BID DOCUMENTS

FOR

CITY OF SOUTH DAYTONA
Officials and Scorekeepers/Announcers

CITY OF SOUTH DAYTONA

1672 South Ridgewood Ave.
South Daytona, Florida 32119
Telephone: (386) 322-3011

Bid No. 24-B-002

January 2024

SECTION 9: BID FORMS

BID FORM 9A: BID SUBMITTAL CHECKLIST

- ☑ Form 9B: Acknowledgement and Pricing Proposal
- ☑ Form 9C: Drug Free/Tie Preference Statement
- ☑ Form 9D: Public Entity Crimes Statement
- ☑ Form 9E: Anti-Collusion Statement
- ☑ Form 9F: Statement of Vendor Qualifications (with secondary attachment)
- ☑ Form 9G: Professional References for Previous Experience
- ☑ Form 9H: Listing of Subcontractors
- ☐ Standard Agreement for Services I acknowledge seeing an example of the proposed contract format shall the bid be awarded. as
- ☑ Schedule of Unit Pricing: Officials and Scorekeepers/Announcers
- ☑ Copy of License(s)
- ☑ Insurance Certificate Expires 2-27-24 Will Provide Renewal Upon Receipt
- ☐ Submission of one (1) original marked "ORIGINAL" and one (1) digital (flash drive) copy.

BY: DYJ INC
Name of Business

Alex Skandalis
Authorized Signature

Alex Skandalis, OWNER
Printed Name and Title

2-13-2024
Date

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR BID.

BID FORM 9B: Bid Form
Acknowledgement and Pricing Proposal

PROJECT IDENTIFICATION: **Officials and Scorekeepers/Announcers**

BID IDENTIFICATION AND NUMBER: BID NO. 24-B-002

THIS BID IS SUBMITTED TO: **CITY OF SOUTH DAYTONA**
OFFICE OF THE CITY MANAGER
1672 S. RIDGEWOOD AVENUE
SOUTH DAYTONA, FLORIDA 32119

Name of Bidder: DYJ INC
(Alex Skandalis, OWNER)

Mailing Address: 7723 Red Lake Peak Street

Street Address: SAME

City/State/Zip: Las Vegas, NV 89166

Phone Number: (908) 432 4543 FAX Number: (N/A

I have carefully examined the Invitation to Bid (ITB), Instructions to Vendors, General and/or Special Conditions, Specifications, and any other documents accompanying or made a part of this invitation.

I hereby propose to furnish the goods or services specified in the Invitation to Bid at the prices or rates as finally negotiated. I agree that my bid will remain firm for a period of up to ninety (90) days in order to allow the City of South Daytona adequate time to evaluate the proposed bid. Furthermore, I agree to abide by all conditions of the Invitation to Bid.

I certify that all information contained in this Bid is truthful to the best of my knowledge and belief. I further certify that I am a duly authorized to submit this Bid on behalf of the Vendor / Contractor as its act and deed and that the Vendor / Contractor is ready, willing and able to perform if awarded the contract.

I propose and agree, if this Bid is accepted, to enter into an Agreement with the City in the form included in the Contract Documents to furnish all necessary materials, equipment, machinery, tools, apparatus, transportation and labor and to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Bid and in accordance with the Contract Documents.

I will accept as full compensation for completion of the project in full compliance with the Contract Documents, the lump sum price for the work items submitted herein with this Bid.

I further certify that this Bid is made without prior understanding, Contract, connection, discussion, or collusion with any person, firm or corporation submitting a Bid for the same product or service; no officer, employee or agent of the City of South Daytona City Council or of any other Vendor interested in said ITB; and that the undersigned executed this Vendor's Acknowledgement with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

I further certify that having read and examined the specifications and documents for the designated services and understanding the general conditions for contract under which services will be performed, does hereby propose to furnish all labor, equipment, and material to provide the services set forth in the ITB.

