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**AIG SPECIALTY INSURANCE COMPANY**

**1271 Ave of the Americas FL 37**

**New York, NY 10020-1304**

(212) 770-7000

Coverage is provided by (a capital stock company)

# COMMERCIAL GENERAL LIABILITY POLICY DECLARATIONS

POLICY NUMBER: RENEWAL OF NUMBER:

Named Insured And Mailing Address (No., Street, Town or City, County, State, Zip Code) Sports, Leisure and Entertainment RPG

[DBA: ]

1712 Magnavox Way

Fort Wayne, IN 46804

Policy Period: From To , at 12:01 A.M. Standard Time at your

mailing address shown above

## **IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

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| --- | --- | --- |
| Limits Of Insurance | | |
| General Aggregate Limit (Other Than Products-Completed Operations) | Refer to Member Certificate |  |
| Products-Completed Operations Aggregate Limit | Refer to Member Certificate |  |
| Personal And Advertising Injury Limit | Refer to Member Certificate | Any one person or organization |
| Each Occurrence Limit | Refer to Member Certificate |  |
| Damage To Premises Rented To You Limit | Refer to Member Certificate | Any One Premises |
| Medical Expense Limit | Refer to Member Certificate | Any One Person |

|  |
| --- |
| Retroactive Date (CG 00 02 Only) |
| This Insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown below.  Retroactive Date:  (Enter Date or 'None' if No Retroactive Date applies) |

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| --- |
| PREMIUM  Policy Premium: $ Refer to Member Certificate  Premium shown is payable $ Refer to Member Certificate  Premium for Certified Acts of Terrorism Coverage, refer to Member Certificate. |
| Business Description And Location Of Premises  Form of Business: Refer to Member Certificate  Business Description: [ ] Location Of All Premises You Own, Rent Or Occupy:  REFER TO “COMMERCIAL GENERAL LIABILITY EXTENSION OF DECLARATIONS” |

K&K Insurance Group 1712 Magnavox Way Fort Wayne, IN 46804

Producer Number, Name And Mailing Address

|  |
| --- |
| Classifications And Premium |
| Rate Advanced Premium |
| Prod/Comp Prem/ Prod/Comp  Classification Code No. Premium Basis Prem/Ops Ops Ops Ops |
| REFER TO “COMMERCIAL GENERAL LIABILITY EXTENSION OF DECLARATIONS’  Total Advance Premium: $Refer to Member Certificate |

|  |
| --- |
| A = AREA  C = TOTAL COST M = ADMISSIONS  O = TOTAL OPERATING EXPENSES  P = PAYROLL  S = GROSS SALES  T = OTHER  U = UNITS (EACH) |
| Forms And Endorsements |
| Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:  REFER TO “FORMS SCHEDULE” |

These Declarations Extension of Declarations and Declarations Extension together with the Common Policy Conditions, Coverage Form(s) and any endorsements, complete the above numbered policy.

## 

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## COMMERCIAL GENERAL LIABILITY EXTENSION OF DECLARATIONS

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| --- |
| Location Of Premises |
| Location of All Premises You Own, Rent Or Occupy:   1. As reported and on file with the program administrator 2. Various |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Classifications And Premium | | | | | | | | |
|  |  |  | |  |  | Rate | | Advanced Premium |
|  | Classification | Code No. | | Premium Basis | Prem/Ops | Prod/Comp  Ops | | Prem/ Prod/Comp  Ops Ops |
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| F |  |  | Extension Of Declarations - Total Certificate | Advance Premium: | Refer to Member |

By signing below, the President and the Secretary of the Insurer agree on behalf of the Insurer to all the terms of this Policy.

 

Don Bailey Tanya Kent

PRESIDENT SECRETARY

This policy shall not be valid unless signed at the time of issuance by an authorized representative of the Insurer, either below or on the Declarations Extension Form of the policy.



Thomas McGrath AUTHORIZED PRESENTATIVE