

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/2016

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 be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy, certificate holder in lieu of such endors	certa	ain p	olicies may require an en	ndorse	ment. A sta	tement on th	is certificate d	oes not c	onfer	ights to the	
PRODUCER	eme	ii(s)	,	CONTA	ICT John Ada	me					
DCD Inquirence				CONTACT NAME: John Adams PHONE (A/C, No, Ext): 1-800-316-6705 (A/C, No): 1-888-467-237						88 467 2378	
DSP Insurance 1900 E. Golf Road, Suite 650		(A)C. No. Ext): 1-800-316-6705 (A)C. No): 1-888-467-2378 E-MAIL ADDRESS: lionsclubs@dspins.com									
Schaumburg, IL 60173				INSURER(S) AFFORDING COVERAGE NAIC #							
Schaumburg, IL 60175		Participal de la constante de		INSURER A: ACE American Insurance Company 22667							
INSURED				INSURER B:							
Earlville Lions Club		INSURER C:									
Earlville Illinois	INSURER D:										
				INSURER E :							
COVERAGEO	200	A 100 pm	NUMBER:	INSURER F:							
COVERAGES CERT THIS IS TO CERTIFY THAT THE POLICIES	N ICCUED TO		REVISION NU		ור חסו	IOV PERIOR					
INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH F	QUIR ERT/	EMEI	NT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF AN	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WIT D HEREIN IS SU	H RESPE	CT TO	WHICH THIS	
INSR TYPE OF MEUDANGE	ADDL	SUBR	POLICY NUMBER	DEEN		POLICY EXP (MM/DD/YYYY)		LIMIT	c		
A GENERAL LIABILITY	NSR	WVD	POLICI NUMBER	(MM/DD/YYYY)		(MM/UU/YYYY)	EACH OCCURREN		s 1,000,000		
X COMMERCIAL GENERAL LIABILITY			HDOG27396392		09/01/2015	09/01/2016	DAMAGE TO RENT	ED	s 1,000,000		
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)		\$ 5,00		
X Agg. Per Named Insured							PERSONAL & ADV INJURY		s 1,000,000		
is \$2,000,000							GENERAL AGGREGATE		s 10,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG		s 2,0	00,000	
X POLICY PRO- JECT LOC									\$		
A AUTOMOBILE LIABILITY		***************************************	101110000000				COMBINED SINGLI (Ea accident)	ELIMIT	\$ 1,00	00,000	
ANY AUTO		ISAH08858354	ISAH08858354		09/01/2015	09/01/2016	BODILY INJURY (P	BODILY INJURY (Per person)			
ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE		S		
X HIRED AUTOS X AUTOS							(Per accident)		S		
	_								\$		
UMBRELLA LIAB OCCUR EXCESS LIAB CLAMS MADE		and the same of th					EACH OCCURREN	CE	\$		
GLAIMO-MADE							AGGREGATE		\$		
DED RETENTION\$ WORKERS COMPENSATION	-						WC STATU- TORY LIMITS	OTH-	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								LER	s		
OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE		CONTRACTOR OF THE CONTRACTOR O		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		s		
	\neg	\neg					day, but, day the fact that are I have	LIOT LICENT	-	-X	
		and the second									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE					•						
Provisions of the policy apply to the named i	nsure	ed's p	articipation in the following	activity	y during the p	olicy period sh	nown above: Sur	nmer Littl	e Leaq	ue Program	
3-28-16 through 9-28-16 PROVISIONS OF THE POLICY DO NOT AF	PLY	TO T	HE SALE OR SERVING O	FALC	OHOLIC BEV	ERAGES.					
CERTIFICATE HOLDER				CANO	ELLATION						

Sandwich Park District Girls Softball League					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						
	Som C. Ollow										



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	confer rights to the									
certificate holder in lieu of such endorsement(s). PRODUCER CONTACT NAME: John Adams	CONTACT NAMF: John Adams									
	PHONE 1 200 240 2705 FAX 1 200 467 2279									
1900 E. Golf Road, Suite 650	F.MAII lionealtha@doning.com									
Colorum Number II CO472	NAIC#									
INSURER A: ACE Affection insurance company	22667									
INSURED INSURER B:										
Earlville Lions Club										
Earlville Illinois 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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	ECT TO WHICH THIS									
INSR TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIM	ITS									
A GENERAL LIABILITY EACH OCCURRENCE	s 1,000,000									
X COMMERCIAL GENERAL LIABILITY HDOG27396392 09/01/2015 09/01/2016 DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000									
CLAIMS-MADE X OCCUR MED EXP (Any one person)	\$ 5,000									
X Agg. Per Named Insured PERSONAL & ADV INJURY	s 1,000,000									
is \$2,000,000	s 10,000,000 s s 2,000,000									
GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGE	\$ 2,000,000									
A AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000									
ANY AUTO ISAH08858354 09/01/2015 09/01/2016 BODILY INJURY (Per person										
ALL OWNED SCHEDULED AUTOS SOLD BODILY INJURY (Per accider	t) S									
X HIRED AUTOS X NON-OWNED AUTOS PROPERTY DAMAGE (Per accident)	S									
	S									
UMBRELLA LIAB OCCUR EACH OCCURRENCE	S									
EXCESS LIAB CLAIMS-MADE AGGREGATE	\$									
DED RETENTIONS WORKERS COMPENSATION WC STATU- OT	S -									
AND EMPLOYERS' LIABILITY Y/N	S									
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? IMPORTANT OFFICE/MEMBER EXCLUDED? IMPORTANT OFFICE/MEMBER EXCLUDED? IMPORTANT OFFICE/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOY E.L. DISEASE - EA EMPLOY										
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMI										
DESCRIPTION OF OPERATIONS Delow										
	2									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
Provisions of the policy apply to the named insured's participation in the following activity during the policy period shown above: Summer Little Leaque Program 3-28-16 through 9-28-16 PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES.										
CERTIFICATE HOLDER 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.									
THE EXPIRATION DATE THEREOF, NOTICE WILL	BE DELIVERED IN									
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-	OUCER	701110	ric(O)		CONTACT NAME: John Adams							
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS							
Α	GENERAL LIABILITY					below control of the	milwan and a second a second and a second and a second and a second and a second an		s 1,000,000			
	X COMMERCIAL GENERAL LIABILITY			HDOG27396392		09/01/2015	09/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) S	\$ 1,000,000			
	CLAIMS-MADE X OCCUR							MED EXP (Any one person) \$	5,000	5,000		
	X Agg. Per Named Insured							PERSONAL & ADV INJURY \$	1,000,000			
	is \$2,000,000											
	GEN'L AGGREGATE LIMIT APPLIES PER:								2,000	0,000		
	X POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT .	4.000			
Α	AUTOMOBILE LIABILITY			ISAH08858354		09/01/2015	09/01/2016	(Ea accident) \$ BODILY INJURY (Per person) \$	\$ 1,000,000			
	ANY AUTO ALL OWNED SCHEDULED			10/11/0000000		03/01/2013	03/01/2010	BODILY INJURY (Per accident) \$				
	AUTOS AUTOS							PROPERTY DAMAGE &				
	X HIRED AUTOS X AUTOS							(Per accident) S				
	UMBRELLA LIAB OCCUP							EACH OCCURRENCE \$				
	EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE \$				
	DED RETENTIONS							\$				
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A			Ñ			E.L. DISEASE - EA EMPLOYEE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT S				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ttach /	ACORD 101, Additional Remarks 5	chedule	, if more space is	required)					
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THE PROPERTY OF THE PROPERTY O												
Earlville Community Unit School District #9 PO Box 539 Earlville Illinois 60518					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
9					AUTHORIZED REPRESENTATIVE							
					Olon C. Ollon							