

**CERTIFICATE OF INSURANCE**

1199592

ISSUE DATE (MM/DD/YY)  
12/02/05

PRODUCER PHONE (A/C): 1-800-426-2889

K & K Insurance Group, Inc.  
1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, In 46801THIS 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**

INSURED

SPORTS, LEISURE & ENTERTAINMENT RPG  
D/B/A CELINA REC ASSOCIATION (CRA)  
PO BOX 1150  
CELINA, TX 75009COMPANY **A** NATIONWIDE MUTUAL INSURANCE CO  
LETTERCOMPANY **B**  
LETTERCOMPANY **C**  
LETTER**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 (in thousands)            |           |
|---------|---|---------------|----------------------------------|-----------------------------------|----------------------------------|-----------|
| A       | <b>General Liability</b><br><input checked="" type="checkbox"/> Commercial General Liability<br><input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur.<br><input type="checkbox"/> Owner's & contractors Prot.<br><input type="checkbox"/> _____   | RPG0001292500 | 12:01AM<br>12/03/05              | 12:01AM<br>12/03/06               | General Aggregate                | \$ 2000   |
|         |   |               |                                  |                                   | Products-Comp/Ops Aggregate      | \$ 1000   |
|         |   |               |                                  |                                   | Personal & Advertising Injury    | \$ 1000   |
|         |   |               |                                  |                                   | Each Occurrence                  | \$ 1000   |
|         |   |               |                                  |                                   | Fire Damage (Any one fire)       | \$ 300    |
|         |   |               |                                  |                                   | Medical Expense (Any one person) | \$ 5      |
|         |   |               |                                  |                                   | Participant Legal Liability      | \$ 1000   |
| A       | <b>Automobile Liability</b><br><input type="checkbox"/> Any auto<br><input type="checkbox"/> All owned autos<br><input type="checkbox"/> Scheduled autos<br><input checked="" type="checkbox"/> Hired autos<br><input checked="" type="checkbox"/> Non-owned autos<br><input type="checkbox"/> Garage Liability<br><input type="checkbox"/> _____ | RPG0001292500 | 12:01AM<br>12/03/05              | 12:01AM<br>12/03/06               | Combined Single Limit            | \$ 1000   |
|         |   |               |                                  |                                   | Bodily Injury (per person)       | \$        |
|         |   |               |                                  |                                   | Bodily Injury (per accident)     | \$        |
|         |   |               |                                  |                                   | Property Damage                  | \$        |
|         |   |               |                                  |                                   |                                  |           |
|         | <b>Excess Liability</b>   |               |                                  |                                   | Each Occurrence                  | Aggregate |
|         | <input type="checkbox"/> Other than Umbrella form   |               |                                  |                                   | \$                               | \$        |
|         | <b>Workers' Compensation and Employers' Liability</b>   |               |                                  |                                   | <b>Statutory</b>                 |           |
| \$      |   |               |                                  |                                   | Each Accident                    |           |
| \$      |   |               |                                  |                                   | Disease-Policy Limit             |           |
| \$      |   |               |                                  |                                   | Disease-Each Employee            |           |
| A       | <b>Participant Accident</b>   | RPG0001292500 | 12:01AM<br>12/03/05              | 12:01AM<br>12/03/06               | AD&D                             | \$ NONE   |
|         |   |               |                                  |                                   | Primary Medical                  | \$ NONE   |
|         |   |               |                                  |                                   | Excess Medical                   | \$ 25     |
|         |   |               |                                  |                                   | Weekly Indemnity                 | \$ X NONE |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS**SPORT: BASKETBALL  
CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED**CERTIFICATE HOLDER**CELINA INDEPENDENT SCHOOL DISTRICT  
PO BOX 188  
CELINA, TX 75009**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: