

First Baptist Church

482 North Ocean Avenue
Patchogue, NY 11772
(631) 289-0230

Rev. Stephen P. Willoughby
Senior Pastor

FAX COVER SHEET

Date: 3/22/19 Time: _____

To: _____ Phone: _____

Fax: 631⁻²⁰⁷⁻ 8302

From: FBC Phone: 631 289 0230

Fax: 631 654-9322

RE: Softball paper work PRB

Number of pages including cover sheet: 4

Message: The FBCP church insurance is
for our 3 teams
PRB PNC & PBB
PRB Roster & Entry Form



1BAPA-1

OP ID: BR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/16/2018

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 Baylis & Geist, Inc. 2161 Milburn Avenue Baldwin, NY 11510-0938	516-223-4507	CONTACT NAME: Brenda Bryant PHONE (A/C, No, Ext): 516-223-4507 FAX (A/C, No): 516-223-4665 E-MAIL ADDRESS: brenda@baylisgeist.com
INSURED First Baptist Church of Patchogue 482 New North Ocean Ave Patchogue, NY 11772		INSURER(S) AFFORDING COVERAGE INSURER A: GuideOne Insurance NAIC # 15032 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		1232173	07/30/2018	07/30/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The Certificate Holder is Additional Insured.
Form CG2026

CERTIFICATE HOLDER <p style="text-align: center;">PATCHOG</p> Patchogue-Medford School District 241 South Ocean Ave Patchogue, NY 11772	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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TEAM PATCHOGUE RIGHTEOUS BROTHERS Team Roster

Please fill in player's names and years played in the league (not counting this one)
Rosters are due at the league office no later than the day before opening day.

NAME	YEARS	E-MAIL
1. <u>TIM MURPHY</u>	_____	_____
2. <u>ED MURPHY</u>	_____	_____
3. <u>PAUL MCDOWELL</u>	_____	_____
4. <u>PAUL BEHR</u>	_____	_____
5. <u>LENNY VAN ESSENDELT</u>	_____	_____
6. <u>ELIE VAN ESSENDELT</u>	_____	_____
7. <u>FRITZ RENSING</u>	_____	_____
8. <u>STEPHEN WILLOUGHBY</u>	_____	_____
9. <u>JASON WHITE</u>	_____	_____
10. <u>DAVID MOORE</u>	_____	_____
11. <u>JOSH SCHWAMB</u>	_____	_____
12. <u>JORDAN RIVERA</u>	_____	_____
13. <u>VINCENT LUDOVICO</u>	_____	_____
14. <u>JARED OVERZAT</u>	_____	_____
15. <u>CHRIS DICOLA</u>	_____	_____
16. <u>PETE MACCARONE</u>	_____	_____
17. <u>MIKE CASTELLI</u>	_____	_____
18. _____	_____	_____

Players may be added to the above list, but must be compliant with SCL bylaw #2.
Please sign and return no later than the day before opening day.

The team members listed above are regular attendees of our church.

Thomas J. Murphy
MANAGER'S SIGNATURE

3/20/19
DATE

Stephen Wiloughby
PASTOR'S SIGNATURE

DATE



League Entry Form

Bring this form FULLY COMPLETED to the Spring Managers Meeting.

Team:	PATCHOGUE RIGHTEOUS BROTHERS
Church:	FIRST BAPTIST CHURCH PATCHOGUE

Manager:	TIM MURPHY
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Address:	88 DIAMOND ST LAKE RONKONKOMA NY. 11779
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Home Phone:	631-471-2137	Work Phone:	516-779-0397	Email:	RONKONKOMAMURPHY@GMAIL.COM
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Assistant Manager:	ED MURPHY
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Address:	211 KENSINGTON AVE BAYBROT NY. 11705
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Home Phone:	631-472-3259	Work Phone:	516-240-3803	Email:	EDMURPHY129@ICL.com
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Pastor:	STEPHEN WILLOUGHBY
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Address:	503 OLD NORTH OCEAN AVE PATCHOGUE NY 11772
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Home Phone:	631-447-5752	Work Phone:	631-741-8855	Email:	S.WILLY@VORWOOD.NET
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Playing Site:	SALTW AVE MIDDLE SCHOOL
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Directions:	(do not put "same as last year")
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SUNRISE HWY TO ROUTE 172 NORTH TO CLARK STREET
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MAKE FIRST LEFT ONTO ANNANIAS WHICH ENDS AT

SALTW AVE. SCHOOL IS STRAIGHT AHEAD. FIELD IN

BACK OF SCHOOL

Playing Site Ground Rules:	(do not put "same as last year")
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NONE

Playing Date Restrictions:	(Due to playing site availability, NOT church function conflicts)
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BOTH PATCHOGUE TEAMS USE SAME FIELD - LIQUET OR THURSDAY
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FIELD NOT AVAILABLE AFTER JUNE 1
