

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 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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b>		Mass Merchandising Underwriting	
K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		<b>PHONE:</b> (A/C, No. Ext):		1-800-426-2889	<b>FAX:</b> (A/C, No): 1-260-459-5105
		<b>E-MAIL ADDRESS:</b>		info@sportsinsurance-kk.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>			
		<b>INSURER A:</b>		Nationwide Mutual Insurance Company	
		<b>INSURER B:</b>			
		<b>INSURER C:</b>			
		<b>INSURER D:</b>			
		<b>INSURER E:</b>			
		<b>INSURER F:</b>			

**COVERAGES**

CERTIFICATE NUMBER: W00261801

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS																
A	<b>GENERAL LIABILITY</b>	X		6BRPG0000005199400	02/04/2013 12:01 AM EDT	02/12/2013 12:01 AM	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$5,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td>\$1,000,000</td></tr> <tr><td>PROFESSIONAL LIABILITY</td><td></td></tr> <tr><td>LEGAL LIAB TO PARTICIPANTS</td><td>\$1,000,000</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$5,000,000	PRODUCTS-COMP/OP AGG	\$1,000,000	PROFESSIONAL LIABILITY		LEGAL LIAB TO PARTICIPANTS	\$1,000,000
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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC																						
	<b>AUTOMOBILE LIABILITY</b>						<table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea Accident)</td><td></td></tr> <tr><td>BODILY INJURY (Per person)</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Ea Accident)		BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)									
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	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS Not provided while in Hawaii																						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE																
	<b>EXCESS LIAB</b>						AGGREGATE																
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION																						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </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									
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	ANY PROPRIETORSHIP/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A																				
A	<b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>			6BRPG0000005199400	02/04/2013 12:01 AM EDT	02/12/2013 12:01 AM	<table border="1"> <tr><td>PRIMARY MEDICAL</td><td></td></tr> <tr><td>EXCESS MEDICAL</td><td>\$25,000</td></tr> </table>	PRIMARY MEDICAL		EXCESS MEDICAL	\$25,000												
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Event Name: Kelly McGillis Classic Event Date: 02/04/2013 to 02/11/2013

Event Location: 3001 Flagler, key west, Florida 33040

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured named above.

**CERTIFICATE HOLDER****CANCELLATION**

City Key West  
PO Box 1409  
Key West, FL 33041  
(Owner/Lessor of Premises)

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

*Scott Furbush*

Coverage is only extended to U.S. events

\*\* NOTICE TO TEXAS INSURED: The

ACORD 25 (2010/05) The ACORD

not be subject to all the insurance laws and regulations of the State of Texas

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Insurance  
for  
Flag Football