MEMBER CERTIFICATE - COMMERCIAL GENERAL LIABILITY

|  |
| --- |
| {*Provide state specific Surplus Lines Policy Notice verbiage here or in a compilation document}* |

MEMBER’S CERTIFICATE NUMBER: DATE:

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH AND FORMS A PART OF

FOLLOWING:

MASTER POLICY NUMBER: TERM: FROM \_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_/\_\_\_\_/\_\_\_\_\_\_, at 12:01 A.M. Standard Time at the mailing address of the Master Policy Holder shown on the Declarations.

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAMED INSURED (MASTER POLICY HOLDER): Sports, Leisure and Entertainment Risk Purchasing Group | | | |
| MEMBER NAMED INSURED (MEMBER CERTIFICATE HOLDER) AND MAILING ADDRESS  Name and Mailing Address (No., Street, Town or City, State, Zip Code):  CERTIFICATE COVERAGE PERIOD  Note: ANY PRIOR CERTIFICATE OR COVERAGE BINDER ISSUED FOR THE POLICY PERIOD INDICATED BELOW IS REPLACED BY THIS CERTIFICATE AND SUCH BINDER OR CERTIFICATE EXPIRES AS OF THE ISSUANCE OF THIS CERTIFICATE.  Effective Date: / / Expiration Date: / / at 12:01 a.m. Standard Time at the Member Named Insured’s address shown above.  Retroactive Date ( if applicable) / /  This replaces prior Certificate Number: | | | |
| Plan Administered By | |  | Insurer |
| K&K Insurance Group, Inc.  1712 Magnavox Way  Fort Wayne, IN 46804 | | **AIG SPECIALTY INSURANCE COMPANY**  A stock company  1271 Ave of the Americas, FL 37, New York, NY  10020-1304 |
| Contact Information | | Producer Name And Mailing Address |
| Name: | | K&K Insurance Group, Inc  1712 Magnavox Way  Fort Wayne, IN 46804 |
| To Report A Claim  By Phone:  By Fax:  By E-mail: KK.Claims@kandkinsurance.com  K&K Insurance Group, Inc.  1712 Magnavox Way P.O. Box 2338 By Mail:  Fort Wayne, Indiana 46801  Online: www.kandkinsurance.com |

|  |
| --- |
| **Description Of Business and Operations and Location of Premises** |
| Locations of all Premises you Own, Rent or Occupy:  Location No. Address Operations  Business and Operations Description: |
| **LIMITS OF INSURANCE AND DEDUCTIBLES** |
| |  |  |  | | --- | --- | --- | | **Commercial General Liability Coverages** | **Limit of Insurance** |  | | General Aggregate (Other than Products-Completed Operations) |  |  | | Products-Completed Operations Aggregate |  |  | | Personal And Advertising Injury |  | Any One Person or Organization | | Each Occurrence |  |  | | Damage To Premises Rented To You |  | Any One Premises | | Medical Expense |  | Any One Person | |
| **ADDITIONAL COVERAGES**  In addition to the Commercial General Liability coverages shown above, only those additional coverages shown below are provided.**.** If a coverage is not listed below, such coverage, including its corresponding endorsement, does not apply to this Member Certificate. |
| |  |  |  | | --- | --- | --- | | **Coverage** | **Limit Of Insurance** | | |  |  |  | | Medical Payments for Participants - Excess | $25,000 | Each Occurrence | | Medical Payments for Participants Deductible | $250 | Each Occurrence | | Hired Auto Liability | $1,000,000 | Each Occurrence | | Non-Owned Auto Liability | $1,000,000 | Each Occurrence | | Legal Liability To Participants | $1,000,000 | Each Occurrence | | Professional Liability | $1,000,000 | Any One Wrongful Act | |  |  |  | | Sexual Misconduct Liability | $250,000 | Each Insured Event | | Sexual Misconduct Liability | $1,000,000 | Aggregate | | Abuse or Molestation Defense Reimbursement | $100,000 | Each Claim | | Abuse or Molestation Defense Reimbursement | $100,000 | Aggregate | |  |  |  | | Neurodegenerative Injury | $1,000,000 | Each Occurrence | | Neurodegenerative Injury | $1,000,000 | Aggregate | | Neurodegenerative Injury Supplementary Payments | $1,000,000 | Each Occurrence | | Neurodegenerative Injury Supplementary Payments | $1,000,000 | Aggregate | |  |  |  | | Liquor Liability | $500,000 | Each Common Cause | | Liquor Liability | $1,000,000 | Aggregate | |
| **ENDORSEMENTS** |
| Forms and endorsements applying to this Member Certificate at the time of Certificate issueand any additional forms adding, deleting, or amending coverage (if applicable). |

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

Total Premium $ including endorsements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MEMBER CERTI FICATE PREMIUMS  Commercial General Liability Premium: $   |  | | --- | | Terrorism Premium: $ Included | | Surplus Lines Taxes, Fees And Surcharges (if applicable): $  Total: $ | |  | |  | |

Issued Date: / / Authorized Representative:

This Member Certificate, together with the Coverage Form and any Endorsement(s) attached to the Master Policy, complete the above numbered certificate. Coverage is subject to all terms, conditions, limitations, exclusions, and other provisions contained therein.