

Markel Insurance Company

Member Certificate

MEMBER NUMBER: **408**Date: **11/09/2019**

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: **11/01/2019** at 12:01 a.m. Standard Time at your mailing address shown above.

Expiration Date: **01/01/2021**

This replaces prior Member Certificate dated: N/A

Plan Administered By	Insurer
Elizabeth Sanders United Square Dancers of America(USDA)	Markel Insurance Company Ten Parkway North Deerfield, IL 60015
Contact Information	Producer Name And Mailing Address
Elizabeth Sanders Phone: (706)759-3642 Email: sqdanins@gmail.com	RPS Bollinger 150 JFK Parkway Short Hills, NJ 07078
To Report a Claim	
By Phone:706-759-3642 By Email:sqdanins@gmail.com By Mail:National Insurance Coordinator P.O. Box 417 Stephens, GA 30667	
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	Elks Performing Arts Center, 117 South Gurley Street, Prescott,AZ 86301	Dancing at listed location(s)
2	Downtown Humbolt, Arizona, Main Street, Humbolt,AZ 86329	Dancing at listed location(s)
3	Humboldt United School District Headquarters, 6411 N Robert Road, Prescott Valley,AZ 86314	Dancing at listed location(s)
4	Yavapai County Courthouse Plaza, 120 South Cortez Street, Prescott,AZ 86303	Dancing at listed location(s)
5	Moose Lodge 319, 6501 East 6th Street, Prescott Valley,AZ 86314	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:

11/09/2019

By:



Date

AUTHORIZED REPRESENTATIVE



Club Roster

Enrollment For the Year 2020

Date Created	06/03/2020
Club Name	MILE-HI SQUARE DANCE CLUB INC(408)
Council/Association/Federation	GRAND CANYON SQUARE DANCE ASSOCIATION
Contact Information	Robert Efros GCSDA.Insurance.Coordinator@gmail.com 9288211400

Name of Dancer	Name of Dancer
Gus Barrera *Cottonwood Roadrunners	Sandra M 'Sandy Casey
Marianne Clark *Cottonwood Roadrunners	Dan Dagget *Cottonwood Roadrunners
Juliet Efros	Robert Efros
Valerie Eschenmann	Bill Eschenmann
Judith Foehr	Don Godard *Cottonwood Roadrunners
Chris Godard *Cottonwood Roadrunners	Donna Goodman *Cottonwood Roadrunners
Janet Hall *Cottonwood Roadrunners	David Harris
Sumiko Harris	Cherie Hatzopoulos
Carolyn Hills	Jean Horton *Cottonwood Roadrunners
Brent Hulls *Cottonwood Roadrunners	Trish Jahnke *Cottonwood Roadrunners
Jennifer Jones	Donald Klein
Pete Kroopnick	Heryl Kroopnick
Jerri Lincoln	Renee Lorette *Cottonwood Roadrunners
Charles Mackey *Cottonwood Roadrunners	Archie MacLellan
Herdis MacLellan	Mary Lou McMahon
Thomas McMahon	Bob Melvin *Cottonwood Roadrunners
Bob Melvin *Cottonwood Roadrunners	Jack Minter
Diane 'Tigger' Monteser	Ruth Newton *Cottonwood Roadrunners
Mark Newton *Cottonwood Roadrunners	Connie Phillips *Cottonwood Roadrunners
Andrew Piziali	Debbie Piziali
Lema 'Sue' Poling	Michael Ross
Bud Schaefer *Cottonwood Roadrunners	Judy Schurkamp
Michael D Simington	Charlie Simpson
Sheri Simpson	Ruth Smith *Cottonwood Roadrunners
Paula Stone	Don Stone
Babette Tinnin *Cottonwood Roadrunners	Melinda Townsend
David Wahmoff	Duane Wahmoff
Douglas Wall	Beverley Wall
Daisy Williams *Cottonwood Roadrunners	Betty Wolters *Cottonwood Roadrunners

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, Elizabeth Sanders, at sqdanins@gmail.com for more information.

Number of Club Members this Page 58



CERTIFICATE OF LIABILITY INSURANCE

Date
11/09/2019

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:2020-186

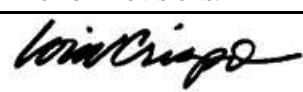
REVISION NUMBER:

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			3602HF059663-23	11/01/2019	01/01/2021	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"/> Hired 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 <input type="checkbox"/> DED <input type="checkbox"/> 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						Per Statute	\$
							Other	\$
							E L Each Accident	\$
							E L Disease - Ea Employee	\$
							E L Disease - Policy Limit	\$
A	Accident Medical			4102HF059664-22	11/01/2019	01/01/2021	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: 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 



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

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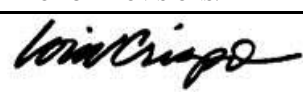
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Issued on behalf of: 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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REVISION NUMBER:

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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: 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. <div style="text-align: right;"> Authorized Representative </div>
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CERTIFICATE OF LIABILITY INSURANCE

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COVERAGES **CERTIFICATE NUMBER:**2020-186 **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		3602HF059663-23	11/01/2019	01/01/2021	<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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	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 <input type="checkbox"/> 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	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		\$		
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A	Accident Medical			4102HF059664-22	11/01/2019	01/01/2021	<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: Moose Lodge 319

Certificate Holder Moose Lodge 319 6501 East 6th Street 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. <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.