Red 4/2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/12/2012

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(les) 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).

CONTACT NAME: PRODUCER FRANCIS L. DEAN & ASSOCIATES, LLC PHONE (A/C, No, Ext): FAX (A/C, No): 630-665-7294 800-745-2409 1776 S. NAPERVILLE ROAD, BLDG-B P.O. BOX 4200 info@fdean.com ADDRESS: WHEATON, IL 60189 INSURER(S) AFFORDING COVERAGE NAIC # www.fdean.com 36684 INSURER A: Riverport Insurance Company (800)745-2409 SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: INSURED INSURER B : INSURER C: Somonauk Summer Recreation Inc. clo Scott Kawall INSURER D: 335 South East Street INSURERE: Somonauk, IL 60552 INSURERF:

COVERAGES CERTIFICATE NUMBER: AP159025-00					0 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.												
INSR LTR	SR DIPERCEMENTALISE			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICYEXP	LIMITS					
	GENERAL LIABILITY	x					GENERAL AGGREGATE	\$2,000,000.00				
A	X COMMERCIAL GENERAL LIABILITY				3/20/2012		PRODUCTS - COMP/OP AGG	\$2,000,000.00				
	CLAIMS-MADE X OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00				
				FLDG180412		3/20/2013	EACH OCCURRENCE	\$1,000,000.00				
							FIRE DAMAGE (Any one fire)	\$300,000.00				
	GEN'LAGGREGATE LIMIT APPLIES PER						MED EXP (Any one person)	\$5,000.00				
	X POUCY PRO-		:					\$				
	AUTOMOBILE LIABILITY						COMBINED SINGLE UMIT (Ea accident)	\$				
	ANY AUTO					1	BODILY INJURY (Per person)	. \$				
	ALLOWNED SCHEDULED AUTOS				,		BODILY INJURY (Per accident)	\$				
	HIRED AUTO NON-OWNED AUTOS					many and an and an and an an and an	PROPERTY DAMAGE (Per accident)	\$				
								\$				
	UMBRELLA LIAB OCCUR				`		EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$				
	DED RETENTION \$							\$				
WORKERS COMPENSATION AND EMPLOYERS' LABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OPTICER/MEMBER EXCLUDED?							WC STATU- OTH- TORY UMITS ER	Ş				
							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	\$				
	GL Premium:							\$1,019.00				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)												
Summer Youth Programs; T-Ball, Softball, Baseball												
CE	RTIFICATE HOLDER			CANCE	CANCELLATION							

CERTIFICATION	++ W = =							
Somonauk Summer Recreation Inc. c/o Scott Kawall 335 South East Street Somonauk, IL 60552	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							

@ 1988-2010 ACORD CORPORATION. All rights reserved.