I hereby declare that the following listing states any clarifications, any and all variations from and exceptions to the requirements of the specifications and documents. The undersigned further declares that the "work" will be performed in strict accordance with such requirements and understands that any exceptions to the requirements of the specifications and documents may render the Bid non-responsive.

ADDENDUM ACKNOWLEDGEMENT

I have carefully examined the Invitation to Bid (ITB), Instructions to Vendors, General and/or Special Conditions, Specifications, and any other documents accompanying or made a part of this Invitation to Bid.

I acknowledge receipt and incorporation of the following addenda, and the cost, if any, of such revisions has been included in the price of the bid proposal.

Addendum Number:_____ Date: _____ Addendum Number:_____ Date: _____

Addendum Number:_____ Date: _____ Addendum Number:_____ Date: _____

Please note that the City may award contracts to multiple contractors.

BID

The undersigned offers to furnish all materials, equipment and labor for construction of the "BID NO. 24-B-002, Officials and Scorekeepers/Announcers," for the City of South Daytona, Florida, complete in every respect in strict accordance with the drawings, specifications, exhibits, figures and any future changes therein.

The bid is attached "Schedule of Unit Pricing: Officials and Scorekeepers/Announcers."

IN WITNESS WHEREOF, Bidder has hereunto executed this form this 13th day of February, 2024.

DYJ INC

(Name of Bidding Firm)

(Signature of person signing form)

Alex Skandalis, OWNER

(Printed name and Title of person signing form)

STATE OF Nevada
COUNTY OF Clark

This document was sworn to (or affirmed) and subscribed before me by means of X physical presence or ___ online notarization, this 14 day of Feb, 2024

he/she is personally known to me or has presented personally known as identification.

MONIQUE ANNE THOMPSON
Notary Public-State of Nevada
APPT. NO. 17-2355-1
My Appt. Expires 06-05-2025

Notary Public
My Commission Expires: 06/05/2025

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

MONIQUE ANNE THOMPSON
Notary Public-State of Nevada
APPT. NO. 17-2718-1
My Appt. Expires 06-08-2025

BID FORM 9C:
Drug-Free Preference Statement

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids, proposals, statements, or replies that are equal with respect to price, quality, and service are received by the city for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program.

In order to have a drug-free workplace program, a business shall:

(1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

(2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

(3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).

(4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

(5) Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.

(6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of Section 287.087, Florida Statutes.

As an authorized representative of the firm, I certify that this firm complies fully with the above requirements.

DYJ INC

(Name of Bidding Firm)

(Signature of person signing form)

Alex Skandalis, OWNER

(Printed name and Title of person signing form)

STATE OF Nevada
COUNTY OF Clark

This document was sworn to (or affirmed) and subscribed before me by means of X physical presence or ___ online notarization, this 14 day of Feb, 2024 he/she is personally known to me or has presented personally known as identification.

MONIQUE ANNE THOMPSON
Notary Public-State of Nevada
APPT. NO. 17-2355-1
My Appt. Expires 06-05-2025

Notary Public
My Commission Expires: 06/05/2025

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

MONique Anne THOMPSON
Notary Public-State of Nevada
APPT. NO. 17-2958-1
My Appt. Expires 06-06-2021

BID FORM 9D:
Public Entity Crimes Statement

(To be signed in the presence of notary public or other officer authorized to administer oaths.)

Before me, the undersigned Authority, personally appeared affiant who, being by me first duly sworn, made the following statement:

This sworn statement is submitted with Bid, Proposal or Contract No 24-B-002 for Officials and Scorekeepers/Announcers. This sworn statement is submitted by DYJ INC whose business address is 7723 Red Lake Peak St, Las Vegas, NV 89166 and (if applicable) its Federal Employer Identification Number (FEIN) is 84-4204322. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)

My name is Alex Skandalis and my relationship to the entity named above is OWNER.

(relationship such as sole proprietor, partner, president, vice president)

(1) I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity in Florida or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any proposal or contract for goods or services to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentation.

