



We build strong kids, strong families, strong communities.

YMCA Camp Algonquin
1889 Cary Road
Algonquin, IL 60102
Phone: 847.658.8212
Fax: 847.658.8431
www.campalgonquin.org

RE: CERTIFICATE OF INSURANCE – REQUIREMENTS NOTIFICATION

The terms of our agreement state that you must maintain insurance coverage meeting our requirements while utilizing YMCA Camp Algonquin. A complete listing of our insurance requisites is shown on the SAMPLE Certificate of Insurance. You must be in compliance with **all** areas of coverage and limits, as well as the “Description of Operations”, as indicated on the SAMPLE.

Please have your insurance agent mail, email or fax a complete and complying Certificate of Insurance for the current policy period to **both** of the following:

YMCA Camp Algonquin
1889 Cary Road
Algonquin, IL 60102
info@campalgonquin.org
fax 847.658.8431

YMCA of McHenry County
701 Manor Road
Crystal Lake, IL 60014
pspindler@ymcaofmchenrycounty.org
fax 815.459.5101

We should receive your Certificate of Insurance within fifteen (15) days of this notification in order to avoid further notices and possible interruption of your activities at YMCA Camp Algonquin.

If you have any questions about this notice or the required coverage, you may contact Elaine Arvidson at 847.658.8212 or email at earvidson@ymcaofmchenrycounty.org. Thank you in advance for your cooperation in this most important matter.

Sincerely,

Elaine Arvidson, Operations Manager
YMCA Camp Algonquin

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/23/2009

PRODUCER
MARS INSURANCE AGENCY, INC.
 9 S E VIRGINIA RD 815-459-0711 / 815-459-0751 FAX
 P.O. Box 1169 marsinsurance@marsinsurance.com
 Crystal Lake IL 60039

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.

INSURED
 SAMPLE CERTIFICATE OF INSURANCE
 COVERAGE AND LIMIT REQUISITES FOR
 CERTIFICATE HOLDER

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ABC Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	XXXXXXXXXX	XXXXXX	XXXXXX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	XXXXXXXXXX	XXXXXX	XXXXXX	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
A	X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	XXXXXXXXXX	XXXXXX	XXXXXX	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	XXXXXXXXXX	XXXXXX	XXXXXX	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 YMCA of McHenry County-Assn 1809, Camp Algonquin, and McHenry County Conservation District are named as **ADDITIONAL INSURED(S) (*)** insofar as their interests may appear as required by written contract or agreement with the INSURED. General Liability will apply on a Primary and Non-Contributory basis. General Liability and Workers Compensation includes a Waiver of Subrogation in favor of the Certificate Holder.
 (*) NOTE: ADDITIONAL INSURED ENDORSEMENT, e.g. CGL FORM CG 20 10 07 04 and/or CG 20 37 07 04, OR ITS EQUIVALENT MUST BE INCLUDED WITH THE CERTIFICATE.

CERTIFICATE HOLDER
 YMCA OF MCHENRY COUNTY ASSN 1809
 701 MANOR STREET
 CRYSTAL LAKE IL 60014

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE

POLICY NUMBER:

Grange Mutual Casualty Company
Grange Ins. Co. of Michigan
COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
STAMP	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".