CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/02/2013

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
MARSH USA INC.
540 W. MADISON
CHICAGO, IL 60661
Attn: chicago.CertRequest@marsh.com

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	ACE American Insurance Company	22667
INSURER B :	Indemnity Insurance Company Of North America	43575
INSURER C :	N/A	N/A
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
LIFE FITNESS
A DIVISION OF BRUNSWICK CORPORATION
5100 N. RIVER ROAD
SCHILLER PARK, IL 60176

COVERAGES **CERTIFICATE NUMBER:** CHI-004208865-07 **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** X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X SIR: $500,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			XSL G27327850	12/01/2013	12/01/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,500,000 1,000,000 1,500,000 12,000,000 *SEE ADDL' PAGE
A	**AUTOMOBILE LIABILITY** X ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS			ISA H08815197	12/01/2013	12/01/2014	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PHYSICAL DAMAGE	$ $ $ $ $	2,000,000 SELF-INSURED
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $	
A B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WLR C47874105 (CA,MA) WLR C47874117 (AOS)	12/01/2013 12/01/2013	12/01/2014 12/01/2014	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	 1,000,000 1,000,000 1,000,000
A	EXCESS WORKERS COMPENSATION			WCU C47874129 (OH,OK,TN,WA,WI) SIR: $1,000,000	12/01/2013	12/01/2014	WC STATUTORY EMPLOYERS LIAB. $1M/$1M/$1M		

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

Certificate issued to Certificate Holder (Customer No. 148828) for accounts in good standing and/ or upon Life Fitness' acceptance of a (i) purchase order, (ii) lease for equipment, (iii) service order or (iv) execution of a contract for services, during the applicable policy period. Certificate covers Life Fitness' operations performed at the Certificate Holder's designated location. Stephen F. Austin State University is included as additional insured but only to the extent required by written contract. Insured is self-insured for Auto Physical Damage.

RECEIVED
DEC 09 2013

CERTIFICATE HOLDER

Stephen F. Austin State University
1936 North Street
Nacogdoches, TX 75962

RECEIVED
DEC 10 2013
SFASU PROCUREMENT

CANCELLATION

CONTROLLER/AP

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
of Marsh USA Inc.
Manashi Mukherjee

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 012271
LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	LIFE FITNESS A DIVISION OF BRUNSWICK CORPORATION 5100 N. RIVER ROAD SCHILLER PARK, IL 60176
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

*PRODUCTS LIABILITY

RECREATIONAL PRODUCTS AND ALL OTHER DISCONTINUED PRODUCTS EXCLUDING ENGINES AND BOATS
INSURER: SELF-INSURED
EFFECTIVE DATE: 12/01/2013; EXPIRATION DATE: 12/01/2014
EACH OCCURRENCE: $2,000,000
AGGREGATE: $15,000,000

ENGINES AND BOAT INCLUDING ANY DISCONTINUED PRODUCTS RELATED TO ENGINES & BOATS
INSURER: SELF-INSURED
EFFECTIVE DATE: 12/1/2013; EXPIRATION DATE: 12/01/2014
EACH OCCURRENCE: $2,000,000
AGGREGATE: $15,000,000

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD