

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/19/2012

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 endor	/, certain	policies may require an er	ndorsement.	A sta	itement on th	nis certificate does no	t confer	rights to the		
PRODUCER	SCHICHE	· j.	CONTACT							
FIRST STATE INSURANCE		•	NAME: PHONE	 21	5-246-826	1 FAX	015	- 246-9333		
114 RAILROAD STREET		!	(A/C, No, Ext): E-MAIL					-246-9333		
P.O. BOX 180		!	ADDRESS: firststateinsurance@mchsi.com INSURER(S) AFFORDING COVERAGE NAIC #							
EARLVILLE, IL 60518		Company .	MEHRERA, N	NAIC #						
INSURED			INSURER A: National Casualty Co							
Earlville Little League		Assum-	INSURER C :							
C/O Earlville Lions Club P. O. Box 669			INSURER D :	 						
Earlville, IL 60518		ļ	INSURER E:							
			INSURER F :							
		E NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICCERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INST	PERTAIN.	ENT, TERM OR CONDITION (THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY CONT ED BY THE PO BEEN REDUCE	TRACT OLICIE ED BY	ΓOR OTHER I ES DESCRIBEI 'PAID CLAIMS.	DOCUMENT WITH RESP				
TYPE OF INSURANCE GENERAL LIABILITY	INSR WVD	POLICY NUMBER	POLICY (MM/DD)	YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS			
	W. W.		-			EACH OCCURRENCE	\$			
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
CLAIMS-MADE OCCUR					V-7-1	MED EXP (Any one person)	s			
						PERSONAL & ADV INJURY	s			
						GENERAL AGGREGATE	\$	-		
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AG	3 \$			
POLICY PRO- JECT LOC AUTOMOBILE LIABILITY	-	1					\$			
						COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person	\$			
AUTOS AUTOS						BODILY INJURY (Per accider	nt) \$			
HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$			
UMADDELLA LIAD		 					\$			
UMBRELLA LIAB OCCUR EXCESS LIAB CLAWO MARKE						EACH OCCURRENCE	\$			
OLAIWS-MADE	-					AGGREGATE	\$			
DED RETENTIONS WORKERS COMPENSATION	 						\$			
AND EMPLOYERS' LIABILITY						WC STATU- OTI TORY LIMITS EF	-			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYE	E S			
DÉSÉRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI	r s			
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7]	10000				
A Per ACCIDENT	V V V	40205475711087001	155, 22,		09/19/2012					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	∟ES (Attach	ACORD 101, Additional Remarks Sc	chedule, if more s	pace is	required)					
CERTIFICATE HOLDER	CANCELLATION									
January L. Hobb and			CANCELLAT	ION						
Earlville Community Unit Dist P. O. Box 539 Earlville, IL 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. AUTHORIZED REPRESENTATIVE									



