

Markel Insurance Company

Member Certificate

MEMBER NUMBER: **408**Date: **03/07/2019**

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING MASTER POLICY NUMBER: 3602HF059663 - 22

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.

Name Insured(CERTIFICATE HOLDER)

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

Mile-Hi Square Dance Club, Inc.

PO Box 10572

Prescott, AZ 86304

Phone Number () - Extension

Effective Date: **01/01/2019** at 12:01 a.m. Standard Time at your mailing address shown above.

Expiration Date: **01/01/2020**

This replaces prior Member Certificate dated: N/A

Plan Administred By	Insurer
Pat Inglis United Square Dancers of America(USDA)	Markel Insurance Company Ten Parkway North Deerfield, IL 60015
Contact Information	Producer Name And Mailing Address
Pat Inglis Phone: (404)298-6148 Fax: (404) 298-6149 Email: usda.insurance@usda.org	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 Email: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: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Organization, including a corporation(Other than a partnership, joint venture or limited liability company)	

Premises and Operations		
Location No.	Address	Operations
1	Downtown Humbolt, Arizona, Main Street, Humbolt,AZ 86329	Dancing at listed location(s)
2	Elks Performing Arts Center, 117 South Gurley Street, Prescott,AZ 86301	Dancing at listed location(s)
3	Good Samaritan Society, 1030 Scott Drive, Prescott,AZ 86301	Dancing at listed location(s)
4	Humboldt United School District Headquarters, 6411 N Robert Road, Prescott Valley,AZ 86314	Dancing at listed location(s)
5	Yavapai County Courthouse Plaza, 120 South Cortez Street, Prescott,AZ 86303	Dancing at listed location(s)

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.

Generates the pdfs.

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:

03/07/2019

By:



Date

AUTHORIZED REPRESENTATIVE



Club Roster

Enrollment For the Year 2019

Date Created	03/07/2019
Club Name	Mile-Hi Square Dance Club, Inc.(408)
Council/Association/Federation	GRAND CANYON SQUARE DANCE ASSOCIATION
Contact Information	Robert Efros Robert.Efros@Mile-HiSquares.org (928) 821-1400

Name of Dancer	Name of Dancer
Sandra M 'Sandy Casey	Frederick Desmarais
Robert Efros *Cottonwood Roadrunners	Juliet Efros *Cottonwood Roadrunners
Valerie Eschenmann	Bill Eschenmann
Judith Foehr	David Harris
Sumiko Harris	Cherie Hatzopoulos
Carolyn F. Hills	Jean Horton
Jennifer Jones	Donald Klein
Heryl Kroopnick	Pete Kroopnick
Mike Lane	Karma LeRoy
Chuck LeRoy	Jerri Lincoln
Barbara Lopez	Ernest 'Ernie' Lopez
Jane Lusk	George Lusk
Carole Mackler	Archie Maclelman
Herdis Maclelman	Bob Melvin *CottonwoodRoadrunners
Kathy Miller	Jack Minter
Diane 'Tigger' Monteser	Debbie Piziali
Andrew Piziali	Lema 'Sue' Poling
Michael D Simington	Charlie Simpson
Sheri Simpson	Bray Simser
Don Stone	Paula Stone
Georgia Thomas	Melinda Townsend
David Wahmoff	Duane Wahmoff

Thanks for completing your USDA renewal roster. In accordance with the long established requirements of the USDA Insurance Program and our insurance underwriters, all members of the club must participate in the USDA Insurance Program for the club to be covered under the liability policy. For questions regarding payment or other elements of the insurance renewal process, please contact your Insurance Chairman or the USDA Insurance Administrator, Pat Inglis, at usda.insurance@usda.org for more information.



