid Insurance, (Medicaid, Medicare, etc) this insurance may be Primary; please contact RPS Bollinger for coverage information.

- Payment under this policy will be made according to **usual and customary guidelines.** This means that the basis for payment of specific medical or dental services is based on the average cost of that service by region. This policy does not automatically pay for services in full; it pays based on the "usual and customary" fee for that service in your area.

2. **Claim Guidelines:** In most states, you have up to **1 year** from the date of injury to submit a claim form. For claims to be eligible for coverage, you must seek medical attention within **60 days** from the date of injury.

Benefit Period: This policy is subject to a **52 week** benefit period from the date of injury. Medical or dental expenses that are incurred **within 52 weeks** of the date of injury are eligible for coverage under this policy. Any expenses or treatments that are rendered after the **52 week** benefit period will not be covered by this policy.

3. **Please remember:**

a) **Only submit the Claim Form to RPS Bollinger.**
b) Once your claim is approved, advise your Doctors/Hospitals of this insurance so they can file claims directly to RPS Bollinger.
c) **Itemized bills are required:** You or your providers must submit itemized bills with your primary insurance explanation of benefits (if applicable); balance due bills or notices **do not** provide the information needed to process your claim. See below for forms needed. Payments will be made to **you** if the itemized bills indicate that they have been paid. Otherwise, payments will be made directly to the doctor, hospital or other service provider.

- **CMS-1500** is the standard form used by Providers to show the medical treatments and charges made for each service.
- **UB-04** is the standard form used by Hospitals to show medical treatments and charges made for services.

4. **Dental bills:** All dental bills must be submitted through your primary insurance's **medical and dental plans** first before making a claim for dental treatment under this policy. Please have your provider submit an ADA dental claim form with the explanation of benefits (if applicable).

For further Claims information contact:

RPS Bollinger Sports Claims Department
PO Box 1322
Morristown, NJ 07960
Phone: 1-866-267-0093
Fax: 973-921-8474
Email: SportsClaims@RPSins.com

RPS BOLLINGER
SPORTS & LEISURE INSURANCE

FRAUD STATEMENTS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA RESIDENTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Markel Insurance Company

Endorsement No. 1

For the premium charged and paid it is agreed that:

MSR100, SECTION 2, DEFINITIONS:

ADD: Accident means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

This rider is attached to and becomes a part of this Policy.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations or Terms of the undermentioned Policy other than as stated hereon.

Effective date 05-23-2025 Attached to and forming part of Policy No. **4102AH460300-8**

of Markel Insurance Company

issued to Lead-Deadwood Girls Softball Association, Inc.

President

Kathleen Anne Sturgeon

Secretary

Markel Insurance Company

Evanston, Illinois 60201

Endorsement No. C

When charges incurred by a claimant are covered under a Health Maintenance Organization (HMO) plan or a Preferred Provider Organization (PPO) plan, and are denied due to the claimant's failure to precertify, this plan will not pay medical benefits.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations or Terms of the undermentioned Policy other than as stated hereon.

Effective date 05-23-2025 Attached to and forming part of Policy No. **4102AH460300-8**

of Markel Insurance Company

issued to Lead-Deadwood Girls Softball Association, Inc.

President

Secretary

Markel Insurance Company

Deerfield, Illinois 60015

Endorsement No. 1

In consideration of premium charged, it is understood and agreed that the policy is amended as follows:

Deductible definition is deleted in its entirety and replaced with the following:

Deductible under this policy means corridor deductible, which is: 1) the amount an Insured is required to pay as provided by the applicable coverage under this policy in the event of a Loss; and 2) one that does not allow payments by other insurance to apply towards satisfaction of the stated Deductible amount.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations or Terms of the undermentioned Policy other than as stated hereon.

Effective date 05-23-2025 Attached to and forming part of Policy No. **4102AH460300-8**

of Markel Insurance Company

issued to Lead-Deadwood Girls Softball Association, Inc.

President

Secretary

MSR128 (1/95)

Markel Insurance Company

Endorsement No. 1

Markel Insurance Company's address is hereby changed to:

Markel Insurance Company
10275 West Higgins Road, Suite 750
Rosemont, Illinois 60018

Nothing herein contained shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations or Terms of the undermentioned Policy other than as stated hereon.

Effective date 05-23-2025 Attached to and forming part of Policy No. **4102AH460300-8**

of Markel Insurance Company

issued to Lead-Deadwood Girls Softball Association, Inc.

