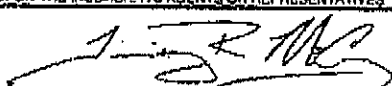


<b>ACORD</b> <small>TM</small>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		15328881	DATE(MM/DD/YYYY) 04/15/09
PRODUCER K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED Harding Youth League 3802 E 15th Rd Ottawa, IL 61350 A Member of the Sports, Leisure & Entertainment RPG		INSURERS AFFORDING COVERAGE		NAIC #	
		INSURER A: Nationwide Mutual Insurance Company		23787	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			

INSR LTR	AGGL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC	6BRPG0000004480900	04/04/09 12:01 A.M.	04/04/10 12:01 A.M.	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADM INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000 LEGAL LAB TO PARTICIPANTS \$1,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <small>Not provided while in Hawaii</small>	6BRPG0000004480900	04/04/09 12:01 A.M.	04/04/10 12:01 A.M.	COMBINED SINGLE LIMIT (Ex resident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per person) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG EACH OCCURRENCE AGGREGATE
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION				EACH OCCURRENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <small>If yes, describe under SPECIAL PROVISIONS below.</small>				INC STATE (CARRY LIMITS) OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A		MEDICAL PAYMENTS FOR PARTICIPANTS	6BRPG0000004480900	04/04/09 12:01 A.M.	04/04/10 12:01 A.M.	PRIMARY MEDICAL EXCESS MEDICAL \$25,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Sports: Baseball/T-Ball (Ages 12 & under, 13-15 yr. olds) Softball (Ages 13-15 yr. olds)

<b>CERTIFICATE HOLDER</b> Evidence of Coverage	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	 Authorized Representative:

Coverage is only extended to U.S. events and activities.

ACORD 25 (2007/08)

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