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the terms and conditions of the policy, or certificate holder in lieu of such endorse	certain p ementic	policies may require an e	endorser	nent. A stat	tement on th	is certificate does not o	onfer r	ights to the			
PRODUCER	आगरमञ्).	CONTAC	Т							
FIRST STATE INSURANCE				NAME: PHONE 915 246 9261 FAX 955 946 9261							
114 RAILROAD STREET			(A/C, No, Ext): 815-246-8261 (A/C, No): 815-246-9333								
P.O. BOX 180			ADDRESS: firststateinsurance@mchsi.com								
EARLVILLE, IL 60518				INSURER(S) AFFORDING COVERAGE N							
INSURED	INSURER A: National Casualty Co INSURER B:										
Earlville Little League			INSURER C:								
C/O Earlville Lions Club	INSURER D:										
P. O. Box 669				INSURER E :							
Earlville, IL 60518	INSURER E :										
COVERAGES CERT	IFICATI	E 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.											
TYPE OF INSURANCE IN	NSR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		(MM/DD/YYYY)		MITS				
			ĺ			EACH OCCURRENCE DAMAGE TO RENTED	\$				
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$				
CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$				
						PERSONAL & ADV INJURY	\$				
CENTRACORS ON TELLBRICA AND LINE						GENERAL AGGREGATE	\$, , , , , , , , , , , , , , , , , , , 			
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	7744			
AUTOMOBILE LIABILITY						COMPRES ON OF THE	\$				
			Î			COMBINED SINGLE LIMIT (Ea accident)	\$				
ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	\$				
AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident)	\$				
HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$				
UMBRELLA LIAB OCCUE	_						\$				
EVCESSUAD			-			EACH OCCURRENCE	\$				
CLAIWIS-IWADE						AGGREGATE	\$				
DED RETENTION \$ WORKERS COMPENSATION				****			\$				
AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		****			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	/ A				Ì	E.L. EACH ACCIDENT	\$				
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$				
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$				
						10000	W				
A Per ACCIDENT		40205475711087001	. 0	3/19/2012	09/19/2012						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	Attach A	CORD 101. Additional Remarks S	Schedule if	more space is a	ranirad)						
		•	,	oro opade 15 ;	equiredy						
CERTIFICATE HOLDER				CANCELLATION							
- Chille House			CANCELLATION								
Northern Illinois Princess 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.								
ļ				AUTHORIZED REPRESENTATIVE							



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PRODUCER					CONTACT NAME:						
FIRST STATE INSURANCE					PHONE (A/C, No, Ext): 815-246-8261 (A/C, No): 815-246-9333						
114 RAILROAD STREET				E-MAIL ADDRE			nsurance@mchsi.co		-740-2200		
P.O. BOX 180 EARLVILLE, IL 60518				APPINE			RDING COVERAGE	1111	NAIC #		
EARLVILLE, IL 00010	_			INSURE		nal Casua			NAIC#		
INSURED			-//	INSURE		and the same of th	1103				
Earlville Little League				INSURE							
C/O Earlville Lions Club				INSURE			700	·			
P. O. Box 669 Earlville, IL 60518				INSURER E :							
				INSURE		· · · · · · · · · · · · · · · · · · ·					
COVERAGES CE	RTIF	CATE	E NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCI INSR	PERT POLI	TAIN, ICIES.	THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER (S DESCRIBE) PAID CLAIMS.	DOCUMENT WITH RESPE				
TYPE OF INSURANCE GENERAL LIABILITY	INSR	L SUBR	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	***		
-							EACH OCCURRENCE	\$			
COMMERCIAL GENERAL LIABILITY	Meline						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
CLAIMS-MADE OCCUR	İ						MED EXP (Any one person)	\$			
	-						PERSONAL & ADV INJURY	\$	****		
	-						GENERAL AGGREGATE	\$			
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC			1	İ			PRODUCTS - COMP/OP AGG	\$	717		
AUTOMOBILE LIABILITY	+	-					22.404.50	\$			
							COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO ALL OWNED SCHEDULED				Í			BODILY INJURY (Per person)	\$			
AUTOS AUTOS	The state of the s						BODILY INJURY (Per accident)	\$			
HIRED AUTOS AUTOS				ļ			PROPERTY DAMAGE (Per accident)	\$			
UMBRELLA LIAB OCCUP	1							\$			
EVECCUAR					i		EACH OCCURRENCE	\$			
CEPGING-WADI							AGGREGATE	\$	***		
DED RETENTION \$ WORKERS COMPENSATION	 	1						\$			
AND EMPLOYERS' LIABILITY	Ì						WC STATU- OTH- TORY LIMITS ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			1			E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under				Ì			E.L. DISEASE - EA EMPLOYEE	\$			
DÉSCRIPTION OF OPERATIONS below	+						E.L. DISEASE - POLICY LIMIT	\$			
A Per ACCIDENT							10000				
			40205475711087001		03/19/2012						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach A	ACORD 101, Additional Remarks Se	chedule,	if more space is	required)					
CERTIFICATE HOLDER				CANCELLATION							
Tri-County Pony League Cornbelt 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.							
ļ				AUTHORIZED REPRESENTATIVE							