CERTIFICATE OF LIABILITY INSURANCE

Date
03/07/2019

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), A 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 RPS Bollinger 150 JFK Parkway Short Hills, NJ 07078	Contact Name: Sports Service	
	Phone(A/C, No, Ext): (800) 446-5311	Fax(A/C, No): (973) 921-8474
Email Address: SportService@rpsins.com		
INSURER(S) AFFORDING COVERAGE		NAIC#
Insurer A: Markel Insurance Company		38970
Insurer B: Markel Insurance Company		
Insurer C: Markel Insurance Company		
Insurer D: Markel Insurance Company		
Insurer E: Markel Insurance Company		
Insurer F: Markel Insurance Company		
Insured Mile-Hi Square Dance Club, Inc. PO Box 10572 Prescott, AZ 86304		

COVERAGES

CERTIFICATE NUMBER:2019-2169

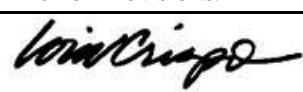
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INSR LTR	Type Of Insurance	ADDL INSD	SUBR WVD	Policy Number	Policy Eff (MM/DD/YYYY)	Policy Exp (MM/DD/YYYY)	Limits	
A	<input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Occur Gen'l Aggregate Limit Applies Per <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Pro-ject <input type="checkbox"/> LOC <input type="checkbox"/> Other			3602HF059663-22	01/01/2019	01/01/2020	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
	<input type="checkbox"/> Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos Only						Combined Single Limit(Ea Accident)	\$
	<input type="checkbox"/> Umbrella LIAB <input type="checkbox"/> Occur <input type="checkbox"/> Excess LIAB <input type="checkbox"/> Claims Made <input type="checkbox"/> DED <input type="checkbox"/> Retention \$						Each Occurrence	\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						Per Statute	\$
							Other	\$
							E L Each Accident	\$
							E L Disease - Ea Employee	\$
							E L Disease - Policy Limit	\$
A	Accident Medical			4102HF059664-22	01/01/2019	01/01/2020	Accidental Dismemberment	\$ 10,000
							Accidental Death	\$ 10,000
							Accidental Medical Exp	\$ 10,000

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

Issued on behalf of: Good Samaritan Society

Certificate Holder Good Samaritan Society 1030 Scott Drive Prescott, AZ 86301	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 



CERTIFICATE OF LIABILITY INSURANCE

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Producer RPS Bollinger 150 JFK Parkway Short Hills, NJ 07078	Contact Name: Sports Service	
	Phone(A/C, No, Ext): (800) 446-5311	Fax(A/C, No): (973) 921-8474
Email Address: SportService@rpsins.com		
INSURER(S) AFFORDING COVERAGE		NAIC#
Insurer A: Markel Insurance Company		38970
Insurer B: Markel Insurance Company		
Insurer C: Markel Insurance Company		
Insurer D: Markel Insurance Company		
Insurer E: Markel Insurance Company		
Insurer F: Markel Insurance Company		
Insured Mile-Hi Square Dance Club, Inc. PO Box 10572 Prescott, AZ 86304		

COVERAGES

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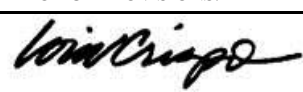
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A	<input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Occur Gen'l Aggregate Limit Applies Per Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC <input type="checkbox"/> Other			3602HF059663-22	01/01/2019	01/01/2020	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
	<input type="checkbox"/> Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> Owned Autos Only <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Non-Owned Autos Only						Combined Single Limit(Ea Accident)	\$
	<input type="checkbox"/> Umbrella LIAB <input type="checkbox"/> Occur <input type="checkbox"/> Excess LIAB <input type="checkbox"/> Claims Made DED Retention \$						Each Occurrence	\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						Per Statute	\$
							Other	\$
							E L Each Accident	\$
							E L Disease - Ea Employee	\$
							E L Disease - Policy Limit	\$
A	Accident Medical			4102HF059664-22	01/01/2019	01/01/2020	Accidental Dismemberment	\$ 10,000
							Accidental Death	\$ 10,000
							Accidental Medical Exp	\$ 10,000

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

Issued on behalf of: Downtown Humbolt, Arizona

Certificate Holder Dewey Humboldt Historical Society PO Box 85 Humbolt, AZ 86329	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 



