

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

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

Matthew Koerner-Sundog Tournament Series
 868-19th Avenue S.E.
 Minneapolis, MN 55414 CERT. #AP127021-00

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	WRD 180030	5/27/2010	5/27/2011	GENERAL AGGREGATE	\$ 2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 1,000,000.00
	<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	\$
	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	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	\$
	OTHER					
	Total Certificate Premium:					\$575.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Disc Golf Activities

CERTIFICATE HOLDER

Matthew Koerner-Sundog Tournament Series
 868-19th Avenue S.E.
 Minneapolis, MN 55414

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)
5/28/2010

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		Matthew Koerner-Sundog Tournament Series 868-19th Avenue S.E. Minneapolis, MN 55414	
EFFECTIVE DATE 5/27/2010		EXPIRATION DATE 5/27/2011	CO/PLAN
CODE:		SUBCODE:	
AGENCY CUSTOMER ID		POLICY NUMBER: WRD 180030	
		ACCOUNT NUMBER:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Inver Grove Heights Parks and Recreation			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE	8055 Barbara Avenue			VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER	Inver Grove Heights, MN 55077			OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Roseville Parks Parks and Recreation			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE	2660 Civic Center Road			VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER	Roseville, MN 55113			OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	White Bear Lake Parks and Recreation			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE	4200 Hoffman Road			VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER	White Bear Lake, MN 55110			OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Hastings Parks and Recreation			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE	920 10th Street W.			VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER	Hastings, MN 55033			OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Three Rivers Park District			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE	3000 Xenium Lane N.			VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER	Plymouth, MN 55441			OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	S. St. Paul Parks and Recreation			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE	100 7th Avenue N.			VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER	S. St. Paul, MN 55075			OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Shakopee Parks and Recreation			LOCATION: BUILDING:
<input type="checkbox"/>	LOSS PAYEE	1255 Fuller Street S.			VEHICLE: BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER	Shakopee, MN 55379			OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

ADDITIONAL INSURED

Date (MM/DD/YY)
5/28/2010

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): Matthew Koerner-Sundog Tournament Series 868-19th Avenue S.E. Minneapolis, MN 55414
FRANCIS L. DEAN & ASSOCIATES, INC. 1776 S. NAPERVILLE RD., BLDG. B P.O. BOX 4200 WHEATON, IL 60187		EFFECTIVE DATE: 5/27/2010 EXPIRATION DATE: 5/27/2011 CO/PLAN:	
CODE:	SUBCODE:	POLICY NUMBER: WRD 180030	
AGENCY CUSTOMER ID		ACCOUNT NUMBER:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Crystal Parks and Recreation 4800 Douglas Drive N. Crystal, MN 55429			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:		

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Castle Rock Disc Sports Center 26752 Denmark Avenue Farmington, MN 55024			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:		

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	St. Cloud Parks and Recreation 1529 Northway Drive St. Cloud, MN 56303			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:		

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Blue Ribbon Pines Disc Golf Course 1901 Klondike Drive N.E. East Bethel, MN 55011			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:		

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Cottage Grove Parks and Recreation 8020 80th Street S. Cottage Grove, MN 55016			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:		

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<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:		

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<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:		

ADDITIONAL INSURED

Date (MM/DD/YY)
5/28/2010

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		Matthew Koerner-Sundog Tournament Series 868-19th Avenue S.E. Minneapolis, MN 55414	
EFFECTIVE DATE EXPIRATION DATE CO/PLAN 5/27/2010 5/27/2011			
CODE:	SUBCODE:	POLICY NUMBER: WRD 180030	
AGENCY CUSTOMER ID		ACCOUNT NUMBER:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER										
<input checked="" type="checkbox"/>					<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			
LOCATION:	BUILDING:														
VEHICLE:	BOAT:														
SCHEDULED ITEM NUMBER:															
OTHER															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>ADDITIONAL INSURED</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LOSS PAYEE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>MORTGAGE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LIENHOLDER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>EMPLOYEE AS LESSOR</td> </tr> </table>		<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	MORTGAGE	<input type="checkbox"/>	LIENHOLDER	<input type="checkbox"/>	EMPLOYEE AS LESSOR	ITEM DESCRIPTION:			
<input type="checkbox"/>	ADDITIONAL INSURED														
<input type="checkbox"/>	LOSS PAYEE														
<input type="checkbox"/>	MORTGAGE														
<input type="checkbox"/>	LIENHOLDER														
<input type="checkbox"/>	EMPLOYEE AS LESSOR														
<input checked="" type="checkbox"/>					<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			
LOCATION:	BUILDING:														
VEHICLE:	BOAT:														
SCHEDULED ITEM NUMBER:															
OTHER															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>ADDITIONAL INSURED</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LOSS PAYEE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>MORTGAGE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LIENHOLDER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>EMPLOYEE AS LESSOR</td> </tr> </table>		<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	MORTGAGE	<input type="checkbox"/>	LIENHOLDER	<input type="checkbox"/>	EMPLOYEE AS LESSOR	ITEM DESCRIPTION:			
<input type="checkbox"/>	ADDITIONAL INSURED														
<input type="checkbox"/>	LOSS PAYEE														
<input type="checkbox"/>	MORTGAGE														
<input type="checkbox"/>	LIENHOLDER														
<input type="checkbox"/>	EMPLOYEE AS LESSOR														
<input checked="" type="checkbox"/>					<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			
LOCATION:	BUILDING:														
VEHICLE:	BOAT:														
SCHEDULED ITEM NUMBER:															
OTHER															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>ADDITIONAL INSURED</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LOSS PAYEE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>MORTGAGE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LIENHOLDER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>EMPLOYEE AS LESSOR</td> </tr> </table>		<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	MORTGAGE	<input type="checkbox"/>	LIENHOLDER	<input type="checkbox"/>	EMPLOYEE AS LESSOR	ITEM DESCRIPTION:			
<input type="checkbox"/>	ADDITIONAL INSURED														
<input type="checkbox"/>	LOSS PAYEE														
<input type="checkbox"/>	MORTGAGE														
<input type="checkbox"/>	LIENHOLDER														
<input type="checkbox"/>	EMPLOYEE AS LESSOR														
<input checked="" type="checkbox"/>					<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			
LOCATION:	BUILDING:														
VEHICLE:	BOAT:														
SCHEDULED ITEM NUMBER:															
OTHER															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>ADDITIONAL INSURED</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LOSS PAYEE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>MORTGAGE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LIENHOLDER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>EMPLOYEE AS LESSOR</td> </tr> </table>		<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	MORTGAGE	<input type="checkbox"/>	LIENHOLDER	<input type="checkbox"/>	EMPLOYEE AS LESSOR	ITEM DESCRIPTION:			
<input type="checkbox"/>	ADDITIONAL INSURED														
<input type="checkbox"/>	LOSS PAYEE														
<input type="checkbox"/>	MORTGAGE														
<input type="checkbox"/>	LIENHOLDER														
<input type="checkbox"/>	EMPLOYEE AS LESSOR														
<input checked="" type="checkbox"/>					<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			
LOCATION:	BUILDING:														
VEHICLE:	BOAT:														
SCHEDULED ITEM NUMBER:															
OTHER															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>ADDITIONAL INSURED</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LOSS PAYEE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>MORTGAGE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LIENHOLDER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>EMPLOYEE AS LESSOR</td> </tr> </table>		<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	MORTGAGE	<input type="checkbox"/>	LIENHOLDER	<input type="checkbox"/>	EMPLOYEE AS LESSOR	ITEM DESCRIPTION:			
<input type="checkbox"/>	ADDITIONAL INSURED														
<input type="checkbox"/>	LOSS PAYEE														
<input type="checkbox"/>	MORTGAGE														
<input type="checkbox"/>	LIENHOLDER														
<input type="checkbox"/>	EMPLOYEE AS LESSOR														
<input checked="" type="checkbox"/>					<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			
LOCATION:	BUILDING:														
VEHICLE:	BOAT:														
SCHEDULED ITEM NUMBER:															
OTHER															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>ADDITIONAL INSURED</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LOSS PAYEE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>MORTGAGE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LIENHOLDER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>EMPLOYEE AS LESSOR</td> </tr> </table>		<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	MORTGAGE	<input type="checkbox"/>	LIENHOLDER	<input type="checkbox"/>	EMPLOYEE AS LESSOR	ITEM DESCRIPTION:			
<input type="checkbox"/>	ADDITIONAL INSURED														
<input type="checkbox"/>	LOSS PAYEE														
<input type="checkbox"/>	MORTGAGE														
<input type="checkbox"/>	LIENHOLDER														
<input type="checkbox"/>	EMPLOYEE AS LESSOR														