

CERTIFICATE OF INSURANCE

1199597

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	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & contractors Prot. <input type="checkbox"/> _____	RPG0001292500	12:01AM 12/03/05	12:01AM 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	Automobile Liability <input type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input checked="" type="checkbox"/> Hired autos <input checked="" type="checkbox"/> Non-owned autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> _____	RPG0001292500	12:01AM 12/03/05	12:01AM 12/03/06	Combined Single Limit	\$ 1000	
					Bodily Injury (per person)	\$	
					Bodily Injury (per accident)	\$	
					Property Damage	\$	
					Each Occurrence	Aggregate	
	Excess Liability				\$	\$	
	Workers' Compensation and Employers' Liability				Statutory		
				\$	Each Accident		
				\$	Disease-Policy Limit		
A	Participant Accident	RPG0001292500	12:01AM 12/03/05	12:01AM 12/03/06	AD&D	\$ NONE	
					Primary Medical	\$ NONE	
					Excess Medical	\$ 25	
					Weekly Indemnity	\$ X NONE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMSSPORT: BASKETBALL
CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED**CERTIFICATE HOLDER**PROSPER I.S.D. ADMIN.
605 E 7TH ST
PROSPER, TX**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: