

DATE (MM/DD/YY)  
10/26/2011

PRODUCER

**FOR SERVICE CALL:**  
**FRANCIS L. DEAN & ASSOCIATES, INC.**  
 1776 S. NAPERVILLE RD., BLDG. B  
 P.O. BOX 4200  
 WHEATON, IL 60189  
 (800) 745-2409  
 www.fdean.com

**THIS CERTIFICATE 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.**

**COMPANIES AFFORDING COVERAGE**

COMPANY A RIVERPORT INSURANCE COMPANY  
 COMPANY B  
 COMPANY C  
 COMPANY D

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

The Leap Organization  
 303 Fairview Lane  
 Clarksville, TN 37040 CERT. #AP150589-00

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	FLDG180411	10/26/2011	10/26/2012	GENERAL AGGREGATE \$ 2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 2,000,000.00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000.00
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS				FIRE DAMAGE (Any one fire) \$ 300,000.00
					MED EXP (Any one person) \$ 5,000.00
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY-EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS OTH-ER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	<b>OTHER</b>				
	Total Certificate Premium:				\$1,050.00

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

After School Mentoring Program

**CERTIFICATE HOLDER**

The Leap Organization  
 303 Fairview Lane  
 Clarksville, TN 37040

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**

Francis L. Dean

# ADDITIONAL INSURED

Date (MM/DD/YY)  
10/26/2011

<b>AGENCY</b>	<b>PHONE</b> (A/C, No, Ext): 800-745-2409 <b>FAX</b> (A/C, No.): 630-665-7294	<b>APPLICANT (First Named Insured)</b>	Phone (A/C, No, Ext)
FRANCIS L. DEAN & ASSOCIATES, INC. 1776 S. NAPERVILLE RD., BLDG. B P.O. BOX 4200 WHEATON, IL 60187		The Leap Organization 303 Fairview Lane Clarksville, TN 37040	
<b>CODE:</b>	<b>SUBCODE:</b>	<b>EFFECTIVE DATE</b> 10/26/2011	<b>EXPIRATION DATE</b> 10/26/2012  <b>CO/PLAN</b>
<b>AGENCY CUSTOMER ID</b>		<b>POLICY NUMBER: FLDG180411</b>	
		<b>ACCOUNT NUMBER:</b>	

  

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Montgomery County School System 621 Gracey Avenue  Clarksville, TN 37040			LOCATION:      BUILDING: VEHICLE:        BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
			ITEM DESCRIPTION:		
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION:      BUILDING: VEHICLE:        BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:			
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION:      BUILDING: VEHICLE:        BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:			
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION:      BUILDING: VEHICLE:        BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:			
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION:      BUILDING: VEHICLE:        BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
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<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:			
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION:      BUILDING: VEHICLE:        BOAT: SCHEDULED ITEM NUMBER: OTHER
<input type="checkbox"/>	LOSS PAYEE				
<input type="checkbox"/>	MORTGAGE				
<input type="checkbox"/>	LIENHOLDER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:			

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.