



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/15/2017

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FRANCIS L. DEAN AND ASSOCIATES, LLC 1776 S. NAPERVILLE ROAD, BLDG-B P.O. BOX 4200 WHEATON, IL 60189 www.fdean.com 800-745-2409	CONTACT NAME:		
	PHONE (A/C, No, Ext): 800-745-2409	FAX (A/C, No): 630-665-7294	
	E-MAIL ADDRESS: info@fdean.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: United States Fire Insurance		21113
	INSURER B:		
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

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

Envision Performing Arts
10580 N. McCarran Blvd. #155-122
Reno, NV 89503

COVERAGES **CERTIFICATE NUMBER:** USP256389 **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			SRPGAPML-101-0717	12/01/2017 12:01 AM	12/01/2018 12:01 AM	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
	GEN'L AGGREGATE LIMIT APPLIES PER:						EACH OCCURRENCE	\$1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						FIRE DAMAGE (Any one fire)	\$300,000.00
							MED EXP (Any one person)	\$5,000.00
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
	AUTOMOBILE LIABILITY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> ANY AUTO						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS							
	<input type="checkbox"/> HIRED AUTO							
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							
	<input type="checkbox"/> CLAIMS-MADE							
	DED							
	RETENTION \$							
							EACH OCCURRENCE	\$0.00
							GENERAL AGGREGATE	\$0.00
							EACH OCCURRENCE	\$
							GENERAL AGGREGATE	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activity: Winter Guard. Groups covered by this policy: NORCAL INDOOR, ENVISION

CERTIFICATE HOLDER

Envision Performing Arts
10580 N. McCarran Blvd. #155-122
Reno, NV 89503

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Francis L. Dean



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
11/15/2017

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPML-101-0717/USP256389		EFFECTIVE DATE 12/01/2017 12:01 AM	NAMED INSURED(S) Envision Performing Arts	

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Winter Guard International / WGI Sport Of The Arts					LOCATION:	BUILDING:
	BEACH OF WARRANTY	2405 Crosspointe Drive					VEHICLE:	BOAT:
	CO-OWNER	Dayton, OH 45342					AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
	LEASEBACK OWNER						ITEM DESCRIPTION	
	LIENHOLDER						REFERENCE / LOAN #:	
REASON FOR INTEREST:		LIEN AMOUNT:		INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):
						E-MAIL ADDRESS:		

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Artown					LOCATION:	BUILDING:
	BEACH OF WARRANTY	300 East Second Street Suite 1000					VEHICLE:	BOAT:
	CO-OWNER	Reno, NV 89501					AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
	LEASEBACK OWNER						ITEM DESCRIPTION	
	LIENHOLDER						REFERENCE / LOAN #:	
REASON FOR INTEREST:		LIEN AMOUNT:		INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):
						E-MAIL ADDRESS:		

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Boys & Girls Club of Truckee Meadows					LOCATION:	BUILDING:
	BEACH OF WARRANTY	2680 East 9th Street					VEHICLE:	BOAT:
	CO-OWNER	Reno, NV 12					AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
	LEASEBACK OWNER						ITEM DESCRIPTION	
	LIENHOLDER						REFERENCE / LOAN #:	
REASON FOR INTEREST:		LIEN AMOUNT:		INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):
						E-MAIL ADDRESS:		

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Washoe County School District					LOCATION:	BUILDING:
	BEACH OF WARRANTY	425 East Ninth Street					VEHICLE:	BOAT:
	CO-OWNER	Reno, NV 89520					AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
	LEASEBACK OWNER						ITEM DESCRIPTION	
	LIENHOLDER						REFERENCE / LOAN #:	
REASON FOR INTEREST:		LIEN AMOUNT:		INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):
						E-MAIL ADDRESS:		

