



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/7/2017

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, 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).

PRODUCER SOMONAUK INSURANCE AGENCY, INC 145 E MARKET ST SOMONAUK, IL 60552-3225 (815) 498-2343		CONTACT NAME: <table style="width: 100%;"> <tr> <td style="width: 50%;">PHONE (A/C, No, Ext): (815) 498-2343</td> <td style="width: 50%;">FAX (A/C, No): (815) 498-9504</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> </table>		PHONE (A/C, No, Ext): (815) 498-2343	FAX (A/C, No): (815) 498-9504	E-MAIL ADDRESS:											
PHONE (A/C, No, Ext): (815) 498-2343	FAX (A/C, No): (815) 498-9504																
E-MAIL ADDRESS:																	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Somonauk Summer Recreation Inc. c/o Jeremiah Sexton P.O Box 513 Somonauk, IL 60552		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A : United States Fire Insurance</td> <td>21113</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : United States Fire Insurance	21113	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** USP237380 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL LIABILITY			SRPGP-101-0716	04/04/2017 12:01 AM	04/04/2018 12:01 AM	GENERAL AGGREGATE	\$2,000,000.00			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000.00			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00			
							EACH OCCURRENCE	\$1,000,000.00			
							FIRE DAMAGE (Any one fire)	\$300,000.00			
							MED EXP (Any one person)	\$0.00			
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC										
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS										
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$				
							EACH OCCURRENCE \$ GENERAL AGGREGATE \$				
							EACH OCCURRENCE \$ GENERAL AGGREGATE \$				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 T-Ball; Softball; Baseball

CERTIFICATE HOLDER Somonauk Summer Recreation Inc. c/o Jeremiah Sexton P.O Box 513 Somonauk, IL 60552	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. AUTHORIZED REPRESENTATIVE <i>Somonauk Insurance Agency, Inc</i>
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ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
4/7/2017

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGP-101-0716/USP237380		EFFECTIVE DATE 04/04/2017 12:01 AM	NAMED INSURED(S) Somonauk Summer Recreation Inc. c/o Jeremiah Sexton	

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Village of Somonauk P.O. Box 218 Somonauk, IL 60552							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):		E-MAIL ADDRESS:		AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	

REASON FOR INTEREST:		E-MAIL ADDRESS:		FAX (A/C, No):					
INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Somonauk Comm. Unit School District #432 501 W Market St Somonauk, IL 60552							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):		E-MAIL ADDRESS:		AIRPORT:	AIRCRAFT:
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The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.