DATE (MM/DD/YYYY) 04/10/2012

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

tł	e terms and conditions of the policy, ortificate holder in lieu of such endors	certai	In policies may require an en	dorse	ment. A state	ement on this	s certificate does not co	nfer ri	ghts to the		
_	DUCER	semen	iųs).	CONTACT							
	ywood & Associates, Inc.			NAME:							
	,000 East Route 34			PHONE (AIC, No, Ext): 630.552.3447 FAX (AIC, No): 630.552.3850							
	,000 East koute 34 ite 1			ADDRESS:							
					NAIC#						
	ano, IL 60545			INSURI							
INSU	RED Plano Youth Athletic As	ssoci	ation	INSUR	ERB:						
	PO Box 14			INSURE	ERC:						
	Plano, IL 60545			INSURER D:							
				INSURER E :							
				INSURER E: INSURER F:							
CO	VERAGES CER	TIFIC	ATE NUMBER: 2012-2013				REVISION NUMBER:				
TI	IS IS TO CERTIFY THAT THE POLICIES (OF INSI	URANCE LISTED BELOW HAVE	BEEN I	SSUED TO TH	IE INSLIRED N	AMED AROVE FOR THE O	OLICY	PERIOD		
IN	DICATED. NOTWITHSTANDING ANY REC	JUIREN	MENT. TERM OR CONDITION OF	FANY(CONTRACT OF	OTHER DOC	LIMENT WITH DECREOT TO	O MARIO	OH THIC		
- 6	ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH	RIAIN	THE INSURANCE AFFORDED I	RV THE	DUI IUIES DE	CUDIDED HEE	CINI IC CUID IEAT TA ALL T	HE TE	RMS,		
INSR	TYPE OF INSURANCE	ADDLIS	UBRI	JEEN I							
LIR	GENERAL LIABILITY	INSR V		72 77	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	_			
			EPP 001	25 71	04/11/2012	U4/11/2013	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000		
	X COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$	100,000		
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000		
Α							PERSONAL & ADV INJURY	\$	1,000,000		
					1		GENERAL AGGREGATE	\$	3,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				1		PRODUCTS - COMP/OP AGG	s	3,000,000		
	X POLICY PRO- JECT LOC							\$	5,000,000		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s			
	ANY AUTO						BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
	NON-OWNED						PROPERTY DAMAGE	\$			
	AUTOS AUTOS						(Per accident)				
	UMBRELLA LIAB OCCUP							\$			
	- France - Land						EACH OCCURRENCE	\$			
	CLAIMS-MADE						AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION	-						\$			
	AND EMPLOYERS' LIABILITY				ĺ		WC STATU- OTH- TORY LIMITS ER				
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)						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 (Att	tach ACORD 101, Additional Remarks S	Schedule	, if more space is	required)					
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<u> </u>	TITIOATT HOLDES						 				
CE	RTIFICATE HOLDER			CANO	CELLATION						
				THE	EXPIRATION DAT		BED POLICIES BE CANCELLED TICE WILL BE DELIVERED IN DVISIONS.	BEFORE	E		
				AUTHO	RIZED REPRESE	NTATIVE	-				
				722							

Michael Burgin

DATE (MM/DD/YYYY) 04/10/2012

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

	he terms and conditions of the policy, sertificate holder in lieu of such endors	ement(s	i).					ingi f	1911to to the		
1	DDUCER			CONTACT NAME:							
	ywood & Associates, Inc.			PHONE (AIC, No., Ext): 630.552.3447 (AIC, No.): 630.552.3850							
	l,000 East Route 34			ADDRE	SS:						
1	uite 1				!NS	SURER(S) AFFOR	RDING COVERAGE		NAIC #		
	lano, IL 60545			INSURER A: Cincinnati Insurance Company							
INS	URED Plano Youth Athletic As	socia	tion	INSURE	RB:						
l	PO Box 14			INSURE	RC:						
	Plano, IL 60545			INSURER D:							
				INSURER E:							
Ļ				INSURE	RF:						
			E NUMBER: 2012-201:				REVISION NUMBER:				
"	HIS IS TO CERTIFY THAT THE POLICIES ON NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH	QUIREME RTAIN, TI POLICIES IADDLISUB	NT, TERM OR CONDITION OF HE INSURANCE AFFORDED I S. LIMITS SHOWN MAY HAVE RI	F ANY C BY THE	ONTRACT OR POLICIES DE REDUCED BY	ROTHER DOC	UMENT WTH RESPECT TO REIN IS SUBJECT TO ALL 1	HE TE	ICH THIS		
LIN	GENERAL LIABILITY	INSR WV		22 71	(MM/DD/YYYY) 04/11/2012	(MM/DD/YYYY)	LIMIT	_			
1	X COMMERCIAL GENERAL LIABILITY		EFF UUI	£3 /1	04/11/2012	04/11/2013	DAMAGE TO RENTED	\$	1,000,000		
3	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$	100,000		
A	OCCUR.						MED EXP (Any one person)	\$	5,000		
''							PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000		
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	3,000,000		
	AUTOMOBILE LIABILITY					-	COMBINED SINGLE LIMIT				
	ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)				
	NON-OWNED						PROPERTY DAMAGE	s			
	HIRED AUTOS AUTOS						(Per accident)	\$			
Н	UMBRELLA LIAB OCCUR		 				EACH OCCUPRENCE				
1	EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$			
l	DED RETENTION\$						AGGREGATE	s			
H	WORKERS COMPENSATION						WC STATU- OTH-				
ŀ	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N					'	E.L. EACH ACCIDENT	s			
ļ	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A					E.L. DISEASE - EA EMPLOYEE	ļ .			
1	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT				
-	DESCRIPTION OF EXAMINATE DESCRIPTIONS						E.L. DISEASE - POLICY LIMIT	\$			
1											
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attacl	h ACORD 101. Additional Remarks	Schedule	if more space is	required)					
	unteer workers are covered				, more spaed is	quiicuj					
	litional Insured:	unacı	general flability								
	ano CUSD #88										
800) S Hale St										
P1a	no, IL 60545										
CE	RTIFICATE 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.							
1	Plano CUSD #88 800 S Hale St		AUTHORIZED REPRESENTATIVE								

Plano, IL 60545

Michael Burgin

DATE (MM/DD/YYYY) 04/10/2012

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.

the terms and conditions of the policy, cer certificate holder in lieu of such endorsem	tain policies mav require an er	olicy(ies) must be e ndorsement. A stat	ndorsed. If sement on this	SUBROGATION IS WAIV s certificate does not co	ED, sul onfer rig	bject to thts to the			
PRODUCER	ent(s).	CONTACT							
Caywood & Associates, Inc.		CONTACT NAME: PHONE 620 FF2 2447							
11,000 East Route 34		PHONE (AC, No, Ext): 630.552.3447 (AC, No): 630.552.3850							
Suite 1		ADDRESS:							
Plano, IL 60545		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Cincinnati Insurance Company							
INSURED Plano Youth Athletic Asso	ciation								
PO Box 14		INSURER B:							
Plano, IL 60545		INSURER C:							
<u>-</u>		INSURER D:							
		INSURER E:							
COVERAGES CERTIF	ICATE NUMBER: 2012-201	INSURER F:		REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF I	NSURANCE LISTED BELOW HAVE	REEN ISSUED TO TH	IE INCLIDED N	AMED ABOVE FOR THE B	OLICYP	FRIOD			
CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POL	REMENT, TERM OR CONDITION OF JN. THE INSURANCE AFFORDED	F ANY CONTRACT OF BY THE POLICIES DE BEEN REDUCED BY	R OTHER DOC SCRIBED HEF PAID CLAIMS	UMENT WITH RESPECT TO	O MARILO	LITIUC			
LIR TIPE OF INSURANCE INS	R WVD POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S				
GENERAL LIABILITY	EPP 001	23 71 04/11/2012	04/11/2013	EACH OCCURRENCE	\$	1,000,000			
X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000			
CLAIMS-MADE X OCCUR				MED EXP (Any one person)	\$	5,000			
A				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 PRO-					\$				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	s				
ANY AUTO ALL OWNED SCHEDULED				BODILY INJURY (Per person)	s				
AUTOS AUTOS NON-OWNED				BODILY INJURY (Per accident)	s				
HIRED AUTOS AUTOS				PROPERTY DAMAGE (Per accident)	\$				
					\$				
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	_			
EXCESS LIAB CLAIMS-MADE			İ	AGGREGATE	\$				
DED RETENTION \$					\$				
AND EMPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER					
OFFICER/MEMBER EXCLUDED?	A			E.L. EACH ACCIDENT	\$				
(Mandatory In NH) If yes, describe under				E.L. DISEASE - EA EMPLOYEE	s				
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	s				
						-			
DESCRIPTION OF OREPATIONS ! CO. TOWN									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach ACORD 101, Additional Remarks	Schedule, if more space is	required)						
CERTIFICATE HOLDER		CANCELLATION							
FAX: 815.786.6690		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Sandwich Park District ATT: Jay Miller		AUTHORIZED REPRESE	NTATIVE						
1001 N Latham St	•								

Sandwich, IL 60548

M<u>ichael Burgin</u>

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/10/2012

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.