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Elk Grove Unified School District					LOCATION:	BUILDING:
	BEACH OF WARRANTY	9510 Elk Grove Florin Blvd. STE 203					VEHICLE:	BOAT:
	CO-OWNER	Elk Grove, CA 95624					AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
	LEASEBACK OWNER						ITEM DESCRIPTION	
	LIENHOLDER						REFERENCE / LOAN #:	
REASON FOR INTEREST:		LIEN AMOUNT:		INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):
						E-MAIL ADDRESS:		



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
11/15/2017

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPML-101-0717/USP256389		EFFECTIVE DATE 12/01/2017 12:01 AM	NAMED INSURED(S) Envision Performing Arts	

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	THE BOARD OF REGENTS, OF THE NEVADA SYSTEM OF HIGHER EDUCATION 1664 North Virginia Street Reno, NV 89557					LOCATION:	BUILDING:
<input type="checkbox"/>	LOSS PAYEE						VEHICLE:	BOAT:
<input type="checkbox"/>	BEACH OF WARRANTY						AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	CO-OWNER						ITEM CLASS:	ITEM:
<input type="checkbox"/>	EMPLOYEE AS LESSOR						ITEM DESCRIPTION	
<input type="checkbox"/>	LEASEBACK OWNER							
<input type="checkbox"/>	LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:		LIEN AMOUNT:		PHONE (A/C, No, Ex):	FAX (A/C, No):

REASON FOR INTEREST: E-MAIL ADDRESS:

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	FUHSD 2490 Hilborn Road Fairfield, CA 94534					LOCATION:	BUILDING:
<input type="checkbox"/>	LOSS PAYEE						VEHICLE:	BOAT:
<input type="checkbox"/>	BEACH OF WARRANTY						AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	CO-OWNER						ITEM CLASS:	ITEM:
<input type="checkbox"/>	EMPLOYEE AS LESSOR						ITEM DESCRIPTION	
<input type="checkbox"/>	LEASEBACK OWNER							
<input type="checkbox"/>	LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:		LIEN AMOUNT:		PHONE (A/C, No, Ex):	FAX (A/C, No):

REASON FOR INTEREST: E-MAIL ADDRESS:

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Waterman Park RV 9825 B Dino Drive Elk Grove, CA 95624					LOCATION:	BUILDING:
<input type="checkbox"/>	LOSS PAYEE						VEHICLE:	BOAT:
<input type="checkbox"/>	BEACH OF WARRANTY						AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	CO-OWNER						ITEM CLASS:	ITEM:
<input type="checkbox"/>	EMPLOYEE AS LESSOR						ITEM DESCRIPTION	
<input type="checkbox"/>	LEASEBACK OWNER							
<input type="checkbox"/>	LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:		LIEN AMOUNT:		PHONE (A/C, No, Ex):	FAX (A/C, No):

REASON FOR INTEREST: E-MAIL ADDRESS:

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/>	LOSS PAYEE						VEHICLE:	BOAT:
<input type="checkbox"/>	BEACH OF WARRANTY						AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	CO-OWNER						ITEM CLASS:	ITEM:
<input type="checkbox"/>	EMPLOYEE AS LESSOR						ITEM DESCRIPTION	
<input type="checkbox"/>	LEASEBACK OWNER							
<input type="checkbox"/>	LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:		LIEN AMOUNT:		PHONE (A/C, No, Ex):	FAX (A/C, No):

REASON FOR INTEREST: E-MAIL ADDRESS:

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/>	LOSS PAYEE						VEHICLE:	BOAT:
<input type="checkbox"/>	BEACH OF WARRANTY						AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	CO-OWNER						ITEM CLASS:	ITEM:
<input type="checkbox"/>	EMPLOYEE AS LESSOR						ITEM DESCRIPTION	
<input type="checkbox"/>	LEASEBACK OWNER							
<input type="checkbox"/>	LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:		LIEN AMOUNT:		PHONE (A/C, No, Ex):	FAX (A/C, No):

REASON FOR INTEREST: E-MAIL ADDRESS: