



Advocate Good Shepherd Hospital Family Fitness Run 5K/10K Run/2K Walk July 4, 2014 7:15 am

New Name—Same Tradition

Following an 18-year tradition, the **Advocate Good Shepherd Hospital Family Fitness Run 5K/10K** is the perfect start to the Barrington July 4th celebration.

Runners and walkers can test themselves on challenging 5K or 10K courses that wind through Barrington and Barrington Hills. The Family Fitness Run is presented by the Advocate Charitable Foundation in cooperation with Advocate Good Shepherd Hospital and Advocate Good Shepherd Hospital Health and Fitness Center.

2014 Advocate Good Shepherd Family Fitness Run Race Facts

- 10K Run/5K Walk/Run/2K Fitness Walk
- Entry Fees: \$30.00/\$35.00 on Race Day
Fitness Walk: \$15.00
- Visit www.familyfitnessrun.com for more information and to register
- Start Time: 7:15 am
- Race Courses USATF Certified
- Awards: Top 3 Overall Male and Female
Top 3 Male and Female Age Group: 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

Sponsorship Opportunities Available!

Show your support for the arts and associate your business with this popular community event by becoming a sponsor. The following sponsorship opportunities are available:

Cash Sponsor — various levels

In Kind Product — food, water, runner gifts

If interested, contact Peggy Crawford at PeggyC130@aol.com or Rick Gerwin at Richard.gerwin@advocatehealth.com

Barrington Cultural Commission

Proceeds from the run support the efforts of the Barrington Cultural Commission. The Barrington Cultural Commission is a 21-member body whose purpose is to coordinate and cross-promote the many cultural activities occurring in the Village.

Advocate Charitable Foundation

ACF is the philanthropic arm of Advocate Health Care. The activities of the ACF help support the mission of Advocate Health Care to improve the health status of the communities it serves.

CERTIFICATE OF INSURANCE						DATE: 4/14/2014	
						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 Advocate Health Care Network 2025 Windsor Drive Oak Brook, IL 60523						COMPANY AFFORDING COVERAGE	
						A ADVOCATE INSURANCE SPC	
COVERAGES							
This is to certify that the Policies listed below have been issued to the Named Insured 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.							
TYPE OF INSURANCE	CO. LTR.	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS		
GENERAL LIABILITY					COMBINED ANNUAL AGGREGATE*		
					PRODUCTS-COMP/OP AGGREGATE	\$	
					PERSONAL ADV INJURY	\$	
					EACH OCCURRENCE		
					FIRE DAMAGE	\$	
					MEDICAL EXPENSES	\$	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$2,000,000	
CLAIMS MADE					AGGREGATE	\$2,000,000	
OCCURRENCE							
EXCESS LIABILITY	A	P-14001-A	1/1/2014	1/1/2015	EACH OCCURRENCE	\$2,000,000	
					AGGREGATE	\$2,000,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS) Re: Evidence of Coverage for Advocate Good Shepherd Hospital Health & Fitness Center, 1301 S. Barrington Road, Barrington, IL 60010 while sponsoring the "Advocate Good Shepherd Hospital Family Fitness 5k/10k Run". The Village of Barrington Hills is included with an Additional Insured Status Only to the extent required by Written Contract.							
CERTIFICATE				CANCELLATION			
Village of Barrington Hills 112 Algonquin Road Barrington Hills, IL 60010				Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.			
				AUTHORIZED REPRESENTATIVES			

PRODUCER
630-355-2077

ESSER HAYES INSURANCE GROUP
1811 HIGH GROVE, SUITE 139
NAPERVILLE, IL 60540

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 SELF-INSURED TRUST

COMPANY B

COMPANY C

COMPANY D

INSURED

ADVOCATE HEALTH & HOSPITALS CORPORATION
3075 HIGHLAND PARKWAY
SUITE 600
DOWNERS GROVE, IL 60515

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	SELF-INSURED TRUST	01/01/14	01/01/15	GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMPROP AGG	\$
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
	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					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: EVIDENCE OF COVERAGE FOR ADVOCATE GOOD SHEPHERD HOSPITAL HEALTH & FITNESS CENTER, 1301 S. BARRINGTON ROAD, BARRINGTON, IL 60010 WHILE SPONSORING THE 'ADVOCATE GOOD SHEPHERD HOSPITAL FAMILY FITNESS 5K/10K RUN'. THE VILLAGE OF BARRINGTON HILLS IS INCLUDED WITH AN ADDITIONAL INSURED STATUS ONLY TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

VILLAGE OF BARRINGTON HILLS
112 ALGONQUIN ROAD
BARRINGTON HILLS, IL 60010

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