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	<input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Occur						Damage To Rented Premises(Ea Occurrence)	\$ 100,000
	Gen'l Aggregate Limit Applies Per						Med Exp(Any one person)	\$ 5,000
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	<input type="checkbox"/> Other						General Aggregate	\$ 3,000,000
							Products - Comp/Op Agg	\$ 1,000,000
							\$	
	Automobile Liability						Combined Single Limit(Ea Accident)	\$
	<input type="checkbox"/> Any Auto						Bodily Injury(Per Person)	\$
	<input type="checkbox"/> Owned Autos <input type="checkbox"/> Scheduled Autos						Bodily Injury(Per Accident)	\$
	<input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos Only						Property Damage(Per Accident)	\$;
	<input type="checkbox"/> Umbrella LIAB <input type="checkbox"/> Occur						Each Occurrence	\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Issued on behalf of: Humboldt United School District Headquarters

Certificate Holder

Humboldt United School District Headquarters
6411 North Roberts Road
Prescott Valley, AZ 86314

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



CERTIFICATE OF LIABILITY INSURANCE

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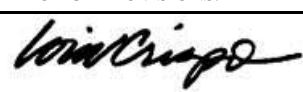
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Issued on behalf of: Elks Performing Arts Center

Certificate Holder Elks Performing Arts Center 117 South Gurley Street Prescott, AZ 86301	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 



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Insured Mile-Hi Square Dance Club, Inc. PO Box 10572 Prescott, AZ 86304															

COVERAGES **CERTIFICATE NUMBER:**2019-2169 **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														
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 <input type="checkbox"/> Other	Y		3602HF059663-22	01/01/2019	01/01/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Each Occurrence</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>Damage To Rented Premises(Ea Occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>Med Exp(Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>Personal & Adv Injury</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>General Aggregate</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>Products - Comp/Op Agg</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	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		\$
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	\$																				
	<input type="checkbox"/> Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos Only						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Combined Single Limit(Ea Accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury(Per Person)</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury(Per Accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>Property Damage(Per Accident)</td><td style="text-align: right;">\$;</td></tr> </table>	Combined Single Limit(Ea Accident)	\$	Bodily Injury(Per Person)	\$	Bodily Injury(Per Accident)	\$	Property Damage(Per Accident)	\$;						
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	<input type="checkbox"/> Umbrella LIAB <input type="checkbox"/> Occur <input type="checkbox"/> Excess LIAB <input type="checkbox"/> Claims Made <input type="checkbox"/> DED <input type="checkbox"/> Retention \$						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Each Occurrence</td><td style="text-align: right;">\$</td></tr> <tr><td>Aggregate</td><td style="text-align: right;">\$</td></tr> </table>	Each Occurrence	\$	Aggregate	\$										
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	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N	N/A					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Per Statute</td><td>Other</td><td style="text-align: right;">\$</td></tr> <tr><td>E L Each Accident</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E L Disease - Ea Employee</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E L Disease - Policy Limit</td><td></td><td style="text-align: right;">\$</td></tr> </table>	Per Statute	Other	\$	E L Each Accident		\$	E L Disease - Ea Employee		\$	E L Disease - Policy Limit		\$		
Per Statute	Other	\$																			
E L Each Accident		\$																			
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A	Accident Medical			4102HF059664-22	01/01/2019	01/01/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Accidental Dismemberment</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>Accidental Death</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>Accidental Medical Exp</td><td style="text-align: right;">\$ 10,000</td></tr> </table>	Accidental Dismemberment	\$ 10,000	Accidental Death	\$ 10,000	Accidental Medical Exp	\$ 10,000								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Issued on behalf of: Yavapai County Courthouse Plaza

Certificate Holder Yavapai County & Prescott Downtown Partnership PO Box 3801 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. <div style="text-align: right;"> Authorized Representative </div>
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When, Where, Why & How It Happened

Club Accident Report

State			
Association/Federation			
Club		Date of Accident	
Club Officer		Telephone	
Location of Accident			
Was the accident reported to the facility where the accident occurred? Yes No			
Name of Injured Person			
Address			
Member of		Club	
Nature of Injury			
Description of Accident	-----		
When & Where was treatment given	-----		
Name & Address of Witness: -----			
1.			
2.			
3.			
Signed			
Telephone			

PLEASE COMPLETE THIS FORM WITHIN 48 HOURS OF AN ACCIDENT AND SEND TO:
Your Federation / Association Insurance Chairman

UPON RECEIPT OF THIS ACCIDENT REPORT A CLAIM FORM WILL BE MAILED TO THE CLUB.