		æ														
/	ACORE) [*]		ADDIT	IONA	LINT	EF	REST S	C	HE	วบ	LE			ATE (MM/DD/YYYY) 3/12/2012	
AGENCY					CARRIER Riverport Insurance Company			ny	NAIC CODE 36684							
POLICY NUMBER FLDG180412/AP159025-00						EFFECTIVE DATE 3/20/2012 NAMED INSURED(S) Somonauk Summer Recreation Inc.					c/o Scott Kawali					
_ A	DDITIONAL	INT	EREST (Not	all fields apply to	all scena	rios – prov	/ide	only the ne	ces	sarv da	ata)				*****	
ADDITIONAL INTEREST (Not all fields apply to all s					RANK:	_ EVIDENCE:	1	CERTIFICATE		POLICY	Τ,	SEND BILL	INTEREST IN ITEM NUMBER			
х	ADDITIONAL INSURED	Г	LOSS PAYEE				.1	J			·		LOCATION:		BUILDING:	
	BEACH OF WARRANTY		MORTGAGEE										YEHICLE:		BOAT:	
	CO-OWNER		OWNER										AIRPORT:		AIRCRAFT;	
	EMPLOYEE AS LESSOR		REGISTRANT										ITEM CLASS:		ITEM:	
	LEASEBACK OWNER		TRUSTEE										ITEM DESCRIPTIO	N		
	LIENHOLDER		_	REFERENCE / LOAN #:			INTE	REST END DATE:								
	<u> </u>			LIEN AMOUNT;			PHONE (A/C, No, Ex): FAX (A/C, No):					FAX (A/C, No):				
	ASON FOR INTEREST	:		1		T	E-M	AIL ADDRESS;	-		,					
X	TEREST ADDITIONAL	Γ	LOSS PAYEE	NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY		SEND BILL		EST IN I	TEM NUMBER	
<u>^</u>	BEACH OF WARRANTY	-	MORYDAGEE										LOCATION; VEHICLE:		BUILDING: BOAT:	
	CO-OWNER	-	OWNER										AIRPORT:		AIRCRAFT:	
	EMPLOYEE AS LESSOR		REGISTRANT										ITEM CLASS:		ITEM:	
	LEASEBACK OWNER		TRUSTEE										ITEM DESCRIPTIO	N		
	LIENKOLDER			REFERENCE / LOAN #;												
LIEN AMOUNT:						PHONE (A/C, No, Ex):						FAX (A/C, No):				
REASON FOR INTEREST: INTEREST NAME AND ADDRESS RANK:				DANIC:	Transuss.	E-MA	UL ADDRESS:	— т		1				<u></u>		
X	ADDITIONAL	$\overline{}$	LOSS PAYEE	NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY	İ	SEND BILL		EST IN IT	EM NUMBER	
^	INSURED BEACH OF	\vdash	LOSSIANE										LOCATION:		BUILDING:	
	WARRANTY		MORTGAGEE										VEHICLE:		BOAT:	
	CO-OWNER EMPLOYEE	\vdash	OWNER REGISTRANT										AIRPORT:		AIRCRAFT:	
	AS LESSOR LEASEBACK	-	TRUSTEE										CLASS:		ITEM	
	DWNER LIENHOLDER	L.] '''	REFERENCE / LOAN #:			INTEREST END DATE:					ITEM DESCRIPTION				
				LIEN AMOUNT:		PHONE (A/C, No. Ex):						FAX (A/C, No):				
REASON FOR INTEREST:						E-MA	IL ADDRESS:									
	EREST Tadoitional		7	NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY		SEND BILL	INTER	EST IN IT	EM NUMBER	
X	INSURED	<u> </u>	LOSS PAYEE										LOCATION:		BUILDING:	
	BEACH OF WARRANTY		MORTGAGEE	[VERICLE:		BOAT;	
	CO-OWNER	<u></u>	OWNER									[AIRPORT:		AIRGRAFT;	
	AS LESSOR LEASERACK	_	REGISTRANT									l	ITEM CLASS:		ITEM:	
	OWNER		TRUSTEE	REFERENCE / LOAN #:			INTER	TEST END DATE:					ITEM DESCRIPTION	ı		
LEN AMOUNT:				PHONE (A/C, No. EX):						FAX (A/C, No):						
REA:	SON FOR INTEREST:			1				L ADDRESS:			**********					
NTE	REST			NAME AND ADDRESS F	ANK:	EVIDENCE:	1	CERTIFICATE	Ī	POLICY	1	SEND BILL	INTERE	ST IN IT	EM NUMBER	
(ADDITIONAL INSURED		LOSS PAYEE					1					LOCATION:		BUILDING;	
	BEACH OF WARRANTY		MORTGAGEE									ļ	VEHICLE:		BOAT:	
	CO-OWNER		OWNER									}	AIRPORT:	-	AIRCRAFT:	
	EMPLOYEE AS LESSOR	П	REGISTRANT									ŀ	ITEM		ITEM:	
	LEASEBACK OWNER	М	TRUSTEE										CLASS: TTEM DESCRIPTION			
┪	LIENHOLDER	لـــــا	ı	REFERENCE / LOAN #:			INTER	EST END DATE:								

ACORD 45 (2009/04)

REASON FOR INTEREST:

LEN AMOUNT:

FAX (A/C, No);

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.

PHONE (A/C, No, Ex):

E-MAIL ADDRESS: