

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/22/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

th	ne terms and conditions of the policy, prtificate holder in lieu of such endors	cert	ain po	olicies may require an en	idorse	ment. A stat	ement on thi	s certificate does not co	nfer r	ghts to the	
PRODUCER						CONTACT NAME: Eventsured Customer Service					
Foresite Sports, Inc.					PHONE AND AND FORD FAX						
DBA: Eventsured					E-MAIL						
3553 West Chester Pike #418											
Newtown Square, PA 19073					INSURER(S) AFFORDING COVERAGE INSURER A: Houston Casualty Company				NAIC # 42374		
INSURED						INSURER B:					
TopProspects Training					INSURER C:						
Estin Fichter											
11782 Graystone Circle					INSURER D :						
Roscoe, IL 61073					INSURER E:						
COVERAGES CERTIFICATE NUMBER: TM352486					INSURER F: REVISION NUMBER:						
TI IN CI	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	OF I QUIR PERT POLI	NSUR REMEN AIN, T CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION OF THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY	THE INSURE OR OTHER D S DESCRIBED PAID CLAIMS.	D NAMED ABOVE FOR THE OCCUMENT WITH RESPEC O HEREIN IS SUBJECT TO	T TO I	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
Α	GENERAL LIABILITY						07/14/2024	EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY	Y	Y					DAMAGE TO RENTED PREMISES (Ea occurrence) \$		100,000	
	CLAIMS-MADE X OCCUR							NAMES AND ADDRESS OF THE PARTY	\$	1,000	
	X			H23SE00155/TM352486		07/13/2024		PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01AM	2:01AM	GENERAL AGGREGATE	\$	1,000,000	
								PRODUCTS - COMP/OP AGG	\$	1,000,000	
	X POLICY PRO- JECT LOC							DEDUCTIBLE	\$	0	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A							\$		
(Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ditional Insureds must be venue manage			The state of the s				one only Waiver of Culture	antier	()()()()	
COV 100	mary & Non-Contributory (PNC) wording yerage is with respect to the Football To D River St, Roscoe, IL 61073 Roscoe , IL scoe (WOS selected).	appl urna	ies or ment/	nly when coverage is purch Event (Excluding Tailgating	nased b	by the insured e held on 07/1	, required by 13/2024 - 07/	written contract and as ind 13/2024 with 150 attende	licated es at f	below. This Riverside Park	
CERTIFICATE HOLDER						CANCELLATION					
Riverside Park 100 River St, Roscoe, IL 61073						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Roscoe IL, 61073						AUTHORIZED REPRESENTATIVE					