

JDISON INSURANCE COMPANY
 20 Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 20083986

ACCOUNT NUMBER: 3000029404 (2) **COMMERCIAL GENERAL LIABILITY**
COMMERCIAL GENERAL LIABILITY COVERAGE PART
 DIRECT BILL -

ISSUE DATE 04-12-2009 TRI REPLACEMENT OF 0305 20083986 DECLARATIONS RENEWAL EXTENSION

NAMED HINCKLEY BASEBALL & SOFTBALL INSURED AND MAILING PO BOX 354 ADDRESS HINCKLEY IL 60520-0354		AGENCY & CODE 330866 BMC INSURANCE AGENCY INC 153 E LINCOLN AVE HINCKLEY IL 60520	
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POLICY 12:01 A.M. Standard time FROM: 05-15-2009 TO: 05-15-2010
 PERIOD: at your mailing address shown above. And for successive policy periods as stated below.

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	\$ 1,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ EXCLUDED
PERSONAL AND ADVERTISING INJURY LIMIT (Any one person or organization)	\$ 1,000,000
EACH OCCURRENCE LIMIT	\$ 1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (Any one premises)	\$ 100,000
MEDICAL EXPENSE LIMIT (Any one person)	\$ EXCLUDED

RETROACTIVE DATE (CG 00 02 Only) Coverage A of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here. (enter date or "None" if no Retroactive Date applies)
 NONE

BUSINESS DESCRIPTION
FORM OF BUSINESS: ___ Individual ___ Joint Venture ___ Partnership ___ Corporation X Other CLUB

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates		Advance Premiums	
			Pr/CO	All Other	Pr/CO	All Other
IL LOC# 01 307 N OAK ST HINCKLEY, IL 60520						
ATHLETIC PROGRAMS - AMATEUR NON-PROFIT INCL PR/CO EA GAME	40067T)		INCL	F/C	INCL	968
Certified Acts of Terrorism Coverage						29

PREMIUM BASIS DEFINITIONS

a) Area per 1000 sq ft	c) Total Cost per \$1000	g) Gallons per 1000	m) Admissions per 1000	p) Payroll per \$1000	s) Gross Sales per \$1000	t) Defined Above	u) Units per unit
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Premium Charge Forms	Advance Premium	Premium Charge Forms	Advance Premium
	SEE UW7002		

Other Forms SEE UW7002

Amend Reason

PREMIUM FOR THIS COVERAGE PART \$ 997
 Endorsement Adjustment Premium \$

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period. **X**
 (COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)