ACORD CERTIFI	CATE OF LIABI	LITY INS	URANC	E	03/18/2011			
PRODUCER 630.552.3447 Caywood & Associates, Inc. 11,000 East Route 34	FAX 630.552.3850	ONLY AND HOLDER.	CONFERS NO FITHIS CERTIFICATION	JED AS A MATTER OF I RIGHTS UPON THE CE TE DOES NOT AMEND, FFORDED BY THE POL	RTIFICATE EXTEND OR			
Suite 1 Plano, IL 60545		INSURERS A	AFFORDING COV	/ERAGE	NAIC #			
INSURED Plano Youth Athletic	Association	INSURER A: Ci	incinnati Ins	surance Company				
PO Box 14		INSURER B:		our unce company				
Plano, IL 60545		INSURER C:						
		INSURER D:						
		INSURER E:						
COVERAGES								
THE POLICIES OF INSURANCE LISTED E ANY REQUIREMENT, TERM OR CONDITI MAY PERTAIN, THE INSURANCE AFFOR POLICIES. AGGREGATE LIMITS SHOWN	ON OF ANY CONTRACT OR OTHER D DED BY THE POLICIES DESCRIBED H	OCUMENT WITH R HEREIN IS SUBJEC	RESPECT TO WHICH	H THIS CERTIFICATE MAY	BE ISSUED OR			
NSR ADD'L LTR INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S			
GENERAL LIABILITY	EPP0012371	04/11/2011	04/11/2012	EACH OCCURRENCE	\$ 1,000,000			
X COMMERCIAL GENERAL LIABILIT				DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 100,000			
CLAIMS MADE X OCCU	R			MED EXP (Any one person)	\$ 5,000			
^ <u> </u>	_			PERSONAL & ADV INJURY	\$ 1,000,000			
GEN'L AGGREGATE LIMIT APPLIES PE				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 3,000,000 \$ 3,000,000			
X POLICY PRO- JECT LOG				PRODUCTS - COMP/OP AGG	\$ 3,000,000			
AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$			
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
	-			PROPERTY DAMAGE (Per accident)	\$			
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG	\$			
EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$			
OCCUR CLAIMS MADI				AGGREGATE	\$ \$			
DEDUCTIBLE					\$			
RETENTION \$					\$			
WORKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER				
EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? If yes, describe under				E.L. DISEASE - EA EMPLOYEE	\$			
SPECIAL PROVISIONS below OTHER				E.L. DISEASE - POLICY LIMIT	\$			
OTHER								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH	L ICLES / EXCLUSIONS ADDED BY ENDORSEN	I MENT / SPECIAL PROVI	I SIONS	1				
CERTIFICATE HOLDER		CANCELLAT						
		EXPIRATION 10 DAYS	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL $\underline{10}$ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY					
		OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE						

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Michael Burgin

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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).

