

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 RIVERPORT INSURANCE COMPANY

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

Chicago Swordplay Guild
 27 South May Street
 Aurora, IL 60506- CERT. #AP145826-00

COMPANY
B

COMPANY
C

COMPANY
D

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	FLDG180411	9/1/2011	9/1/2012	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
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<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 <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$
					EL DISEASE - POLICY LIMIT	\$
					EL DISEASE - EA EMPLOYEE	\$
	OTHER					
	Total Certificate Premium:					\$1,417.50

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Martial Arts Activities

CERTIFICATE HOLDER

Chicago Swordplay Guild
 27 South May Street
 Aurora, IL 60506-

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)
8/9/2011

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		Chicago Swordplay Guild 27 South May Street Aurora, IL 60506-	
EFFECTIVE DATE 9/1/2011		EXPIRATION DATE 9/1/2012	
CO/PLAN			
CODE:		SUBCODE:	
AGENCY CUSTOMER ID		POLICY NUMBER: FLDG180411	
		ACCOUNT NUMBER:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Pulaski Park 1419 West Blackhawk Street Chicago, IL 60642			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	College of Dupage 425 Fawell Road Glen Ellyn, IL 60137			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Dekoven Center 600 21st Street Racine, WI 53403			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	St. Pious V Catholic School 509 West Grand Avenue Mukwonago, WI 53149			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Nicole Allen 27 South May Street Aurora, IL 60506			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Chicago Festival Association 1507 East 53rd Street #102 Chicago, IL 60615			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	The Big Backyard, LLC Christine Jahn - Owner 2857 South 160th Street New Berlin, WI 53151			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

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.

ADDITIONAL INSURED

Date (MM/DD/YY)
8/9/2011

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		Chicago Swordplay Guild 27 South May Street Aurora, IL 60506-	
EFFECTIVE DATE: 9/1/2011 EXPIRATION DATE: 9/1/2012 CO/PLAN:			
CODE: SUBCODE:	POLICY NUMBER: FLDG180411 ACCOUNT NUMBER:		

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Palmer Park 201 East 111th Street Chicago, IL 60628			LOCATION: BUILDING: VEHICLE: BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Illinois Institute of Technology Main Building, Room 201 3300 South Federal Street Chicago, IL 60616			LOCATION: BUILDING: VEHICLE: BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Andean's Health Club 2111 South Dahlia Street Denver, CO 80222			LOCATION: BUILDING: VEHICLE: BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Midway Park 1211 West Midway Boulevard Broomfield, CO 80020			LOCATION: BUILDING: VEHICLE: BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Washington Park 701 South Franklin Street Denver, CO 80209			LOCATION: BUILDING: VEHICLE: BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Casa Italia 3800 West Division Stone Park, IL 60165			LOCATION: BUILDING: VEHICLE: BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION: BUILDING: VEHICLE: BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

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.

ADDITIONAL INSURED

Date (MM/DD/YY)
8/9/2011

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		Chicago Swordplay Guild 27 South May Street Aurora, IL 60506-	
CODE:		EFFECTIVE DATE	EXPIRATION DATE
SUBCODE:		9/1/2011	9/1/2012
AGENCY CUSTOMER ID		CO/PLAN	
		POLICY NUMBER: FLDG180411	
		ACCOUNT NUMBER:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER								
<input checked="" type="checkbox"/>					<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	
LOCATION:	BUILDING:												
VEHICLE:	BOAT:												
SCHEDULED ITEM NUMBER:													
OTHER													
	ADDITIONAL INSURED												
<input type="checkbox"/>													
	LOSS PAYEE												
<input type="checkbox"/>													
	MORTGAGE												
<input type="checkbox"/>													
	LIENHOLDER												
<input type="checkbox"/>													
	EMPLOYEE AS LESSOR												
ITEM DESCRIPTION:													
<input checked="" type="checkbox"/>					<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	
LOCATION:	BUILDING:												
VEHICLE:	BOAT:												
SCHEDULED ITEM NUMBER:													
OTHER													
	ADDITIONAL INSURED												
<input type="checkbox"/>													
	LOSS PAYEE												
<input type="checkbox"/>													
	MORTGAGE												
<input type="checkbox"/>													
	LIENHOLDER												
<input type="checkbox"/>													
	EMPLOYEE AS LESSOR												
ITEM DESCRIPTION:													
<input checked="" type="checkbox"/>					<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	
LOCATION:	BUILDING:												
VEHICLE:	BOAT:												
SCHEDULED ITEM NUMBER:													
OTHER													
	ADDITIONAL INSURED												
<input type="checkbox"/>													
	LOSS PAYEE												
<input type="checkbox"/>													
	MORTGAGE												
<input type="checkbox"/>													
	LIENHOLDER												
<input type="checkbox"/>													
	EMPLOYEE AS LESSOR												
ITEM DESCRIPTION:													
<input checked="" type="checkbox"/>					<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	
LOCATION:	BUILDING:												
VEHICLE:	BOAT:												
SCHEDULED ITEM NUMBER:													
OTHER													
	ADDITIONAL INSURED												
<input type="checkbox"/>													
	LOSS PAYEE												
<input type="checkbox"/>													
	MORTGAGE												
<input type="checkbox"/>													
	LIENHOLDER												
<input type="checkbox"/>													
	EMPLOYEE AS LESSOR												
ITEM DESCRIPTION:													
<input checked="" type="checkbox"/>					<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	
LOCATION:	BUILDING:												
VEHICLE:	BOAT:												
SCHEDULED ITEM NUMBER:													
OTHER													
	ADDITIONAL INSURED												
<input type="checkbox"/>													
	LOSS PAYEE												
<input type="checkbox"/>													
	MORTGAGE												
<input type="checkbox"/>													
	LIENHOLDER												
<input type="checkbox"/>													
	EMPLOYEE AS LESSOR												
ITEM DESCRIPTION:													
<input checked="" type="checkbox"/>					<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	
LOCATION:	BUILDING:												
VEHICLE:	BOAT:												
SCHEDULED ITEM NUMBER:													
OTHER													
	ADDITIONAL INSURED												
<input type="checkbox"/>													
	LOSS PAYEE												
<input type="checkbox"/>													
	MORTGAGE												
<input type="checkbox"/>													
	LIENHOLDER												
<input type="checkbox"/>													
	EMPLOYEE AS LESSOR												
ITEM DESCRIPTION:													

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.