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th	e terms and conditions of the policy ertificate holder in lieu of such endor	, cert	ain pont(s)	olicies may require an en	dorser	nent. A state	ement on this	s certificate does not co	nfer rig	ghts to the		
_	DUCER		CONTACT NAME:									
Ca	ywood & Associates, Inc.				DUONE TO THE TENT				AX A/C, No): 630.552.3850			
	,000 East Route 34				(AC, No, Ext): 630.552.3447 (AC, No): 630.552.3850 (AC, No): 630.552.3850							
Su	ite 1											
P1	ano, IL 60545				INSURER A: Cincinnati Insurance Company							
	RED Plano Youth Athletic A	SSOC	iat	ion	INSURE			ziioai anee company				
ĺ	PO Box 14											
	Plano, IL 60545				INSURER C:							
			INSURER D :									
					INSURE							
co	VERAGES CER	CATE	E NUMBER: 2012-2013		ж.		REVISION NUMBER:		1			
TI	HIS IS TO CERTIFY THAT THE POLICIES	OF IN	SURA	ANCE LISTED BELOW HAVE	BEEN I	SSUED TO TH	E INSURED N	AMED ABOVE FOR THE PO	OLICY I	PERIOD		
I IN	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY PI	QUIRI	EMEN	NT. TERM OR CONDITION OF	F ANY C	ONTRACT OF	OTHER DOC	LIMENT WITH RESPECT TO	A WHIC	PIUT H		
E	CCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN	REDUCED BY	PAID CLAIMS.	EIN IS SUBJECT TO ALL T	HE IEI	RMS,		
INSR LTR		ADDI	SUBR	RI .			POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	GENERAL LIABILITY		1		23 71	04/11/2012		EACH OCCURRENCE	s	1,000,000		
	X COMMERCIAL GENERAL LIABILITY	-	-					DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000		
	CLAIMS-MADE X OCCUR		1					MED EXP (Any one person)	\$	5,000		
Α			ł					PERSONAL & ADV INJURY	s	1,000,000		
								GENERAL AGGREGATE	\$	3,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:		ļ					PRODUCTS - COMP/OP AGG	s	3,000,000		
	X POLICY PRO- JECT LOC							THOUSE TO TOO AGO	\$	3,000,000		
	AUTOMOBILE LIABILITY	\top	 					COMBINED SINGLE LIMIT (Ea accident)	s			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	s			
	HIRED AUTOS NON-OWNED AUTOS		1					PROPERTY DAMAGE	s			
	A0103		ł					(Per accident)	5			
	UMBRELLA LIAB OCCUR	1						EACH OCCURRENCE	s			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTIONS	1						NOONEONIE	s			
	WORKERS COMPENSATION	1						WC STATU- OTH-	Ψ			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		1					E.L. EACH ACCIDENT	s			
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A						E.L. DISEASE - EA EMPLOYEE		_		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s			
			İ						<u> </u>	<u></u> _		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks !	Schedule	, if more space is	required)					
CE	RTIFICATE HOLDER				CANO	ELLATION						
		_										
				_				BED POLICIES BE CANCELLED TICE WILL BE DELIVERED IN	BEFOR	E		
					ACC	ORDANCE WITH	THE POLICY PRO	OVISIONS.				
	Somonauk Youth Basketb		AUTHO	RIZED REPRESE	NTATIVE -							
1	215 W LaSalle Street	·			120							
<u> </u>	Somonauk, IL 60552		Michael Burgin									

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DATE (MM/DD/YYYY) 04/10/2012