President

Secretary

MSR 128-AD 02 20

Markel Insurance Company

Endorsement No. 1

In consideration of premium charged, it is understood and agreed that the policy is amended as follows:

Expenses incurred for physical therapy and chiropractic care are limited to $50 per visit with a per Injury maximum of $2,000.

Expenses incurred for durable medical equipment is limited to $1,000 per Injury.

Coverage for Outpatient prescriptions is limited to $1,000 per Injury.

Medical treatment for a covered Injury must commence within 60 days of the date of Injury.

The Proof of Loss provision is deleted in its entirety and replaced with the following:

"Written proof of loss must be given to Us within 90 days after such Loss. We will not deny or reduce any claim because proof is not filed within this time, if it is not reasonably possible to provide proof. However, such proof must be furnished within one year of the date of loss."

MSR101, Section 1, Item 3, Description of Hazards Covered is deleted and replaced with the following:

3) direct travel to and from covered activities for member officials and referees. Travel coverage for all other members is limited to direct travel as a group to and from covered activities. Group travel is defined as travel organized by the member team or league directly to covered activities.

All other terms and conditions of the policy remain the same.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations or Terms of the undermentioned Policy other than as stated hereon.

Effective date 05-23-2025 Attached to and forming part of Policy No. **4102AH460300-8**

of Markel Insurance Company

issued to Lead-Deadwood Girls Softball Association, Inc.

President

Kathleen Anne Sturgeon

Secretary

Markel Insurance Company

Endorsement No. 1

It is hereby understood and agreed:

SECTION 2, DEFINITIONS:

"Benefit Period" means the time during which an Insured Person's incurred expense for a covered injury or sickness is eligible for reimbursement. The "Benefit Period" selected starts on the date of the accident for an injury or the date of the first treatment for a sickness.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations or Terms of the undermentioned Policy other than as stated hereon.

Effective date 05-23-2025 Attached to and forming part of Policy No. **4102AH460300-8**

of Markel Insurance Company

issued to Lead-Deadwood Girls Softball Association, Inc.

President

Secretary

Markel Insurance Company

Evanston, Illinois 60201

SOUTH DAKOTA AMENDATORY ENDORSEMENT

MSR100 SECTION 7 EXCLUSIONS:

Exclusion #1: REPLACE..."natural"...with "original"...

Exclusion #10: REPLACE..."covered"...with "payable"...

Exclusion #14: REPLACE..."being intoxicated"...with..."committing an illegal act while intoxicated or under the influence of any narcotic".....

This endorsement is attached to and becomes a part of this Policy.

President

Secretary

Markel Insurance Company

Evanston, Illinois 60201

SOUTH DAKOTA AMENDATORY ENDORSEMENT

MSR100 SECTION 3 DEFINITIONS:

AMEND Home Health Care Expense to read: REPLACE..."certified home health agency possessing a valid certificate of approval pursuant to public health law"...with...Home Health Agency which provides home health care services.

MSR200 COORDINATION OF BENEFITS

DELETE: "OR (3) individual insurance."

This endorsement is attached to and becomes a part of this Policy.

President

Secretary

Markel Insurance Company

Evanston, Illinois 60201

COORDINATION OF BENEFITS FOR ACCIDENT MEDICAL EXPENSE BENEFITS

Such insurance as is afforded by this policy for Accident Medical, are payable only in excess of any expenses payable by other valid and collectible insurance. In the absence of other valid and collectible insurance, it is our intention that expenses incurred in connection with any covered injury shall be fully payable subject to the terms, conditions and limitations of the Policy.

"Other valid and collectible insurance" shall mean any plan providing medical expense benefits for or by reason of dental, physician, nurse, hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by (1) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association, or (2) any plan or program created or administered by national or state government, or agencies thereof, (3) individual insurance. We will not limit or exclude payment on a claim because the Insured is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

This provision shall apply in determining the benefits as to a person covered under this plan for any claim determination period. If an Expense exceeds the amount of benefit payable under any other valid and collectible insurance for such person during such time period, the Company will pay such excess Expenses incurred due to a covered injury.

This rider is attached to and becomes a part of the Policy.

President

Secretary

Markel Insurance Company

NOTICE TO POLICYHOLDERS

The policy to which this notice is attached is subject to a minimum, fully earned premium of $350.

Should you have any questions regarding this, such questions should be directed to us (the Company) or to your agent.