

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:

 Envision Performing Arts, Inc.
 10580 North McCarran Boulevard
 Reno, NV 89503 CERT. #P2GL-107506-02

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	GENERAL LIABILITY	P2GL-100000-02	12/1/2009	12/1/2010	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
	AUTOMOBILE LIABILITY				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					
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	
	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	\$
	OTHER					
	Total Certificate Premium:					\$300.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Winter Guard Activities

CERTIFICATE HOLDER

Envision Performing Arts, Inc.
 10580 North McCarran Boulevard
 Reno, NV 89503

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)
11/30/2009

AGENCY	PHONE (A/C, No, Ext): 800-745-2409 FAX (A/C, No.): 630-665-7294	APPLICANT (First Named Insured)	Phone (A/C, No, Ext):
FRANCIS L. DEAN & ASSOCIATES, INC. 1776 S. NAPERVILLE RD., BLDG. B P.O. BOX 4200 WHEATON, IL 60187		Envision Performing Arts, Inc. 10580 North McCarran Boulevard Reno, NV 89503	
EFFECTIVE DATE		EXPIRATION DATE	CO/PLAN
12/1/2009		12/1/2010	
CODE:	SUBCODE:	POLICY NUMBER: P2GL-100000-02	
AGENCY CUSTOMER ID		ACCOUNT NUMBER:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>		Winter Guard International			LOCATION:
	ADDITIONAL INSURED				BUILDING:
	LOSS PAYEE				VEHICLE:
	MORTGAGE				BOAT:
	LIENHOLDER				SCHEDULED ITEM NUMBER:
	EMPLOYEE AS LESSOR				OTHER
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>		Washoe County School District			LOCATION:
	ADDITIONAL INSURED				BUILDING:
	LOSS PAYEE				VEHICLE:
	MORTGAGE				BOAT:
	LIENHOLDER				SCHEDULED ITEM NUMBER:
	EMPLOYEE AS LESSOR				OTHER
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>					LOCATION:
	ADDITIONAL INSURED				BUILDING:
	LOSS PAYEE				VEHICLE:
	MORTGAGE				BOAT:
	LIENHOLDER				SCHEDULED ITEM NUMBER:
	EMPLOYEE AS LESSOR				OTHER
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>					LOCATION:
	ADDITIONAL INSURED				BUILDING:
	LOSS PAYEE				VEHICLE:
	MORTGAGE				BOAT:
	LIENHOLDER				SCHEDULED ITEM NUMBER:
	EMPLOYEE AS LESSOR				OTHER
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>					LOCATION:
	ADDITIONAL INSURED				BUILDING:
	LOSS PAYEE				VEHICLE:
	MORTGAGE				BOAT:
	LIENHOLDER				SCHEDULED ITEM NUMBER:
	EMPLOYEE AS LESSOR				OTHER
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>					LOCATION:
	ADDITIONAL INSURED				BUILDING:
	LOSS PAYEE				VEHICLE:
	MORTGAGE				BOAT:
	LIENHOLDER				SCHEDULED ITEM NUMBER:
	EMPLOYEE AS LESSOR				OTHER
ITEM DESCRIPTION:					
<input checked="" type="checkbox"/>					LOCATION:
	ADDITIONAL INSURED				BUILDING:
	LOSS PAYEE				VEHICLE:
	MORTGAGE				BOAT:
	LIENHOLDER				SCHEDULED ITEM NUMBER:
	EMPLOYEE AS LESSOR				OTHER
ITEM DESCRIPTION:					