	CERTIFICATE OF LIABILITY INSURANCE	Comment [Valued Ga1]:			
Producer	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION				
Acme Insurance	ONLY AND CONFERS NO RIGHTS UPON CERTIFICATE				
1 Main Street	Main Street HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR				
Wille, AZ	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW				
	COMPANIES AFFORDING COVERAGE				
Insured	COMPANY A				
John Jones	COMPANY B				
1 Elm Street	COMPANY C				
Anvil, AZ COMPANY D					
COVERAGES					

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.

CONDI	ONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
CO				EXPIRATION				
LTR		POLICY NUMBER			LIMITS			
	GENERAL LIABILITY		03/08/2002	03/08/2003	GENERAL AGGREGATE \$3,000,000			
Α	COMMERICIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$1,000,000			
	CLAIMS MADE OCCUR				PERSONAL & ADV INJURY \$1,000,000			
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURANCE \$1,000,000			
					FIRE DAMAGE (ANY ONE FIRE) \$100,000			
					MED EXP (ANY ONE PERSON) \$5,000			
	AUTOMOTIVE LIABILITY							
Α	ANY AUTO		03/08/2002	03/08/2003	COMBINED SINGLE LIMIT \$1,000,000			
	ALL OWNED AUTOS				BODILY INJURY(PER PERSON) \$			
	SCHEDULED AUTOS				BODILY INJURY(PER ACCIDENT) \$			
	HIRED AUTOS							
	NON-OWNED AUTOS							
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT \$			
	ANY AUTO	A -	_		OTHER THAN AUTO ONLY			
					EACH ACCIDENT \$			
		Δ			AGGREGITE \$			
	EXCESS LIABILITY		V		EACL OF CURANCE \$			
	UMBRELLA FORM				AGGREGATE \$			
	OTHER THAN UMBRELLA FORM							
	WORKER'S COMPENSATION AND				WC STATUTORY LIMITS/OTHER			
	EMPLOYERS' LIABILITY				EL EACH ACCIDENT \$			
	THE PROPRIETOR/PARTNERS				EL DISEASE-POLICY LIMIT \$			
	EXECUTIVE OFFICERS INCL				EL DISEASE EA EMPLOYEE \$			
	ARE: EXCL							
	OTHER							
Α	ACCIDENT INSURANCE		03/08/2002	03/08/2003	MEDICAL \$100,000			
	FULL EXCESS				DED \$500			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Certificate holder is included as an additional insured with respect to liability arising our of the insured's use of Athletic facilities. Coverage is provided for all REGISTERED TEAMS of John Jones, Inc. while participating In sponsored and supervised activities of the Jones Sports, Inc. Youth Baseball League.

CERTIFICATE HOLDER	CANCELLATION
Township of Verona	Should any of the above described policies be cancelled
600 Bloomfield Ave	Before the expiration date, the issuing company will mail
Verona, NJ 07044	10 days written notice