Ą	CORD®	CERT	٦IF	IC	ATE OF LIABI	LITY IN	SURA	NCE		(MM/DD/YYYY) 9/2024	
C B R	ERTIFICATE DOES NO ELOW. THIS CERTIFIC EPRESENTATIVE OR P	CATE OF INS	URA ND TH	OR NCE HE C	R NEGATIVELY AMEND, EXT DOES NOT CONSTITUTE A ERTIFICATE HOLDER.	Y AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS , EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES TE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED					
th		of the policy,	certa	ain p	olicies may require an endor	policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to endorsement. A statement on this certificate does not confer rights to the					
PRO	DUCER				CON	CONTACT NAME: John Adams					
D	SP Insurance Se	rvices.Inc			(A/C)	PHONE (A/C, No, Ext): 1-800-316-6705 FAX (A/C, No): 847-934-6186					
	00 E. Golf Road	'			E-MA ADD	E-MAIL ADDRESS: lionsclubs@dspins.com					
	chaumburg, IL 60	*						DING COVERAGE		NAIC #	
	chadriburg, iE oo	170			INSU	IRER A: ACE Ar	nerican Insur	ance Company		22667	
INSU	RED				INSU	INSURER B :					
Pa	w Paw IL Lions Club				INSU	INSURER C :					
	w Paw Illinois				INSU	INSURER D :					
					INSU	INSURER E :					
						INSURER F :					
	/ERAGES				NUMBER:	REVISION NUMBER:					
IN CE	DICATED. NOTWITHSTA RTIFICATE MAY BE ISS	NDING ANY RE UED OR MAY ONS OF SUCH	EQUIR PERT/ POLIC	emei Ain, Cies.	NT, TERM OR CONDITION OF A THE INSURANCE AFFORDED B LIMITS SHOWN MAY HAVE BEE	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD I OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, E BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURA	NCE	ADDL INSR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM			
A GENERAL LIABILITY								EACH OCCURRENCE			
	X COMMERCIAL GENERAL	LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,00	00,000	
				HDO G48333205	09/01/2023	09/01/2024	MED EXP (Any one person) \$ 5,0		00		
	X Agg. Per Named In	sured			HD0 046555205	00,01,2020	,	PERSONAL & ADV INJURY \$ 1,00		00,000	
	is \$2,000,000						GENERAL AGGREGATE	\$ 10,0	000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,00	00,000		
	X POLICY PRO- JECT	LOC							\$		
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS ISA H10778906						09/01/2024	COMBINED SINGLE LIMIT (Ea accident)	- <b>*</b> ·	0,000	
					ISA H10778006	00/01/2022		BODILY INJURY (Per person)			
					ISA 110770900	09/01/2023		BODILY INJURY (Per accident			
			. 1					PROPERTY DAMAGE	l e		
		AUTOS						(Per accident)	\$		
	X HIRED AUTOS X							(Per accident)	\$		

	EXCESS L	IAB		CLAIMS-MADE				AGGREGATE	\$
	DED	RETENT	ION \$						s
AN OFI (Ma	RKERS CON DEMPLOYED (PROPRIET) FICER/MEMB Indatory in N es, describe u SCRIPTION (	RS' LIABILI OR/PARTNE BER EXCLUE NH) under	ity Er/exe Ded?		N / A			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 insured's participation in the following activity during the policy period shown above: Paw Paw Baseball PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES.

CERTIFICATE HOLDER	CANCELLATION
Rock Creek Baseball 47856	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 (2016/03)

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