## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/05/23

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(ies) must have ADDITIONAL INSURED provisions or 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).

this certific	cate does not confer rights to the certificate holder in hea of					
PRODUCER	K & K Insurance Group, Inc.	CONTACT NAME: SMALL COMMERCIAL UNIT				
	P.O. Box 2338		260-459-5870			
	Fort Wayne, In 46801	E-MAIL ADDRESS: SCU@KANDKINSURANCE.COM				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: GRANITE STATE INSURANCE COMPAN	23809			
INSURED	LAKE IN THE HILLS YOUTH ATHLETIC	INSURER B: NAT'L UNION FIRE INS CO OF PIT	19445			
	ASSOCIATION	INSURER C:				
	P.O. BOX 613	INSURER D:				
	HUNTLEY, IL 60142	INSURER E:				
		INSURER F:				
	CERTIFICATE NUMBER	REVISION NUMBER:				

	P.O. BOX 613			INSURER D:					
HUNTLEY, IL 60142					INSURER E:				
					INSURER F:				
COVERAGES			CERTIFICATE NUMBER:		2075329 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 TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS		
X COI	MMERCIAL GENERAL LIABILITY	IIVSD	VVVD		(misob) ( )		EACH OCCURRENCE	1000000	
A	CLAIMS-MADE X OCCUR				12:01AM	12:01AM	DAMAGE TO RENTED PREMISES (Ea occurrence	300000	
	Owners & Contractors			AIP3450232800	3/20/23	3/20/24	MED EXP (Any one person)	5000	
	OWINCED & COMPANY	Y					PERSONAL & ADV INJURY	1000000	
GEN'I AC	GGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	3000000	
	LICY PROJECT LOC						PRODUCTS-COMP/OP AGG	1000000	
I I	HER:						Part Lgl Liab	1000000	
	OBILE LIABILITY						COMBINED SINGLE LIMIT (Ea Accident)		
							BODILY INJURY (Per person)		
	Y AUTO						BODILY INJURY (Per accident)		
l ow	WILD AUTOS ONLY AUTOS						PROPERTY DAMAGE		
HIR	RED AUTOS ONLY NON-OWNED AUTOS ONLY	Y					(Per accident)		
UM	MBRELLA LIAB OCCUR						EACH OCCURRENCE		
EX	CESS LIAB CLAIMS-MAI	DE					AGGREGATE		
DE									
WORKE	RS COMPENSATION					200	PER-STATUE OTHER		
ANY PRO	PLOYERS' LIABILITY Y / N OPRIETOR/PARTNER/	1					E.L. EACH ACCIDENT		
EXECUT	TIVE OFFICER/MEMBER	N/A	<b>\</b>		1		E.L. DISEASE - EA EMPLOYEE		
(Mandatory in NH)							E.L. DISEASE - POLICY LIMIT		
If yes, describe under DESCRIPTION OF OPERATIONS below					AD&D	1000			
В	Participant Accident			AID3450238800	12:01A		Primary Medical	NONE	
B rate to the same					3/20/2	3/20/2	Excess Medical Weekly Indemnity	25000 NONE	
meenty indemine									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
PROOF OF INSURANCE									
1									
CERTIEIC	ATE HOLDER				CANCELLAT	ION			
CERTIFICATE HOLDER CANCELLATION									

CERTIFICATE HOLDER	CANCELLATION			
LAKE IN THE HILLS YOUTH ASSOC PO BOX 613 . HUNTLEY, IL 60142	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			