(2) I understand that "convicted" or "conviction" is defined by the Florida Statutes to mean a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilt or nolo contendere.

(3) I understand that "affiliate" is defined by the Florida Statutes to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) a person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

(4) I understand that a "person" as defined in Paragraph 287.133(i)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

(5) Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies).

X Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)

_____ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

_____ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order).

As an authorized representative of the firm, I certify that this firm complies fully with the above requirements.

DYJ INC
(Name of Bidding Firm)

(Signature of person signing form)

Alex Skandalis, OWNER
(Printed name and Title of person signing form)

STATE OF Nevada
COUNTY OF Clark

This document was sworn to (or affirmed) and subscribed before me by means of X physical presence or ___ online notarization, this 14th day of February, 2024 he/she is personally known to me or has presented personally known as identification.

MONIQUE ANNE THOMPSON
Notary Public-State of Nevada
APPT. NO. 17-2355-1
My Appt. Expires 06-05-2025

Notary Public
My Commission Expires: 06/05/2025

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

MONIQUE ANNE THOMPSON
Notary Public-State of Nevada
APPT. NO. 17-2585-1
My Appt. Expires 06-05-2025

BID FORM 9E:
Anti-Collusion Statement

By signing this form, the Proposer agrees that this Bid is made without any other understanding, agreement, or connection with any person, corporation, or firm submitting a bid for the same purpose and that the bid is in all respects fair and without collusion or fraud.

SIGN in ink in the space provided below. Unsigned Bids will be considered incomplete, and will be disqualified, and rejected.

IT IS AGREED BY THE UNDERSIGNED VENDOR THAT THE SIGNING AND DELIVERY OF THE BID REPRESENTS THE VENDORS ACCEPTANCE OF THE TERMS AND CONDITIONS OF THE FOREGOING SPECIFICATIONS, CONTRACT AND PROVISIONS, AND IF AWARDED, THIS CONTRACT WILL REPRESENT THE AGREEMENT BETWEEN THE VENDORS AND THE CITY OF SOUTH DAYTONA.

Alex Skandalis, OWNER

(Signature of person signing form) *(Printed name and Title of person signing form)*

Name of Bidder: DYJ INC

Address: 7723 Red Lake Peak street

City/State/Zip: Las Vegas, NV 89166

Phone Number: (908) 432 4543 FAX Number: (N/A

FEIN Number: 84-4204322

NO Bid may be withdrawn for a period of ninety (90) days subsequent to the submittal of the Bids, without the consent of the City of South Daytona.

NO BID (REASON): _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

BID FORM 9F:
Statement of Vendor Qualifications

The undersigned warrants that he or she is duly authorized to complete this document, and hereby affirms that the information contained in this Form is complete, true, and correct to the best of their knowledge and belief. If necessary, questions may be answered on separate paper and attached, with any additional information that may be pertinent.

(1) Name of Vendor. DYJ INC

(2) Permanent main office address. 7723 Red Lake Peak Street Las Vegas, NV 89166

(3) Date organized. January 7, 2020

(4) If a corporation, where incorporated. Nevada

(5) How many years have you been engaged in the contracting business under your present firm or trade name? 3 Years +

(6) Contracts on hand: (Schedule these, showing amount of each contract and the appropriate anticipated dates of completion.) N/A

(7) General character of work performed by your company. High Quality in a Timely Manner

(8) Have you ever failed to complete any work awarded to you? If so, where and why? NO

(9) Have you ever defaulted on a contract? If so, where and why? NO

(10) List the more important projects recently completed by your company, stating the approximate cost for each and the month and year completed. N/A

(11) List your major equipment currently owned or leased. N/A

(12) Experience in work similar to this type of project. City of New Smyrna, City of Ormond Beach

(13) Background and experience of the principal members of your organization, including the officers. See Attached

(14) The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the City in verification of the recitals comprising this Statement of Vendor Qualifications.

