ACORD [®] CERT			FIFICATE OF LIABILITY INSURANCE							(MM/DD/YYYY) 1/2016	
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PROD	UCER				C	CONTACT NAME: John Adams					
DSP Insurance						PHONE (A/C, No, Ext): 1-800-316-6705 FAX (A/C, No): 1-888-467-2378					
1900 E. Golf Road, Suite 650						E-MAIL ADDRESS: lionsclubs@dspins.com					
	chaumburg, IL 6	•	•			INSURER(S) AFFORDING COVERAGE				NAIC #	
		0175			IN	INSURER A: ACE American Insurance Company				22667	
INSUF	RED				IN	INSURER B :					
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EXCESS LIAB CLAIMS-MADE			AGGREGATE	\$
DED RETENTION \$				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC STATU- OTH- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	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	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Provisions of the policy apply to the named insureds participation in the following activity during the policy period shown above: Youth League Baseball

Rock Creek Baseball and Paw Paw Youth League Baseball is included as an Additional Insured(s), but only with respect to General Liability arising out of the use of premises by the Insured shown above and not out of the sole negligence of said additional insured. PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES

CERTIFICATE HOLDER	CANCELLATION
Rock Creek Baseball Plano Illinois	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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ACORD 25 (2010/05)

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