

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
4/06/26

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).

PRODUCER	K & K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, In 46801	CONTACT NAME: SPORTS	PHONE (A/C, No. Ext): 800-441-3994	FAX (A/C, No): 260-459-5120
		E-MAIL ADDRESS: KK.SPORTS@KANDKINSURANCE.COM		
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	THE BASS FEDERATION, INC D/B/A TBF, INC. AND ITS MEMBER STATE FEDERATIONS 5998 N. PLEASANT VIEW RD. PONCA CITY, OK 74601	INSURER A: AXIS INSURANCE COMPANY	37273	
		INSURER B: GRANITE STATE INSURANCE COMPAN	23809	
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES**CERTIFICATE NUMBER:**

2141797

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <u>Owners & Contractors</u> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: PER MEMBER	N	N	AIP3450358902	12:01AM 1/27/26	12:01AM 1/27/27	EACH OCCURRENCE 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) 300000 MED EXP (Any one person) 5000 PERSONAL & ADV INJURY 1000000 GENERAL AGGREGATE 3000000 PRODUCTS-COMP/OP AGG 1000000 Part Lgl Liab 1000000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER-STATUE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Participant Accident			SRP00018769801	12:01AM 1/27/26	12:00AM 1/26/27	AD&D 10000 Primary Medical NONE Excess Medical 25000 Weekly Indemnity NONE

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

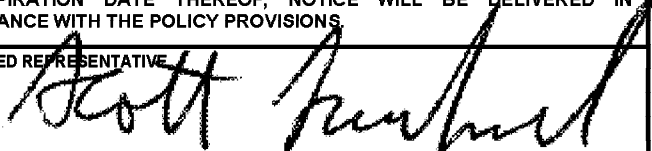
CLUB: MN YOUTH FISHING ORG.
EVENT: WED NIGHT DEREBY & JATT
*SEE ATTACHED ADDENDUM FOR EVENT DATE AND LOCATIONS

CERTIFICATE HOLDER**CANCELLATION**

PROOF OF INSURANCE

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



AGENCY CUSTOMER ID: _____

LOC # _____

CERTIFICATE: 2141797 DATE ISSUED: 4/06/26

ACORDTM

ADDITIONAL REMARKS SCHEDULE

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AGENCY K & K INSURANCE GROUP, INC.		NAMED INSURED THE BASS FEDERATION, INC D/B/A TBF, INC.	
POLICY NUMBER GL AIP3450358902 PA SRPO0018769801		AND ITS MEMBER STATE FEDERATIONS 5998 N. PLEASANT VIEW RD. PONCA CITY, OK 74601	
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

DATE	LOCATION(S)
JUNE 3	- LAKE MARION; LAKEVILLE, MN - WEDNESDAY NIGHT DERBY
JUNE 13	- LAKE WACONIA, WACONIA, MN - JUNIOR ANGLER TOURNAMENT TRAIL
JUNE 17	- CLEAR LAKE; WASECA, MN - WEDNESDAY NIGHT DERBY
JULY 11	- BAY LAKE; DEERWOOD, MN - JUNIOR ANGLER TOURNAMENT TRAIL
JULY 15	- LAKE MINNETONKA; ORONO, MN - WEDNESDAY NIGHT DERBY
JULY 22	- JEFFERSON/GERMAN; CLEVELAND, MN - WEDNESDAY NIGHT DERBY
JULY 25	- GREEN LAKE; SPICER, MN - JUNIOR ANGLER TOURNAMENT TRAIL
AUGUST 8	- NORTH LONG LAKE; MERRIFIELD, MN - JUNIOR ANGLER TOURNAMENT TRAIL
AUGUST 12	- WHITE BEAR LAKE; WHITE BEAR LAKE, MN - WEDNESDAY NIGHT DERBY
AUGUST 19	- FOREST LAKE; FOREST LAKE, MN - WEDNESDAY NIGHT DERBY