

ADDITIONAL INSURED

Date (MM/DD/YY)
12/9/2011

AGENCY	PHONE (A/C, No, Ext): 800-745-2409 FAX (A/C, No.): 630-665-7294	APPLICANT (First Named Insured) Family Sports Center, LLC. 3242 West 250 North West Lafayette, IN 47906	Phone (A/C, No, Ext):
FRANCIS L. DEAN & ASSOCIATES, INC. 1776 S. NAPERVILLE RD., BLDG. B P.O. BOX 4200 WHEATON, IL 60187		EFFECTIVE DATE: 1/1/2012	EXPIRATION DATE: 1/1/2013
CODE:	SUBCODE:	CO/PLAN	
AGENCY CUSTOMER ID		POLICY NUMBER: FLDG180411	
		ACCOUNT NUMBER:	

INTEREST	RANK	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Rensselaer School Corporation 605 Grove Street Rensselaer, IN 47978			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	Logansport Community School Corp. 2829 George Street Logansport, IN 46947			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	Tippecanoe School Corporation 21 Elston Road Lafayette, IN 47909			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	Delphi Community School Corporation 501 Armory Road Delphi, IN 46923			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	Frankfort Boys and Girls Club 1100 West Green Street Frankfort, IN 46041			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	Clinton Central School Corporation 725 North State Road 29 Michigantown, IN 46057			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	West Lafayette School Corporation 1130 North Salisbury Street West Lafayette, IN 47906			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.