



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/27/2009

| <b>PRODUCER</b><br>HRH<br>333 E. Butterfield Road, 5th Floor<br>Lombard, IL 60148<br>Phone: (800)316-6705 Fax: (630) 324-2779 | <b>THIS CERTIFICATION 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.</b>   |                             |        |   |       |            |  |            |  |            |  |            |  |
|---|--|-----------------------------|--------|---|-------|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>OSAGE CITY LIONS CLUB<br>Kansas   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: ACE American Insurance Company | 22667 | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  |
| INSURERS AFFORDING COVERAGE   | NAIC #   |                             |        |   |       |            |  |            |  |            |  |            |  |
| INSURER A: ACE American Insurance Company   | 22667  |                             |        |   |       |            |  |            |  |            |  |            |  |
| INSURER B:  |  |                             |        |   |       |            |  |            |  |            |  |            |  |
| INSURER C:  |  |                             |        |   |       |            |  |            |  |            |  |            |  |
| INSURER D:  |  |                             |        |   |       |            |  |            |  |            |  |            |  |
| INSURER E:  |  |                             |        |   |       |            |  |            |  |            |  |            |  |

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR                    | ADD'L INSRD | TYPE OF INSURANCE   | POLICY NUMBER             | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |                     |       |                    |    |                            |    |                             |    |
|-----------------------------|-------------|---|---------------------------|----------------------------------|-----------------------------------|--|---------------------|-------|--------------------|----|----------------------------|----|-----------------------------|----|
| A                           |             | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>_____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | HDOG23745070 & CSZ0302505 | 09/01/2008                       | 09/01/2009                        | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 1,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>_____ \$   |                     |       |                    |    |                            |    |                             |    |
| A                           |             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS<br>_____   | HDOG23745070 & CSZ0302505 | 09/01/2008                       | 09/01/2009                        | COMBINED SINGLE LIMIT (Ea accident) \$ INCLUDED<br>BODILY INJURY (Per person) \$ IN ABOVE<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |                     |       |                    |    |                            |    |                             |    |
|                             |             | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |                           |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$  |                     |       |                    |    |                            |    |                             |    |
|                             |             | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>_____<br>DEDUCTIBLE<br>RETENTION \$  |                           |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>_____ \$<br>_____ \$   |                     |       |                    |    |                            |    |                             |    |
|                             |             | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below<br>OTHER   |                           |                                  |                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">WC STATUTORY LIMITS</th> <th style="width: 40%;">OTHER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATUTORY LIMITS | OTHER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ |
| WC STATUTORY LIMITS         | OTHER       |   |                           |                                  |                                   |  |                     |       |                    |    |                            |    |                             |    |
| E.L. EACH ACCIDENT          | \$          |   |                           |                                  |                                   |  |                     |       |                    |    |                            |    |                             |    |
| E.L. DISEASE - EA EMPLOYEE  | \$          |   |                           |                                  |                                   |  |                     |       |                    |    |                            |    |                             |    |
| E.L. DISEASE - POLICY LIMIT | \$          |   |                           |                                  |                                   |  |                     |       |                    |    |                            |    |                             |    |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Provisions of the policy apply to the named insured's participation in the following activity during the policy period shown above: LIONS CLUB FOOD STAND AT FAIR BOUNDS AT THE DEMO DERBY 7-25-09  
 PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES.

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| <b>CERTIFICATE HOLDER</b><br>OSAGE CITY LIONS CLUB<br>OSAGE CITY Kansas | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|