

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/05/2023

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).

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PRODUCER K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		CONTACT NAME: Mass Merchandising				
		PHONE (A/C, No, Ext):	1-800-426-2889	FAX (A/C, No): 1-260-459-	5105	
		E-MAIL ADDRESS:	info@sportsinsurance-kk.com			
· o.t · · uyo · · oco ·		PRODUCER CUSTOMER ID:				
		INSURER(S) AFFORDING COVERAGE			NAIC #	
INSURED	2000970905	INSURER A: Nat	tionwide Mutual Insurance	e Company	23787	
All Community Events, Inc.		INSURER B:				
1152 Ensell Rd		INSURER C:				
Lake Zurich, IL 60047	& Entertainment RPG	INSURER D:				
A Member of the Sports, Leisure &		INSURER E:				
		INSURER F:				

COVERAGES CERTIFICATE NUMBER: 2000581572 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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY	Х		6BFWC0000007892300	02/15/23	02/15/24	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR				12:01 AM	12:01 AM	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$1,000,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000
	OTHER:						PROFESSIONAL LIABILITY	
							LEGAL LIAB TO PARTICIPANTS	\$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
							,	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					PER STATUTE OTHER	
	ANY PROPRIETOR/PARTNER/ Y / N EXECUTIVE OFFICER/MEMBER						E.L. EACH ACCIDENT	
	EXCLUDED? (Mandatory in NH)						E.L. DISEASE – EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	MEDICAL PAYMENTS FOR PARTICIPANTS			6BFWC0000007892300	02/15/23	02/15/24	PRIMARY MEDICAL	
				ODI VVOOO00007692300	12:01 AM	12:01 AM	EXCESS MEDICAL	\$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Legal Liability to Participants (LLP) limit is a per occurrence limit.

Event Name: Prairie State Half Marathon, 10K & Oktoberfest 5K

Type of Event: Walk/Run

Event Date (including packet pickup and set-up/tear down): 09/29/2023 – 09/30/2023

Event Location: Archer Road/Archer Parking Lot, 343 Old McHenry Road, Long Grove, IL 60047

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured. Liquor Liability (as provided by CG 00 01 04 13) applies only if the insured is not in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.

02:11:11:07:12:11:02:02:11	0,410222,111011		
Village of Long Grove 3310 Old McHenry Road Long Grove, IL 60047 Comparison of Premises	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE THE POLICY PROVISIONS.		
Owner/Manager/Lessor of Premises	AUTHORIZED REPRESENTATIVE		
	Scott Surhal		
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CANCELL ATION

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Distance: 5K/10K/Half Marathon

Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

CERTIFICATE HOLDER

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name Of Additional Insured Person(s) Or Organization(s)

SCHEDULE

Village of Long Grove 3310 Old McHenry Road Long Grove, IL 60047
Named Insured: All Community Events, Inc.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.