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the terms and	: If the certificate holder i d conditions of the policy lider in lieu of such endor	y, cert	tain po	ITIONAL INSURED, the populicies may require an end).	olicy(ie: ndorser	s) must be er nent. A state	ndorsed. If S ement on this	SUBROGATION IS W. s certificate does no	AIVED, s	subject to rights to the		
PRODUCER			300-4-	<u> </u>	CONTAC NAME:	CT						
Caywood & /	Associates, Inc. t Route 34			ļ	PHONE (A/C, No E-MAIL	o, Ext): 630.5	552.3447	FAX (A/C,	_{No):} 630	.552.3850		
Suite 1	i nouse J.			Ī	ADDRES	ESS:						
Plano, IL 6	60545			,	INSURER(S) AFFORDING COVERAGE NAIC & INSURER A: Cincinnati Insurance Company							
	Youth Athletic A		-iat		INSURE		icinnati.	Insurance Compa	any			
PO Bo		330.	Jac	10n	INSURER B:							
), IL 60545			Ī	INSURER C:							
I I tanc	, IL DUSTS			•	INSURE	#R D :						
				!	INSURER E:							
201/EDA 0E0			***		INSURE	<u>:R F :</u>						
COVERAGES THIS IS TO CER	UE1	ATIF	CAIL	E NUMBER: 2012-2013 ANCE LISTED BELOW HAVE	<u> च्यम्स</u>			REVISION NUMBER	₹:			
CERTIFICATE N EXCLUSIONS A	MAY BE ISSUED OR MAY PE AND CONDITIONS OF SUCH	EQUIRI PERTAI H POLI TADDI	REMEN' AIN, THE LICIES. DEISUBRI	NT, TERM OR CONDITION OF HE INSURANCE AFFORDED E LLIMITS SHOWN MAY HAVE	F ANY C	CONTRACT OR POLICIES DE REDUCED BY	R OTHER DOC! ESCRIBED HER PAID CLAIMS.	CUMENT WITH RESPEC REIN IS SUBJECT TO AI 5.	T TO WHI	JICH TUIC		
GENERAL LIAI	TYPE OF INSURANCE	INSP	R WVD	POLICY NUMBER	~~ 77	(MM/DD/YYYY)	(MM/DD/YYYY)	<u></u>	LIMITS			
———				ELL OUT	23 /ц	04/11/2012	04/11/2013	EACH OCCURRENCE	\$	1,000,000		
	RCIAL GENERAL LIABILITY		1 1		1	1	1	PREMISES (Ea occurrence		100,000		
ı ⊢ —	AIMS-MADE X OCCUR	İ	'		1	1	1	MED EXP (Any one person)) \$	5,000		
A		-	'		ļ	1	1	PERSONAL & ADV INJURY	Y \$	1,000,000		
		_	'		ł	1 '	1	GENERAL AGGREGATE	\$	3,000,000		
X POLICY	EGATE LIMIT APPLIES PER: PRO- JECT LOC							PRODUCTS - COMP/OP A	\$	3,000,000		
AUTOMOBILE		T						COMBINED SINGLE LIMIT (Ea accident)	s			
ANY AUTO					J	1	1	BODILY INJURY (Per perso				
ALL OWN AUTOS	NED SCHEDULED AUTOS				J	1	1	BODILY INJURY (Per accid				
HIRED AL	UTOS AUTOS NON-OWNED AUTOS		1		1	1	1	PROPERTY DAMAGE (Per accident)	\$			
			1		J	1	1	(Per accidenty	\$	· · · · · · · · · · · · · · · · · · ·		
UMBRELL	LA LIAB OCCUR	1	+					EACH OCCURRENCE	s			
EXCESS		:E			J	1	1	AGGREGATE	s			
DED	RETENTION \$	Ħ	1		J	1	1	AUGREGATE	\$ \$			
WORKERS CO	OMPENSATION	+	+		\longrightarrow			WC STATU- O	отн-			
ANY PROPRIE	ERS' LIABILITY ETOR/PARTNER/EXECUTIVE	-			J	1	1		ER			
OFFICER/MEM	MBER EXCLUDED?] N/A	4 1		J	1	1	E.L. EACH ACCIDENT	\$			
If yes, describe	o under NOF OPERATIONS below		/		J	1	1	E.L. DISEASE - EA EMPLO				
	OF OPENATIONS COOK	+	+-	 				E.L. DISEASE - POLICY LIN	MIT S	 -		
2000 PROVIDE OF												
DESCRIPTION O. C.	ERATIONS / LOCATIONS / VERTO	LES (Attacn >	ACORD 101, Additional Remarks S)chedule,	if more space is	required)			_		
CERTIFICATE I	HOLDER				CANC	CELLATION						
	552.1122				SHOU THE E	ULD ANY OF THE EXPIRATION DAT	E ABOVE DESCRI	IBED POLICIES BE CANCEL DTICE WILL BE DELIVERED I OVISIONS.		RE		
	West Suburban So 0x 7121	ftba	all		AUTHO	RIZED REPRESE	NTATIVE	7				
	ville, IL 60446			1	Michael Punnin							
	· · · · · · · · · · · · · · · · · · ·				Michael Burgin							

