

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/12/2024

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 FL Dean Bjorn Rosinus 12800 UNIVERSITY DR STE 125	CONTACT NAME: PHONE (A/C, No, Ext): 8007452409 FAX (A/C, No):						
FORT MYERS, FL 33907-5335	E-MAIL ADDRESS:	bj@fdean.com					
		INSURER(S) AFFORDING CO	NAIC#				
	INSURER A:	Great American Insurar	16691				
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:						
ITS PARTICIPATING MEMBERS: Somonauk Summer Recreation Inc.	INSURER C:						
P.O. Box 513	INSURER D:						
Somonauk, IL 60552	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: GAP124179 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.

INSF	NSR TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X HOST LIQUOR LIABILITY INCLUDED X INCLUDES ATHLETIC PARTICIPANTS GEN'L AGGREGATE LIMIT APPLIES PER:			PAC 4725036	04/12/2024 12:00 AM	04/12/2025 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$0 \$1,000,000 \$2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTO UMBRELLA LIAB DED RETENTION \$ AUTOS CLAIMS-MADE						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE	
							AGGREGATE	
Α	Professional Liability			PAC 4725036	04/12/2024 12:00 AM	04/12/2025 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT	\$1,000,000 \$1,000,000
Α	A Abuse and Molestation			PAC 4725036	04/12/2024 12:00 AM	04/12/2025 12:01 AM	EACH OCCURRENCE GENERAL AGGREGATE	\$100,000 \$300,000
Α	A Accident/Medical Coverage			BSR-F104692-00	04/12/2024 12:00 AM	04/12/2025 12:01 AM	AD&D MAXIMUM MEDICAL DEDUCTIBLE	\$10,000 \$10,000 \$0

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

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER	CANCELLATION				
Proof of Insurance	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 Francis L. Dean				



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY) 03/12/2024

AGENCY			CARRIER Great Ameri	ican	Insuran	ce C	ompany		NAIC CODE 16691			
POLICY NUMBER GAP124179/PAC 4725036	EFFECTIVE DAT 04/12/2024 12:00 AM	Somonauk S	AMED INSURED(S) Somonauk Summer Recreation Inc.									
ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)												
INTEREST	CERTIFICATE POLICY SEND BILL INTE					INTEREST IN ITEM	NUMBER					
X ADDITIONAL LOSS PAYEE	Lipited City of Verlaville							LOCATION:	BUILDING:			
BEACH OF MORTGAGEE	United City of Yorkville 800 Game Farm Road						VEHICLE:	BOAT:				
CO-OWNER OWNER							AIRPORT:	AIRCRAFT:				
EMPLOYEE AS LESSOR REGISTRANT	Yorkville, IL 60560							ITEM CLASS:	ITEM:			
LEASEBACK TRUSTEE								ITEM DESCRIPTION				
LIENHOLDER	REFERENCE / LOAN #:		INTEREST END DATE:				1					
		PHONE (A/C, No, Ex):				FAX (A/C, No):						
REASON FOR INTEREST:		E-MAIL ADDRESS:										
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE		POLICY		SEND BILL	INTEREST IN ITEM	NUMBER			
X ADDITIONAL LOSS PAYEE	Co For It Smorte I I C							LOCATION:	BUILDING:			
BEACH OF MORTGAGEE	Go For It Sports LLC						VEHICLE:	BOAT:				
CO-OWNER OWNER	9231 Galena Rd							AIRPORT:	AIRCRAFT:			
EMPLOYEE AS LESSOR REGISTRANT	Yorkville, IL 60560						ITEM CLASS:	ITEM:				
LEASEBACK TRUSTEE							ITEM DESCRIPTION					
LIENHOLDER	1'					INTEREST END DATE:						
	PHONE (A/C, No, Ex):					FAX (A/C, No):						
REASON FOR INTEREST:			E-MAIL ADDRESS:									
The above are added as additio	nal insured but only with re	spect to liabili	ty arising out of	боре	erations (of th	ne named	insured during the	policy period.			