DYJ INC
(Name of Bidding Firm)

(Signature of person signing form)

Alex Skandalis OWNER
(Printed name and Title of person signing form)

STATE OF Nevada
COUNTY OF Clark

This document was sworn to (or affirmed) and subscribed before me by means of X physical presence or ___ online notarization, this 14 day of February, 2024, he/she is personally known to me or has presented personally known as identification.

Notary Public
My Commission Expires: 06/05/2025

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

MONIQUE ANNE THOMPSON
Notary Public-State of Nevada
APPT. NO. 17-2355-1
My Appt. Expires 06-05-2025

MONIQUE ANNE THOMPSON
Notary Public State of Nevada
APPT. NO. 17-2355-1
My Appt. Expires 08-05-2020

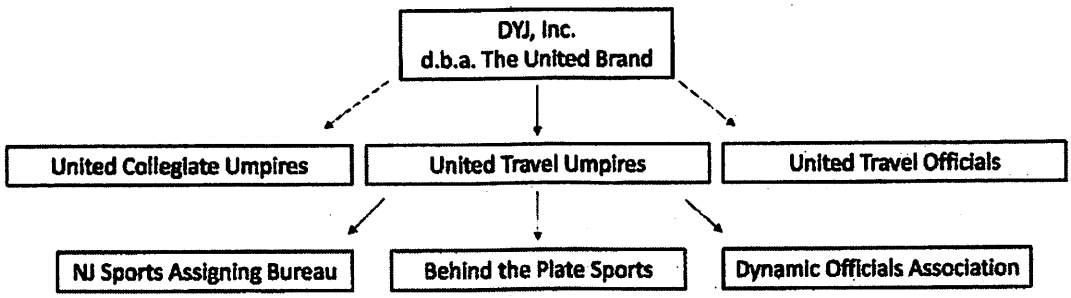
Introduction

Since 2000, the United Brand and its subsidiaries have provided officiating supervisory services to youth leagues and tournaments, high school conferences, and NJCAA/NCAA conferences. Our team of iconic managers, detail-oriented administrators, highly skilled officials, and cutting-edge clinicians grew from a regional organization assigning town leagues in the New York City metropolitan area to a conglomerate responsible for the assignment and supervision of officials in field hockey, football, basketball, soccer, baseball, and softball nationwide. Each step of growth has been rooted in establishing a culture of learning, inclusion, and camaraderie for officials and hands-on, detail-oriented service for our clients. This culture has altered the landscape of the officiating space and allowed for our successful expansion.

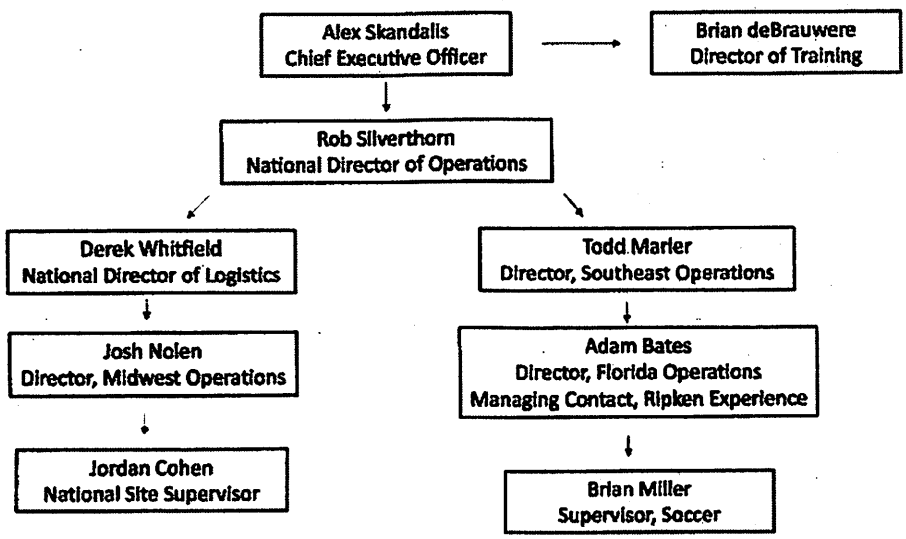
Mission Statement

The United Brand supports NCAA conferences and youth sports facilitators through honest, accessible assigning practices and superior continuing officials' education.