DATE (MM/DD/YYYY) 04/10/2012

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PRODUC	erms and conditions of the policy, ficate holder in lieu of such endors	sement(s)).	CONTA							
	ood & Associates, Inc.			NAME:			- FAV				
	000 & ASSOCIATES, INC. 00 East Route 34			PHONE (A/C, No E-MAIL	o, Ext): 630.	552.3447	(A/C, No):	<u>630.</u>	552.3850		
Suite				ADDRESS:							
l .	o, IL 60545			INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Cincinnati Insurance Company							
	Plano Youth Athletic As	ssociat	ion	INSURER A: CINCINNATI Insurance Company INSURER B:							
	PO Box 14			INSURE					 		
	Plano, IL 60545			INSURER D:							
l				INSURER D :							
				INSURER E:							
	RAGES CER	TIFICAT	E NUMBER: 2012-2013	3			REVISION NUMBER:		<u> </u>		
THIS	IS TO CERTIFY THAT THE POLICIES (OF INSUR/	ANCE LISTED BELOW HAVE	BEEN I	SSUED TO TH	E INSURED N	AMED AROVE FOR THE D	OLICY	PERIOD		
EXCL	CATED. NOTWITHSTANDING ANY REC FIFICATE MAY BE ISSUED OR MAY PE LUSIONS AND CONDITIONS OF SUCH	ERTAIN. TH	HE INSURANCE AFFORDED E B. LIMITS SHOWN MAY HAVE	RY THE	POLICIES DE REDUCED BY	SCRIBED HEF PAID CLAIMS	PEIN IS SUBJECT TO ALL T	O WHIC THE TE	CH THIS RMS,		
INSR LTR	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
X	٦		EPP 001 2	23 71	04/11/2012	04/11/2013	EACH OCCURRENCE	\$	1,000,000		
^							PREMISES (Ea occurrence)	\$	100,000		
A -	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000		
^	-						PERSONAL & ADV INJURY	\$	1,000,000		
GE	ACCRECATE LINET APPLIES DED.			1			GENERAL AGGREGATE	\$	3,000,000		
X	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC			I			PRODUCTS - COMP/OP AGG	\$	3,000,000		
_	POLICY JECT LOC	 	-				COMBINED SINGLE LIMIT	\$			
	٦ ''''			I			(Ea accident)	s			
	ANY AUTO ALL OWNED SCHEDULED			I			BODILY INJURY (Per person)	\$			
<u> </u>	AUTOS AUTOS NON-OWNED			I			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
-	HIRED AUTOS AUTOS			I			(Per accident)	\$			
	UMBRELLA LIAB OCCUR	 						\$			
	EXCESS LIAB CLAIMS-MADE	,		I			EACH OCCURRENCE	\$			
	DED RETENTION\$	1		I			AGGREGATE	\$	·		
	ORKERS COMPENSATION		 				WC STATU- OTH-	\$	-		
AN	ID EMPLOYERS' LIABILITY IY PROPRIETOR/PARTNER/EXECUTIVE			I				 			
OF (Ma	FICER/MEMBER EXCLUDED?	N/A		I			E.L. EACH ACCIDENT	\$			
if y	es, describe under SCRIPTION OF OPERATIONS below			I			E.L. DISEASE - EA EMPLOYEE	 			
	dollar front of Electricity dollar		 				E.L. DISEASE - POLICY LIMIT	\$			
				ļ							
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	LES (Attach	ACORD 101, Additional Remarks 5	Schedule	if more snace is	required)					
	ional Insured: United C						kville, IL 60560)			
	FICATE HOLDER			CANC	ELLATION						
FAX:	630.585.3344			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	United City of Yorkvill	.e		AUTHORIZED REPRESENTATIVE							
	and Youth Travel Sports 800 Game Farm Road	•		ACTIO	WELVESE		m				

Michael Burgin

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Yonkville, IL 60560