DISCLAIMER

ACORD CERTIFICATE OF LIABILITY INSURANCE											
		R 630.552.3447 od & Associates, Inc.	FAX 630.552.3850	ONLY AND	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE						
		0 East Route 34		HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND O ALTER THE COVERAGE AFFORDED BY THE POLICIES BELC							
	ite ano	1 , IL 60545			INSURERS AFFORDING COVERAGE						
		Plano Youth Athletic A	ssociation	INSURER A: C	incinnati Ins	urance Company					
	I	PO Box 14		INSURER B:							
	l	Plano, IL 60545		INSURER C:							
				INSURER D:							
				INSURER E:							
CO	VER/	AGES									
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITH ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUE MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
NSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM	ITS				
		GENERAL LIABILITY	EPP0012371		04/11/2012	EACH OCCURRENCE	\$	1,000,000			
		X COMMERCIAL GENERAL LIABILITY	,			DAMAGE TO RENTED PREMISES (Ea occurence)	\$	100,000			
		CLAIMS MADE X OCCUR	R			MED EXP (Any one person)	\$	5,000			
Α						PERSONAL & ADV INJURY	\$	1,000,000			
			-			GENERAL AGGREGATE	\$	3,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER	:			PRODUCTS - COMP/OP AGG	\$	3,000,000			
		X POLICY JECT LOC									
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$				
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$				
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$				
			-			PROPERTY DAMAGE (Per accident)	\$				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
		ANY AUTO				OTHER THAN EA ACC	\$				
						AUTO ONLY: AGG	\$				
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$				
		OCCUR CLAIMS MADE				AGGREGATE	\$				
							\$				
		DEDUCTIBLE					\$				
		RETENTION \$					\$				
		RKERS COMPENSATION AND LOYERS' LIABILITY				WC STATU- OTH TORY LIMITS ER					
	ANY	PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$				
		ICER/MEMBER EXCLUDED? s, describe under				E.L. DISEASE - EA EMPLOYE	E \$				
	SPEC	CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$				
	ОТНЕ	EK									
DEC	DIDT	ON OF OPERATIONS / COATIONS //	CLES / EXCLUSIONS ADDED BY ENDORSEM	AENT / CDECIAL DEC'	CIONIC						
o1	unte	eer workers are covere	d under general liabili	ty	SIONS						
dd	itio	onal Insured:									
¹1a	no C	CUSD #88									
00	SH	Hale St									
'la	no,	IL 60545									
C -	ידורי	ICATE HOLDER		CANCELLA	TION						
UE!	<u> </u>	ICATE HOLDER		SHOULD ANY		RIBED POLICIES BE CANCEL	I FD 5	SEFORE THE			
						SSUING INSURER WILL ENDE		_			
						THE CERTIFICATE HOLDER					
		Dlane CUCD #00				E SHALL IMPOSE NO OBLIGA		•			
		Plano CUSD #88 800 S Hale St									
		Plano TI 60545		OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE							

Michael Burgin

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DISCLAIMER

ACORD CERTIFICATE OF LIABILITY INSURANCE											
Ca	ywoo	d & As	552.3447 F ssociates, Inc. Route 34	FAX 630.552.3850	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.						
	iite ano	1 , IL 6	0545		INSURERS A	INSURERS AFFORDING COVERAGE					
INSL	RED	Plano	Youth Athletic As	ssociation	INSURER A: Ci	ncinnati Ins	urance Company				
	l	PO Box	14		INSURER B:						
	I	Plano,	IL 60545		INSURER C:						
					INSURER D:						
					INSURER E:						
СО	VER/	AGES			•				•		
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTA ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SPOLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
NSR LTR	ADD'L INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM	-			
			LIABILITY	EPP0012371	04/11/2011	04/11/2012	EACH OCCURRENCE	\$	1,000,000		
		X COM	MERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$	100,000		
			CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$	5,000		
Α							PERSONAL & ADV INJURY	\$	1,000,000		
			_				GENERAL AGGREGATE	\$	3,000,000		
			GREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	3,000,000		
		X POLI	CY JECT LOC								
			BILE LIABILITY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$			
		ALL	OWNED AUTOS				BODILY INJURY				
		SCH	EDULED AUTOS				(Per person)	\$			
		HIRE	D AUTOS				BODILY INJURY				
		NON	-OWNED AUTOS				(Per accident)	\$			
							PROPERTY DAMAGE (Per accident)	\$			
		GARAGE	LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
		ANY	AUTO				OTHER THAN AUTO ONLY: EA ACC				
		EVCESS/I	JMBRELLA LIABILITY				EACH OCCURRENCE	\$			
		OCC					AGGREGATE	\$			
			OR CLAIMS WADE				AGGILGATE	\$			
		DED	UCTIBLE					\$			
			ENTION \$					\$			
	WOP	l l	PENSATION AND				WC STATU- OTH	1-			
	EMPL	OYERS' LI	ABILITY				TORY LIMITS ER E.L. EACH ACCIDENT	\$			
	OFFI	PROPRIET(CER/MEMB	OR/PARTNER/EXECUTIVE ER EXCLUDED?				E.L. DISEASE - EA EMPLOYE	÷			
	If yes	, describe u	nder SIONS below				E.L. DISEASE - POLICY LIMIT	+			
	OTHE		Olone Bolow				2.2. 2.62.1.62	ΙΨ.			
DES	CRIPTIC	ON OF OPE	RATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSEM	IENT / SPECIAL PROVI	SIONS					
CE	RTIFI	CATE H	OLDER		CANCELLAT	ION					
					SHOULD ANY	OF THE ABOVE DESC	RIBED POLICIES BE CANCEL	LED	BEFORE THE		
					EXPIRATION	DATE THEREOF, THE I	SSUING INSURER WILL ENDE	AVO	R TO MAIL		
						S WRITTEN NOTICE TO	THE CERTIFICATE HOLDER	NAME	ED TO THE LEFT,		
					BUT FAILURE	TO MAIL SUCH NOTIC	E SHALL IMPOSE NO OBLIGA	ATION	OR LIABILITY		
			School District #	[‡] 88	OF ANY KIND	UPON THE INSURER,	ITS AGENTS OR REPRESENT	ATIVE	ES.		
	ı	Plano,	IL 60545		AUTHORIZED REPRESENTATIVE						

Michael Burgin

ACORD 25 (2001/08) FAX: 552.8548

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DISCLAIMER

	4C	0	RD _™	CE	RT	IFIC	CATEC	F LIABI	LITY INS	URANC	E		TE (MM/DD/YYYY) 3/18/2011			
Ca 11	ywoo .,000	od 8	80.552 & Asso ast Ro	ciates			FAX 630.552	2.3850	ONLY AND HOLDER.	CONFERS NO I	JED AS A MATTER OF RIGHTS UPON THE CE TE DOES NOT AMEND FFORDED BY THE POI	RTIF , EX	ICATE TEND OR			
_	iite ano		L 6054	15					INSURERS A	AFFORDING COV	/ERAGE		NAIC#			
NSU	RED	P1a	no You	ıth At	hlet	ic As	sociation		INSURER A: Ci	incinnati Ins	surance Company					
		-	Box 14						INSURER B:							
	F	Pla	no, Il	6054	5				INSURER C:							
									INSURER D:							
	VED :		•						INSURER E:							
TI Al M P	NY RE AY PE OLICIE	LICII QUII RTA	ES OF IN REMENT IN, THE I	, TERM C INSURAN ATE LIMI	OR CON ICE AF TS SHO	IDITION FORDE	N OF ANY CONT ED BY THE POLI AY HAVE BEEN T	RACT OR OTHER D CIES DESCRIBED H REDUCED BY PAID	OCUMENT WITH FI HEREIN IS SUBJEC	RESPECT TO WHIC T TO ALL THE TERI	DLICY PERIOD INDICATED H THIS CERTIFICATE MAY MS, EXCLUSIONS AND CO	BE IS NDIT	SSUED OR			
TR	ADD'L INSRD	051	TYPE	OF INSUR	ANCE		POLIC	Y NUMBER EPP0012371	DATE (MM/DD/YY)	DATE (MM/DD/YY)	EACH OCCURRENCE	s \$	1 000 000			
		X		CIAL GENE	EDALLIA	BII ITV		EPP00123/1	04/11/2011	04/11/2012	DAMAGE TO RENTED	\$	1,000,000			
		^		MS MADE	$\overline{}$	OCCUR					PREMISES (Ea occurence) MED EXP (Any one person)	\$	100,000 5,000			
Α			OLAI	O WADE		JUUIN					PERSONAL & ADV INJURY	\$	1,000,000			
											GENERAL AGGREGATE	\$	3,000,000			
		GEN	L'L AGGRE	GATE LIMI	T APPLIE	ES PER:					PRODUCTS - COMP/OP AGG	\$	3,000,000			
	•	X	POLICY	PRO- JECT	ī [LOC							, , , , , , , , , , , , , , , , , , , ,			
		AUT	OMOBILE ANY AUT								COMBINED SINGLE LIMIT (Ea accident)	\$				
	-			ED AUTOS LED AUTOS							BODILY INJURY (Per person)	\$				
			HIRED AU	ITOS NED AUTO	S						BODILY INJURY (Per accident)	\$				
	-										PROPERTY DAMAGE (Per accident)	\$				
		GAR	AGE LIAB	ILITY							AUTO ONLY - EA ACCIDENT	\$				
			ANY AUT	0							OTHER THAN ACC	\$				
											AGG	+				
		EXC	ESS/UMBR OCCUR		CLAIMS	MADE					AGGREGATE	\$				
			OCCUR		CLAINS	WADE					AGGREGATE	\$				
			DEDUCTI	BI F								\$				
			RETENTION									\$				
	WORI	KERS	COMPENS	-	ID						WC STATU- OTH-					
			RS' LIABIL PRIETOR/P		YEOUT	VE					E.L. EACH ACCIDENT	\$				
	OFFIC	CER/N	MEMBER E			٧⊏					E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, SPEC	, desc	ribe under ROVISION	S below							E.L. DISEASE - POLICY LIMIT	\$				
	OTHE	ĒR														
)FS	CRIPTIC	ON O	OPERATI	ONS/IOC	PATIONS	/ VFHIC	LES / EXCI LISIONS	ADDED BY ENDORSEM	MENT/SPECIAL PROVI	ISIONS						
	•••			<i>3.</i> 200												
CERTIFICATE HOLDER									CANCELLAT	CANCELLATION						
Sandwich Park District									SHOULD ANY EXPIRATION	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,						
			: Jay						BUT FAILURE	TO MAIL SUCH NOTIC	CE SHALL IMPOSE NO OBLIGA	TION (OR LIABILITY			
	1	100	1 N La	atham	St					·	ITS AGENTS OR REPRESENTA	TIVES	i			
	5	San	dwich,	, IL 6	0548				AUTHORIZED RE	m						
										Michael Burgin						

ACORD 25 (2001/08) FAX: 815.786.6690

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DISCLAIMER

											DATE (MM/DD/YYYY) 03/18/2011				
Ca	ywo L,00	od (30.552 & Asso ast Ro	ciate	s, In		FAX 630.552.	3850	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.						
	iite ano		L 6054	4 5					INSURERS A	AFFORDING COV	'ERAGE		NAIC#		
INSU					hlet	ic As	sociation		INSURER A: Ci	ncinnati Ins	urance Company				
			Box 1						INSURER B:						
		Pla	ıno, II	L 60 54	1 5				INSURER C:						
									INSURER D:						
									INSURER E:						
	VER.			ICLID ANG	OF LIGH	-D DEI	OW HAVE BEEN	ISSUED TO THE I	NOUDED NAMED A	BOVE FOR THE BO	LICY PERIOD INDICATED	NO	TWITHETANDING		
A M P	NY RE AY PI OLICI	EQUI ERTA IES. A	REMENT AIN, THE	, TERM (INSURAN	OR CON	DITION	NOF ANY CONTRA	ACT OR OTHER D ES DESCRIBED H	OOCUMENT WITH R HEREIN IS SUBJECT CLAIMS.	RESPECT TO WHICH T TO ALL THE TERM	H THIS CERTIFICATE MAY MS, EXCLUSIONS AND CO	BE	SSUED OR		
NSR LTR	ADD'L INSRE	D	TYPE	OF INSUF	RANCE		POLICY N		POLICY EFFECTIVE DATE (MM/DD/YY)		LIMI	-			
		-	NERAL LIAI I					EPP0012371	04/11/2011	04/11/2012	EACH OCCURRENCE	\$	1,000,000		
		X	 	CIAL GEN							DAMAGE TO RENTED PREMISES (Ea occurence)	\$	100,000		
_			CLA	IMS MADE	X	OCCUR					MED EXP (Any one person)	\$	5,000		
Α											PERSONAL & ADV INJURY	\$	1,000,000		
			J								GENERAL AGGREGATE	\$	3,000,000		
		-	N'L AGGRE I	GATE LIMI PRO		7					PRODUCTS - COMP/OP AGG	\$	3,000,000		
		AUT	POLICY FOMOBILE ANY AUT	JEC [*]	Т	LOC					COMBINED SINGLE LIMIT (Ea accident)	\$			
				ED AUTOS							BODILY INJURY (Per person)	\$			
		HIRED AUTOS NON-OWNED AUTOS							BODILY INJURY (Per accident)	\$					
											PROPERTY DAMAGE (Per accident)	\$			
		GAI	RAGE LIAB	ILITY							AUTO ONLY - EA ACCIDENT	\$			
			ANY AUT	0							OTHER THAN AUTO ONLY: EA ACC AGG	1			
		EXC	ESS/UMBF	RELLA LIA	BILITY						EACH OCCURRENCE	\$			
			OCCUR		CLAIMS	MADE					AGGREGATE	\$			
			_									\$			
			DEDUCTI	BLE								\$			
			RETENTI	ON \$								\$			
			COMPEN		ND						WC STATU- OTH- TORY LIMITS ER				
	ANY	PRO	RS' LIABIL PRIETOR/P	ARTNER/E	EXECUTI\	/E					E.L. EACH ACCIDENT	\$			
	OFF	ICER/	MEMBER E cribe under	XCLUDED)?						E.L. DISEASE - EA EMPLOYE	E \$			
	SPE	CIAL I	PROVISION	IS below							E.L. DISEASE - POLICY LIMIT	\$			
	отн	ER													
DES	L CRIPTI	ION O	F OPERAT	IONS / LOC	CATIONS	/ VEHICI	LES / EXCLUSIONS AI	DDED BY ENDORSEM	MENT / SPECIAL PROVI	SIONS	<u> </u>				
CERTIFICATE HOLDER									CANCELLAT	CANCELLATION					
Somonauk Youth Basketball 215 W LaSalle Street									SHOULD ANY EXPIRATION 10 DAYS BUT FAILURE OF ANY KIND	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.					
Somonauk, IL 60552									AUTHORIZED REPRESENTATIVE Michael Burgin						

