



MEMBER CERTIFICATE

CERTIFICATE NUMBER: **USDA408**

Date: **12/21/2017**

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING

MASTER POLICY NUMBER: 3602HF059663-21

FIRST NAMED INSURED (MASTER POLICY HOLDER): UNITED SQUARE DANCERS OF AMERICA

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THE MASTER POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

NAMED INSURED (CERTIFICATE HOLDER)

Name and Mailing Address (No., Street, Town or City, County, State, Zip Code):

Mile-Hi Square Dance Club

PO Box 10572

Prescott, AZ 86302

Phone Number: () - Extension:

Effective Date: **01/01/2018**

at 12:01 a.m. Standard Time at your mailing address shown above.

Expiration Date: **01/01/2019**

This replaces prior Member Certificate dated: N/A

Plan Administered By

Pat Inglis

United Square Dancers of America (USDA)

Contact Information

Name: Pat Inglis

Phone: (404)298-6148

Fax: (404) 298-6149

Email: usda.insurance@usda.org

Insurer

Markel Insurance Company

Ten Parkway North

Deerfield, IL 60015

Producer Name And Mailing Address

83820/ Markel Service Incorporated

4501 Highwoods Pkwy, Suite 200

Glen Allen, VA 23060

To Report A Claim

By Phone: (404)298-6148

By Fax: (404) 298-6149

By E-mail: usda.insurance@usda.org

By Mail: NATIONAL INSURANCE
COORDINATOR
P.O. BOX 22
Tucker, GA 30085

Form Of Business, Location Of Premises, Operations

Form Of Business: Individual Partnership Joint Venture Limited Liability Company
 Organization, including a corporation (Other than partnership, joint venture or limited liability company)

Premises And Operations

Location No.	Address	Operations
1.	Yavapai County Courthouse, 120 S Cortez, Prescott, AZ 86303	Dancing at listed location(s)
2.	Lincoln School, 201 Park Avenue, Prescott, AZ 86303	
3.	Humboldt United School District Headquarters, 6411 N Robert Road, Prescott Valley, AZ 86314	

Limits Of Insurance

Commercial General Liability

General Aggregate:	\$3,000,000	
Products/Completed Operations Aggregate:	\$1,000,000	
Personal And Advertising Injury:	\$1,000,000	Any One Person Or Organization
Each Occurrence:	\$1,000,000	
Damage To Premises Rented To You:	\$100,000	Any One Premises
Medical Expense:	\$5,000	Any One Person

Other Liability Coverages

N/A

Endorsements

Forms and endorsements applying to this Member Certificate and made part of this policy at time of issue:

SEE MDIL 1001 FORMS SCHEDULE

This Member Certificate, together with the Coverage Form and any Endorsement(s) attached to the Master Policy, complete the above numbered certificate. Coverage is subject to all terms, conditions, limitations, exclusions, and other provisions contained therein.

Member Certificate Annual Premium

Commercial General Liability Premium	\$On file with company
Taxes and Surcharges	\$On file with company
Total	\$On file with company

To review the Master Policy: PLEASE VISIT: [HTTP://WWW.USDA.ORG/INSURANC.HTM](http://www.usda.org/insuranc.htm)

Countersigned: 12/21/2017
Date

By: Bruce A. Key
AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

12/19/2017

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 have ADDITIONAL INSURED provisions or 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 Markel Service, Incorporated 4501 Highwoods Parkway Suite 200 Glen Allen VA 23060	CONTACT NAME: Yuriy Cherepnya PHONE (A/C, No, Ext): (800)995-1012 E-MAIL ADDRESS: msi@markelcorp.com	FAX (A/C, NO): (804)527-7904
	INSURER(S) AFFORDING COVERAGE INSURER A: Markel Insurance Company	
INSURED Mile-Hi Square Dance Club PO Box 10572 Prescott, AZ 86302	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2018-815

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	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:	Y		3602HF059663-21	01/01/2018	01/01/2019	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Accident Medical			4102HF059664-21	01/01/2018	01/01/2019	Accidental Dismemberme \$10,000 Accidental Death \$10,000 Accident Medical Exp \$10,000

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

Yavapai County Courthouse, 120 S Cortez, Prescott, AZ 86303

CERTIFICATE HOLDER**CANCELLATION**

Yavapai County Courthouse & Prescott Downtown Partnership 120 S Cortez Prescott, AZ 86303	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 <i>Yuriy Cherepnya</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2017

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PRODUCER Markel Service, Incorporated 4501 Highwoods Parkway Suite 200 Glen Allen VA 23060	CONTACT NAME: Yuriy Cherepnya
	PHONE (A/C, No, Ext): (800)995-1012 FAX (A/C, NO): (804)527-7904
	E-MAIL ADDRESS: msi@markelcorp.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Markel Insurance Company	NAIC #: 38970
INSURED Mile-Hi Square Dance Club PO Box 10572 Prescott, AZ 86302	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 2018-816 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Accident Medical			4102HF059664-21	01/01/2018	01/01/2019	Accidental Dismemberme \$10,000
							Accidental Death \$10,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Lincoln School, 201 Park Avenue, Prescott, AZ 86303

CERTIFICATE HOLDER

Lincoln School
201 Park Avenue
Prescott, AZ 86303

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 *Yuriy Cherepnya*

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2017

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								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
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		N/A					E.L. EACH ACCIDENT	\$
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 Humboldt United School District Headquarters, 6411 N Robert Road, Prescott Valley, AZ 86314

CERTIFICATE HOLDER**CANCELLATION**

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