ACORD

CERTIFICATE OF LIABILITY INSURANCE

C DATE (MM/DD/YYYY)

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ON					AND CONFERS NO RIGHTS UPON THE CF				RTIFICATE 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.										
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IMPORTANT: If the certificate holder is terms and conditions of the policy, cer										
certificate holder in lieu of such endorse			a may require an one	169.5 G863.9 8 6	7116 PC 212107110	ant on and o	GENERALG GENERAL	566 6666889	a assure to rad	
PRODUCER					CONTACT NAME: Mass Merchandising					
K&K Insurance Group, Inc.					PHONE (A/C, No. Ext): 1-800-426-2889 FAX (A/C, No): 1-260-459-5105					
1712 Magnavox Way					E-MAIL ADDRESS: info@sportsinsurance-kk.com					
INSURED 10149159 CP# 169					INSURER(S) AFFORDING COVERAGE INSURER A: Nationwide Mutual Insurance Company				NAIC #	
Newark Baseball/Softball Association P.O. Box 226					INSURER A: Nationwide Mutual Insurance Company				3787	
Newark, IL 60541					INSURER C:					
A Member of the Sports, Leisure & Entertainment RPG					INSURER D:					
COVERAGES C	alacate Meter Patrice Carlos									
COVERAGES CERTIFICATE NUMBER: 2000046951 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, TE	RM OF	CONE	DITION OF ANY CONTRA	CT OR (DTHER DOCUME	INT WITH RESP	PECT TO WHICH T	HIS CERT	IFICATE MAY BE	
ISSUED OR MAY PERTAIN, THE INSURANCE				IBED HE	REIN IS SUBJEC	T TO ALL THE	TERMS, EXCLUSI	ONS AND	CONDITIONS OF	
SUCH POLICIES. LIMITS SHOWN MAY HAVE I	and a second	Providence and	ED BT PAID CLAINS.	and a second second		energin non mension	nen en	nennen anter an		
R TYPE OF INSURANCE	ISURANCE ADDL SUBR WVD POLICY NUMB		POLICY NUMBER		POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)		LIMITS		
A GENERAL LIABILITY			6BRPG000005203	3700	03/12/12	03/12/13	EACH OCCURRENC	5	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR					12:01 AM	12:01 AM	DAMAGE TO RENTE		\$300,000	
							PREMISES (Ea occur MED EXP (Any one p	and a second stand over all second second	\$5,000	
						6111111	PERSONAL & ADV IN		\$1.000,000	
	-		The second se					****	<u>φ1,000,000</u>	
	-						GENERAL AGGREG	λΤΕ	\$3,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS-COMP/C	COMPIOP AGG \$1,000.		
					ALC IN A REAL PROPERTY OF A REAL		DDOEESSIONAL LIA	ROFESSIONAL LIABILITY		
							LEGAL LIAB TO PARTICIPANT		\$1,000,000 \$1,000,000	
A AUTOMOBILE LIABILITY			6BRPG000005203		700 03/12/12 12:01 A.M.	03/12/13 12:01 A.M.	COMBINED SINGLE	the state of the second s	al nameng san ng periodoka (na pang ang ang ang ang ang ang ang ang ang	
				(Ea Accident) BODILY INJURY (Per person)			\$1,000,000			
Teouery u en			5				Language and the second concentration of the second			
ALL OWNED AUTOS							BODILY INJURY (Per accident)			
X HIRED AUTOS X AUTOS					Unserverte		PROPERTY DAMAGI (Per accident)	:		
X Not provided while in Hawaii										
UMBRELLA LIAB OCCUR							EACH OCCURRENC	ĉ		
EXCESS LIAB CLAIMS- MADE							AGGREGATE		S - 1	
DED RETENTION										
WORKERS COMPENSATION				alenderse son son sele			WC STATU-	OTH-		
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/		No.					TORY LIMITS	LER		
EXECUTIVE OFFICER/MEMBER	EXECUTIVE OFFICER/MEMBER N/A					E.L. EACH ACCIDEN	l.			
(Mandatory in NH)						E.L. DISEASE - EA E	MPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below		-			L'ALAGONIA		E.L. DISEASE - POL	CY LIMIT		
A MEDICAL PAYMENTS FOR		1	6BRPG0000005203	3700	03/12/12	03/12/13	PRIMARY MEDICAL	UNIVERSE CONTRACTORS		
PARTICIPANTS			,		12:01 A.M.	12:01 A.M.			\$25,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH Sports: Baseball; Softball Ages: 12			CORD 101, Additional Remark 15 years old	ks Sched	ule, if more space k	required)		NUMBER OF THE OWNER		
Evidence of Coverage	A UNUE	FR, 10"	io years ou							
CERTIFICATE HOLDER					CANCELLATION					
Newark Grade School					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED					
P.O. Box 226					ORE THE EXPIR	ATION DATE TI	IEREOF, NOTICE I			
Newark, IL 60541					ORDANCE WITH		WOVISIONS.	uninanan ang ang ang ang ang ang ang ang an		
Owner/Manager/Lessor of Premises										
					Statt hundred					
	N	NON number								

Coverage is only extended to U.S. events and activities. ** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas. ACORD 25 (2010/05) © 1968-2010 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD