

PRODUCER CHAPPELL INSURANCE AGENCY 25807-A COX ROAD PETERSBURG, VA 23803	1-804-733-2020	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.						
INSURED SPORTS NATIONS, LLC. 210 HUDDERSFIELD DR. RICHMOND, VA 23236		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURERS AFFORDING COVERAGE</th> </tr> <tr> <td>INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY</td> </tr> <tr> <td>INSURER B: HARTFORD LIFE AND ACCIDENT CO.</td> </tr> <tr> <td>INSURER C:</td> </tr> <tr> <td>INSURER D:</td> </tr> <tr> <td>INSURER E:</td> </tr> </table>	INSURERS AFFORDING COVERAGE	INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY	INSURER B: HARTFORD LIFE AND ACCIDENT CO.	INSURER C:	INSURER D:	INSURER E:
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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, EXCLUSION AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	6B RPG-0000025319200	01/01/12	01/01/13	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE(any one fire)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (any one person)	\$ 5,000
	<input type="checkbox"/> _____				GENERAL AGGREGATE	\$ 5,000,000
	<input checked="" type="checkbox"/> PLL-\$2,000,000				PERSONAL ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
B	OTHER SECONDARY PARTICIPANT ACCIDENT	36-SB-206414	01/01/12	01/01/13	\$100,000 LIMIT \$250 Deductible	
	EXCESS LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				AGGREGATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

COVERAGE INCLUDES AMATEUR PLAY AND PRACTICE IN THE INSURED SPORT. TEAM OR LEAGUE LISTED BELOW IS A NAMED INSURED UNDER ABOVE REFERENCED PLAYERS CHOICE POLICIES.

Teams Covered:
BOND COUNTY STING 13U

COVERAGE IS EFFECTIVE 2/13/2012.

CERTIFICATE HOLDER SOUTHWEST ILLINOIS BB LEAGUE 13U (1)Teams 2205 STANFORD PL EDWARDSVILLE, IL 62025 CERTIFICATE #: SN BB-11-415	ADDITIONAL INSURED; INSURER LETTER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.
	CANCELLATION AUTHORIZED REPRESENTATIVE