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ACORD CERTIFICATE OF LIABILITY INSURANCE											
Ca	ywoc	630.552 od & Asso 0 East Ro	ciates, Inc.	FAX 630.552.3850	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.						
	iite ano	1 , IL 605	45			INSURERS AFFORDING COVERAGE					
INSU	RED	Plano Yo	uth Athletic As	sociation	INSURER A: Ci	ncinnati Ins	urance Company				
		PO Box 1			INSURER B:						
	I	Plano, I	L 60545		INSURER C:						
					INSURER D:						
					INSURER E:						
		AGES									
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITH: ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
NSR LTR	ADD'L INSRD	TYPE	OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS			
		GENERAL LIA		EPP0012371	04/11/2011	04/11/2012	EACH OCCURRENCE	\$	1,000,000		
			RCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$	100,000		
		CLA	IMS MADE X OCCUR				MED EXP (Any one person)	\$	5,000		
Α							PERSONAL & ADV INJURY	\$	1,000,000		
		OFNII 400DE	COATE LIMIT ADDI IEO DED.				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	3,000,000		
		X POLICY	GATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	3,000,000		
		AUTOMOBILE	3201				COMBINED SINGLE LIMIT	\$			
		ANY AUT	O				(Ea accident)	Ψ			
			IED AUTOS LED AUTOS				BODILY INJURY (Per person)	\$			
		HIRED AI					BODILY INJURY	\$			
		NON-OW	NED AUTOS				(Per accident) PROPERTY DAMAGE	ļ ·			
							(Per accident)	\$			
		GARAGE LIAB					AUTO ONLY - EA ACCIDENT	\$			
		ANY AUT	O				OTHER THAN AUTO ONLY: AGG				
		EXCESS/UMBI	RELLA LIABILITY				EACH OCCURRENCE	\$			
		OCCUR	CLAIMS MADE				AGGREGATE	\$			
								\$			
		DEDUCT	IBLE					\$			
		RETENTI	ON \$				I WC STATU I IOTU	\$			
		KERS COMPEN LOYERS' LIABIL					WC STATU- OTH TORY LIMITS ER	-			
	ANY		PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$			
	If yes	, describe under					E.L. DISEASE - EA EMPLOYE	Ť			
	OTHE	CIAL PROVISION	NS Delow				E.L. DISEASE - POLICY LIMIT	\$			
DES	CRIPTIO	ON OF OPERAT	IONS / LOCATIONS / VEHICL	LES / EXCLUSIONS ADDED BY ENDORSEM	MENT / SPECIAL PROVI	SIONS					
CE	DTIE	CATE HO	nep		CANCELLAT	TION					
UE	KIIFI	CATE HOL	DEK		CANCELLAT SHOULD ANY		RIBED POLICIES BE CANCEL	LED	BEFORE THE		
							SSUING INSURER WILL ENDE				
							THE CERTIFICATE HOLDER I				
		South Wa	st Suburban Sof	- -thall			E SHALL IMPOSE NO OBLIGA		•		
		PO Box 7		tval i			ITS AGENTS OR REPRESENTA				
			le, IL 60446		AUTHORIZED REPRESENTATIVE						

AUTHORIZED REPRESENTATIVE Michael Burgin

ACORD 25 (2001/08) FAX: 630.552.1122

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER