

DATE (MM/DD/YY)
4/20/2011

PRODUCER
FOR SERVICE CALL:
FRANCIS L. DEAN & ASSOCIATES, INC.
1776 S. NAPERVILLE RD., BLDG. B
P.O. BOX 4200
WHEATON, IL 60189
(800) 745-2409
www.fdean.com

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.

COMPANIES AFFORDING COVERAGE

COMPANY
A RIVERPORT INSURANCE COMPANY

COMPANY
B

COMPANY
C

COMPANY
D

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION
(PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

Save Our Stairs, Inc.
PO Box 1099
Bisbee, AZ 85603

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
A	GENERAL LIABILITY	FLDG180411/ AP136886-00	10/10/2011	10/16/2011	GENERAL AGGREGATE \$ 2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 2,000,000.00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000.00
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS				FIRE DAMAGE (Any one fire) \$ 300,000.00
					MED EXP (Any one person) \$ 5,000.00
					COMBINED SINGLE LIMIT \$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> SCHEDULED AUTOS				
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	SEXUAL ABUSE & MOLESTATION				GENERAL AGGREGATE \$
	<input type="checkbox"/>				EACH OCCURRENCE \$
	<input type="checkbox"/>				
A	LIQUOR LIABILITY	FLDL180511/ LQ10100299	10/10/2011	10/16/2011	EACH OCCURRENCE \$ 1,000,000.00
	<input type="checkbox"/>				GENERAL AGGREGATE \$ 2,000,000.00
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	OTHER				\$945.00
	GL Premium:				\$475.00
	Liquor Premium:				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Stair Walk/Run Event Activities

CERTIFICATE HOLDER

Save Our Stairs, Inc.
PO Box 1099
Bisbee, AZ 85603

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

Francis L. Dean

ADDITIONAL INSURED

Date (MM/DD/YY)
4/20/2011

AGENCY	PHONE (A/C, No, Ext): 800-745-2409 FAX (A/C, No.): 630-665-7294	APPLICANT (First Named Insured) Save Our Stairs, Inc. PO Box 1099 Bisbee, AZ 85603	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: 10/10/2011	EXPIRATION DATE: 10/16/2011
CODE:	SUBCODE:	CO/PLAN	
AGENCY CUSTOMER ID		POLICY NUMBER: FLDG180411/FLDL180511	
		ACCOUNT NUMBER:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	City of Bisbee 118 Arizona St. Bisbee, AZ 85603			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Cochise County 1415 Melody Lane Bldg G Bisbee, AZ 85603			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	St. Patricks Parish Higgins Hill Bisbee, AZ 85603			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					