

Somonauk 4/4/11

DATE (MM/DD/YY)
3/8/2011

PRODUCER
FOR SERVICE CALL:
FRANCIS L. DEAN & ASSOCIATES, INC.
1776 S. NAPERVILLE RD., BLDG. B
P.O. BOX 4200
WHEATON, IL 60189
(800) 745-2409
www.fdean.com

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.

COMPANIES AFFORDING COVERAGE

COMPANY A STARR INDEMNITY & LIABILITY COMPANY
COMPANY B
COMPANY C
COMPANY D

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

Somonauk Summer Recreation, Inc
335 South East Street
Somonauk, IL 60552 CERT. #P2GL-120737-03

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	P2GL-100000-03	3/20/2011	3/20/2012	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
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS				FIRE DAMAGE (Any one fire)	\$ 300,000.00
					MED EXP (Any one person)	\$ 5,000.00
					COMBINED SINGLE LIMIT	\$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL			EL EACH ACCIDENT	\$
		<input type="checkbox"/> EXCL			EL DISEASE - POLICY LIMIT	\$
					EL DISEASE - EA EMPLOYEE	\$
	OTHER					
	Total Certificate Premium:					\$1,281.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Baseball, Softball and T-Ball Activities

CERTIFICATE HOLDER

Somonauk Summer Recreation, Inc
335 South East Street
Somonauk, IL 60552

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Francis L. Dean

ADDITIONAL INSURED

Date (MM/DD/YY)
3/8/2011

AGENCY	PHONE (A/C, No, Ext): 800-745-2409 FAX (A/C, No.): 630-665-7294	APPLICANT (First Named Insured)	Phone (A/C, No, Ext):
FRANCIS L. DEAN & ASSOCIATES, INC. 1776 S. NAPERVILLE RD., BLDG. B P.O. BOX 4200 WHEATON, IL 60187		Somonauk Summer Recreation, Inc 335 South East Street Somonauk, IL 60552	
EFFECTIVE DATE	EXPIRATION DATE	CO/PLAN	
3/20/2011	3/20/2012		
CODE:	SUBCODE:	POLICY NUMBER: P2GL-100000-03	
AGENCY CUSTOMER ID		ACCOUNT NUMBER:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER								
<input checked="" type="checkbox"/>		United City of Yorkville			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>LOCATION:</td> <td>BUILDING:</td> </tr> <tr> <td>VEHICLE:</td> <td>BOAT:</td> </tr> <tr> <td colspan="2">SCHEDULED ITEM NUMBER:</td> </tr> <tr> <td colspan="2">OTHER</td> </tr> </table>	LOCATION:	BUILDING:	VEHICLE:	BOAT:	SCHEDULED ITEM NUMBER:		OTHER	
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Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: 90 Park Avenue, 7th Floor, New York, NY 10016

SCHEDULE OF BENEFITS

POLICYHOLDER/SUBSCRIBER: Somonauk Summer Recreation, Inc
c/o Starr Indemnity & Liability Blanket Accident and Health Insurance Trust

POLICY NUMBER: BAP-128104-1

POLICY EFFECTIVE DATE: 3/20/2011

POLICY PERIOD: 03/20/11 - 03/20/12

CLASSES OF ELIGIBLE PERSONS:
All Players, Coaches, Managers and Volunteers of the Policyholder

HAZARDS INSURED AGAINST:
Sports Coverage

Covered Activities:
Baseball, Softball and T-Ball Activities

PREMIUMS: \$905.00

PREMIUM DUE DATE: Annual in advance on the Effective Date

BENEFITS:

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Person Principal Sum/Amount of Insurance: \$10,000.00

Loss Period: 365 days from the date of the Covered Accident

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

Total Benefit Maximum for all Accident Medical and Dental:	\$10,000.00
Loss Period (first Covered Expenses must be incurred within):	90 days after the Covered Accident
Benefit Period:	2 Years from the date of the Covered Accident
Deductible:	\$0.00
Coinsurance:	100% of Usual and Customary Charges
Terms of Payment:	Full Excess

Any Deductibles, Coinsurance, Benefit Periods, and Benefit Maximums apply on a per Covered Person, per Covered Accident basis.