Corporate Structure



Structure of Key Personnel



Contact Information

Alex Skandalis *Chief Executive Officer* The United Brand alex@unitedumpires.org 908-432-4543 www.linkedin.com/in/alexskandalis www.unitedumpires.org United on Twitter United on Facebook United on YouTube	**Todd Marler** *Director, Southeast Operations* The United Brand todd@unitedumpires.org 404-922-0507	**Adam Bates** *Director, Florida Operations* The United Brand adam@unitedumpires.org 407-694-7569

BID FORM 9G:
Professional References for Previous Experience

The Vendor proposes that he/she is qualified to perform the referenced work and has successfully done so on recent projects similar in nature and size. The City reserves the right to check references and confirm information provided herein.

Please provide three (3) current and correct references from clients for similar services. (Do not include the City of South Daytona)

Reference 1:

Company Name:	Prep Baseball Tournaments
City, State:	Emerson, Georgia
Contact Person:	Matthew Yarber
Telephone Number:	810-623-3673
Email Address:	YARBER @ prepbaseballreport.com
Description of Goods or Services provided:	Assign and supervise Baseball umpires
Contract Amount:	Approximately $100,000
Start/End Date of Contract:	1/1/2024 thru 12/31/2024 (Renews Annually)

Reference 2:

Company Name:	Bullpen Tournaments
City, State:	Indianapolis, Indiana
Contact Person:	Blake Hibler
Telephone Number:	317-809-0462
Email Address:	blake.hibler @ bullpenathletics.com
Description of Goods or Services provided:	Assign and Supervise Baseball Umpires
Contract Amount:	Approximately $200,000
Start/End Date of Contract:	1/1/24 - 12/31/24 (Renews Annually)

Reference 3:

Company Name:	Disney Sports
City, State:	Orlando, Florida
Contact Person:	Ruthie Figueroa
Telephone Number:	407-832-7020
Email Address:	ruthney.E.figueroa@disney.com
Description of Goods or Services provided:	Assign and Supervise Baseball umpires and soccer referees
Contract Amount:	Approximately $75,000
Start/End Date of Contract:	6/28/21 - 5/27/24 (Renews Periodically)

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

BID FORM 9H:
Listing of Subcontractors

The Vendor proposes that the following subcontractors are qualified to perform the referenced work and have successfully done so on recent projects similar in nature and size. All subcontractors whose work product accounts for 5% or more of the total contract value shall be listed. Upon approval of subcontractors listed, the successful Vendor shall not substitute subcontractors without approval from the City. Vendor shall attach additional sheets as necessary.

We do not use any subcontractors.

Subcontractor 1:

Name:			
City, State:			
Description of Work:			
Percent of Contract Price:		*Previous Experience Together:*	☐ Yes ☐ No

Subcontractor 2:

Name:			
City, State:			
Description of Work:			
Percent of Contract Price:		*Previous Experience Together:*	☐ Yes ☐ No

Subcontractor 3:

Name:			
City, State:			
Description of Work:			
Percent of Contract Price:		*Previous Experience Together:*	☐ Yes ☐ No

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

Schedule of Unit Pricing:
Officials and Scorekeepers/Announcers

SCHEDULE OF UNIT PRICING
OFFICIALS AND SCOREKEEPERS/ANNOUNCERS
Bid 24-B-002

Pricing is based on two 18 month blocks.

NAME OF BUSINESS:	DYJ, INC
CONTACT PERSON:	Alex Skandalis
EMAIL ADDRESS:	alex@umpires.org
AUTHORIZED SIGNATURE:	Alex Skandalis

Baseball - Official

Description	Number of Officials or Scorekeepers/Announcers	Price Per Official or Scorekeeper 3/1/24-8/31/25	Price Per Game 9/1/25-2/28/27
Pitching Machine (7-9) (1 hr Games)	1	74	80
Minors (10-11) (1 hr & 15 min Games)	2	74 ($148 per game)	80 ($160 per game)
Majors (12-13) (1 hr & 15 min Games)	2	74 ($148 per game)	80 ($160 per game)

Baseball – Scorekeeper/Announcers

Description	Number of Officials or Scorekeepers/Announcers	Price Per Official or Scorekeeper/Announcer 3/1/24-8/31/25	Price Per Game 9/1/25-2/28/27
Pitching Machine (7-9) (1 hr Games)	1	35	40
Minors (10-11) (1 hr & 15 min Games)	1	35	40
Majors (12-13) (1 hr & 15 min Games)	1	35	40

Flag Football- Official

Description	Number of Officials or Scorekeepers	Price Per Official or Scorekeeper 3/1/24-8/31/25	Price Per Game 9/1/25-2/28/27
Pee Wee (4-6) (4 - 8 min quarters)	1	45	50
Youth (7-9) (4 - 10 min quarters)	2	45 ($90 per game)	50 ($100 per game)
Juniors (10-13) (4 - 10 min quarters)	2	45 ($90 per game)	50 ($100 per game)

Flag Football - Scorekeeper

Description	Number of Officials or Scorekeepers	Price Per Official or Scorekeeper 3/1/24-8/31/25	Price Per Game 9/1/25-2/28/27
Youth (7-9) (4 - 10 min quarters)	1	22	26
Juniors (10-13) (4 - 10 min quarters)	1	22	26

