

# Certificate of General Liability & Accident Medical Insurance

DATE (MM/DD/YYYY)  
06/15/2010

PRODUCER Phone: (800) 747-9573 Fax: (303) 422-1276  
**The Camp Team**  
 9035 Wadsworth Pkwy., Suite 3840  
 Westminster, CO 80021

**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.**

**INSURERS AFFORDING COVERAGE**

**NAIC #**

INSURED Sports and Recreation Providers Assoc. (purchasing group) and its members.  
**Dynasty Youth Camp**  
 200 Blue Jay Drive  
 Liberty, MO 64068

INSURER A: Starr Indemnity & Liability Co  
 INSURER B: Starr Indemnity & Liability Co  
 INSURER C:  
 INSURER D:  
 INSURER E:

**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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSPD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A		<b>GENERAL LIABILITY</b>	P2GL-100000-02	06/15/2010	06/18/2010	EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
		CLAIMS MADE				<input checked="" type="checkbox"/>	OCCUR	MED. EXP (Spectators Only)	\$ 5,000
	<input checked="" type="checkbox"/>	INC ATHLETIC PARTICIPANTS				PERSONAL & ADV INJURY	\$ 1,000,000		
						GENERAL AGGREGATE	\$ 2,000,000		
	<input checked="" type="checkbox"/>	DEDUCTIBLES				PRODUCTS-COMP/OP AGG.	\$ 2,000,000		
			BODILY INJURY	\$ 0					
			PROPERTY DAMAGE	\$ 0					
		<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO				BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$		
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
		HIRED AUTOS							
		NON-OWNED AUTOS							
B		<b>ACCIDENT MEDICAL</b>	To Be Determined	06/15/2010	06/18/2010	MAXIMUM MEDICAL BENEFIT PER CLAIM	\$ 10,000		
	<input checked="" type="checkbox"/>	Excess To Primary Health Ins.				ACCIDENTAL DEATH & DISMEMBERMENT	\$ 2,500		
	<input checked="" type="checkbox"/>	Policy will not cover primary health insurance deductibles, co-pays, program limits, or out of network care. If injured party does not have primary care, excess coverage becomes primary.				DEDUCTIBLE PER CLAIM	\$ 500		
		<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$		
		OCCUR					CLAIMS MADE	AGGREGATE	\$
									\$
		DEDUCTIBLE							\$
		RETENTION \$							\$
OTHER:									

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

Youth Athletic Camps / MO / 2006 ISO Occurrence - Form Policy  
 Additional Insured(s): Liberty Public School District No. 53; Liberty High School; South Valley Middle School/Junior High are/is added as additional insured in regards to the operations of the insured.

**CERTIFICATE HOLDER**

Liberty Public School District No. 53  
 650 Conistor  
 Liberty, MO 64068

**Attention:**

**CANCELLATION**

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.

AUTHORIZED REPRESENTATIVE



Bob Leid