

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 STARR INDEMNITY & LIABILITY COMPANY

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

Music City Mystique  
 616 Russell Street  
 Nashville, TN 37206 CERT. #P2GL-107609-02

COMPANY B

COMPANY C

COMPANY D

**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	<b>GENERAL LIABILITY</b>	P2GL-100000-02	1/1/2010	1/1/2011	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
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<b>GARAGE LIABILITY</b>				AUTO ONLY-EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$
					EL DISEASE - POLICY LIMIT	\$
					EL DISEASE - EA EMPLOYEE	\$
	<b>OTHER</b>					
	Total Certificate Premium:					\$300.00

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Winter Guard Activities

**CERTIFICATE HOLDER**

Music City Mystique  
 616 Russell Street  
 Nashville, TN 37206

**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)  
12/5/2009

<b>AGENCY</b>	<b>PHONE</b> (A/C, No, Ext): 800-745-2409 <b>FAX</b> (A/C, No.): 630-665-7294	<b>APPLICANT (First Named Insured)</b>	Phone (A/C, No, Ext):
FRANCIS L. DEAN & ASSOCIATES, INC. 1776 S. NAPERVILLE RD., BLDG. B P.O. BOX 4200 WHEATON, IL 60187		Music City Mystique 616 Russell Street Nashville, TN 37206	
<b>EFFECTIVE DATE</b> 1/1/2010		<b>EXPIRATION DATE</b> 1/1/2011	
<b>CO/PLAN</b>		<b>POLICY NUMBER:</b> P2GL-100000-02	
<b>ACCOUNT NUMBER:</b>			
<b>CODE:</b>		<b>SUBCODE:</b>	
<b>AGENCY CUSTOMER ID</b>			

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER								
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	<b>WGI</b> 2405 Crosspointe Drive Dayton, OH 45342			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>LOCATION:</td> <td>BUILDING:</td> </tr> <tr> <td>VEHICLE:</td> <td>BOAT:</td> </tr> <tr> <td colspan="2">SCHEDULED ITEM NUMBER:</td> </tr> <tr> <td colspan="2">OTHER</td> </tr> </table>	LOCATION:	BUILDING:	VEHICLE:	BOAT:	SCHEDULED ITEM NUMBER:		OTHER	
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<input type="checkbox"/>	LIENHOLDER												
<input type="checkbox"/>	EMPLOYEE AS LESSOR												
ITEM DESCRIPTION:													
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	<b>Hillwood High School</b> 400 Davidson Road Nashville, TN 37205			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>LOCATION:</td> <td>BUILDING:</td> </tr> <tr> <td>VEHICLE:</td> <td>BOAT:</td> </tr> <tr> <td colspan="2">SCHEDULED ITEM NUMBER:</td> </tr> <tr> <td colspan="2">OTHER</td> </tr> </table>	LOCATION:	BUILDING:	VEHICLE:	BOAT:	SCHEDULED ITEM NUMBER:		OTHER	
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<input checked="" type="checkbox"/>	ADDITIONAL INSURED	<b>Freedom Middle School</b> 750 New Highway 96 West Franklin, TN 37064			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>LOCATION:</td> <td>BUILDING:</td> </tr> <tr> <td>VEHICLE:</td> <td>BOAT:</td> </tr> <tr> <td colspan="2">SCHEDULED ITEM NUMBER:</td> </tr> <tr> <td colspan="2">OTHER</td> </tr> </table>	LOCATION:	BUILDING:	VEHICLE:	BOAT:	SCHEDULED ITEM NUMBER:		OTHER	
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