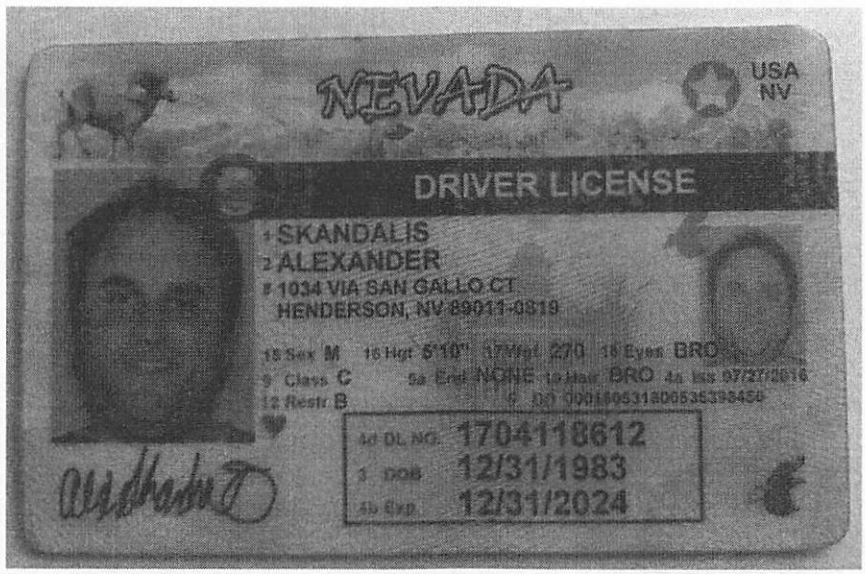
Soccer- Official

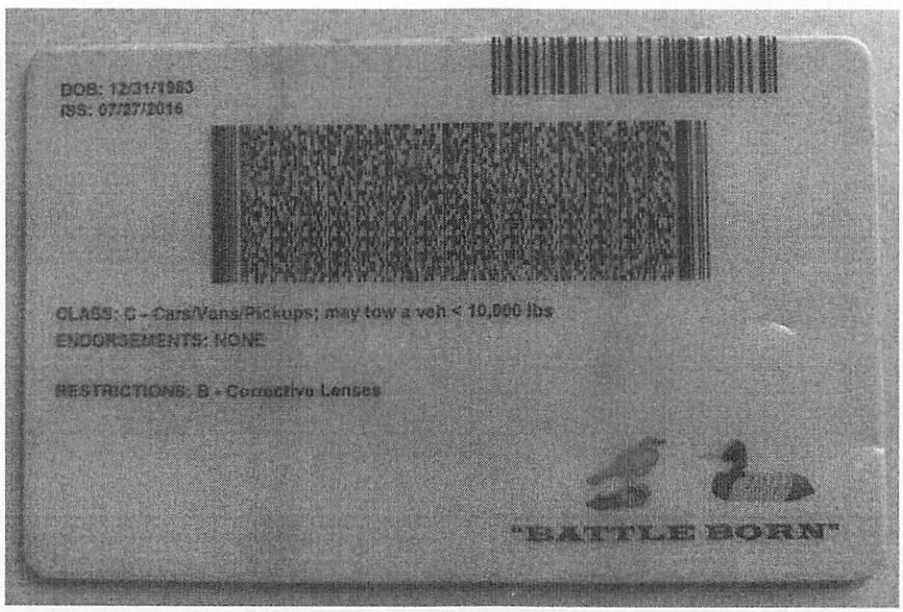
Description	Number of Officials or Scorekeepers	Price Per Official or Scorekeeper 3/1/24-8/31/25	Price Per Game 9/1/25-2/28/27
Pee Wee (4-6) (4 - 8 min quarters)	1	45	50
Youth (7-9) (4 - 10 min quarters)	2	45 ($90 per game)	50 ($100 per game)
Juniors (10-13) (4 - 10 min quarters)	2	45 ($90 per game)	50 ($100 per game)

Soccer - Scorekeeper

Description	Number of Officials or Scorekeepers	Price Per Official or Scorekeeper 3/1/24-8/31/25	Price Per Game 9/1/25-2/28/27
Youth (7-9) (4 - 10 min quarters)	1	22	26
Juniors (10-13) (4 - 10 min quarters)	1	22	26

End of Solicitation Documents


NEVADA
USA
NV
DRIVER LICENSE
1 SKANDALIS
2 ALEXANDER
8 1034 VIA SAN GALLO CT
HENDERSON, NV 89011-0819
15 Sex M 16 Hgt 5'10" 17 Wgt 270 18 Eyes BRO
9 Class C 5a End NONE 19 Hair BRO 4a Iss 07/27/2016
12 Restr B
4d DL NO. 1704118612
3 DOB 12/31/1983
4b Exp 12/31/2024


DOB: 12/31/1983
ISS: 07/27/2016
CLASS: C - Cars/Vans/Pickups; may tow a veh < 10,000 lbs
ENDORSEMENTS: NONE
RESTRICTIONS: B - Corrective Lenses
"BATTLE BORN"

DYJIN-1

OP ID: KI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/12/2023

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
RPS Bollinger Sports & Leisure
PO Box 1322
Morristown, NJ 07960
David Campanello

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
DYJ Inc., United Collegiate Umpires, LLC,
United Tri-State Umpires, LLC
7723 Red Lake Peak St.
Las Vegas, NV 89166

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / OCCUR			3602AH012089-1	02/27/2023	02/27/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Particpants						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

DYJINC-

For Proof of Coverage

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

DYJIN-1

OP ID: B1

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/14/2024

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).

PRODUCER
RPS Bollinger Sports & Leisure
PO Box 1322
Morristown, NJ 07960
David Campanello
973-921-8016

CONTACT NAME: Brendan Kopec
PHONE (A/C, No, Ext): 973-921-8016
FAX (A/C, No):
E-MAIL ADDRESS: Brendan_Kopec@rpsins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : *Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
DYJ Inc., United Collegiate Umpires, LLC,
United Tri-State Umpires, LLC
7723 Red Lake Peak St.
Las Vegas, NV 89166

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / OCCUR			3602AH012089-3	02/27/2024	02/27/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Particpants						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

DYJINC-

For Proof of Coverage

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