

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).

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

COVERAGES **CERTIFICATE NUMBER: 2000581592 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)	LIMIT	rs
Α	Χ	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	N'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
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
		ANY AUTO						BODILY INJURY (Per person)	
		OWNED SCHEDULED AUTOS						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							
		RKERS COMPENSATION D EMPLOYERS' LIABILITY	N/A					PER STATUTE OTHER	
	ANY	Y PROPRIETOR/PARTNER/ Y / N						E.L. EACH ACCIDENT	
		ECUTIVE OFFICER/MEMBER CLUDED? (Mandatory in NH)						E.L. DISEASE – EA EMPLOYEE	
	If ye	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	MEDICAL PAYMENTS FOR PARTICIPANTS			6BFWC0000007892300	02/15/23	02/15/24	PRIMARY MEDICAL		
					12:01 AM	12:01 AM	EXCESS MEDICAL	\$25,000	
DESC	DIDT	TION OF OPERATIONS / LOCATIONS / VEHI	CI ES /	ACOPD	101 Additional Pamarks School	ilo may bo attach	ad if more enace	ic required)	

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

Event Name: Long Grove Turkey Trot 5K & 8K Type of Event: Walk/Run Event Date (including packet pickup and set-up/tear down): 11/21/2023 - 11/23/2023

Distance: 5K/8K

Event Location: Historic Downtown Long Grove, 308 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.

CERTIFICATE HOLDER	CANCELLATION
Village of Long Grove 3110 Old McHenry Road Long Grove, IL 60047	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Owner/Manager/Lessor of Premises	AUTHORIZED REPRESENTATIVE
	Scott hunder

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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.

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 3110 Old McHenry Road Long Grove, IL 60047
Long Grove, IL 60047
Named Insured: All Community Events, Inc.
Information required to complete this Schedule, if not about about will be about in the Declarations
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.