

Markel Insurance Company

Member Certificate

MEMBER NUMBER: **408**Date: **12/05/2020**

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING MASTER POLICY NUMBER: 3602HF059663 - 24

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: **01/01/2021** at 12:01 a.m. Standard Time at your mailing address shown above.

Expiration Date: **01/01/2022**

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 | Humboldt United School District Headquarters, 6411 N Robert Road, Prescott Valley, AZ 86314 | Dancing at listed location(s) |
| 2 | Moose Lodge 319, 6501 East 6th Street, Prescott Valley, AZ 86314 | Dancing at listed location(s) |
| 3 | Yavapai County Courthouse Plaza, 120 South Cortez Street, Prescott, AZ 86303 | Dancing at listed location(s) |
| 4 | Elks Performing Arts Center, 117 South Gurley Street, Prescott, AZ 86301 | Dancing at listed location(s) |
| 5 | Downtown Humbolt, Arizona, Main Street, Humbolt, AZ 86329 | 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:

12/05/2020

By:



Date

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

Date
12/05/2020

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 | | |

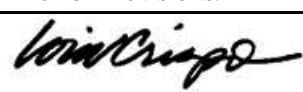
COVERAGES **CERTIFICATE NUMBER:**2021--1 **REVISION NUMBER:**

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 | ADL INSD | SUBR WVD | Policy Number | Policy Eff (MM/DD/YYYY) | Policy Exp (MM/DD/YYYY) | Limits | |
|----------|---|---|----------|-----------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> Commercial General Liability | | | 3602HF059663-24 | 01/01/2021 | 01/01/2022 | Each Occurrence | \$ 1,000,000 |
| | <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 |
| | <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Pro-ject <input type="checkbox"/> LOC | | | | | | Personal & Adv Injury | \$ 1,000,000 |
| | <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 Only | <input type="checkbox"/> Scheduled Autos | | | | | Bodily Injury (Per Accident) | \$ |
| | <input type="checkbox"/> Hired Autos Only | <input type="checkbox"/> Non-Owned Autos Only | | | | | Property Damage (Per Accident) | \$ |
| | | | | | | | | \$ |
| | <input type="checkbox"/> Umbrella LIAB | <input type="checkbox"/> Occur | | | | | Each Occurrence | \$ |
| | <input type="checkbox"/> Excess LIAB | <input type="checkbox"/> Claims Made | | | | | Aggregate | \$ |
| | <input type="checkbox"/> DED <input type="checkbox"/> Retention \$ | | | | | | | |
| | 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 | | | | Per Statute | Other \$ |
| | | | | | | | E L Each Accident | \$ |
| | | | | | | | E L Disease - Ea Employee | \$ |
| | | | | | | | E L Disease - Policy Limit | \$ |
| A | Accident Medical | | | 4102HF059664-24 | 01/01/2021 | 01/01/2022 | 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: 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. |
| | Authorized Representative  |



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Date
12/05/2020

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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 | | |
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| Insured MILE-HI SQUARE DANCE CLUB INC PO Box 10572 Prescott, AZ 86304 | | |

COVERAGES

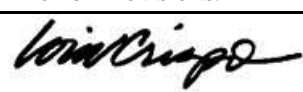
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| INSR LTR | Type Of Insurance | ADDL INSD | SUBR WVD | Policy Number | Policy Eff (MM/DD/YYYY) | Policy Exp (MM/DD/YYYY) | Limits | |
|----------|---|---|----------|-----------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> Commercial General Liability | | | 3602HF059663-24 | 01/01/2021 | 01/01/2022 | Each Occurrence | \$ 1,000,000 |
| | <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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| | Automobile Liability | | | | | | Combined Single Limit (Ea Accident) | \$ |
| | <input type="checkbox"/> Any Auto | | | | | | Bodily Injury (Per Person) | \$ |
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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 | | | | | | Per Statute | \$ |
| | | | | | | | Other | \$ |
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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 |
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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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC#</th> </tr> </thead> <tbody> <tr> <td>Insurer A: Markel Insurance Company</td> <td style="text-align: center;">38970</td> </tr> <tr> <td>Insurer B: Markel Insurance Company</td> <td></td> </tr> <tr> <td>Insurer C: Markel Insurance Company</td> <td></td> </tr> <tr> <td>Insurer D: Markel Insurance Company</td> <td></td> </tr> <tr> <td>Insurer E: Markel Insurance Company</td> <td></td> </tr> <tr> <td>Insurer F: Markel Insurance Company</td> <td></td> </tr> </tbody> </table> | 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 | |
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| Insured MILE-HI SQUARE DANCE CLUB INC PO Box 10572 Prescott, AZ 86304 | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:**2021--1 **REVISION NUMBER:**

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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 <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Pro-ject <input type="checkbox"/> LOC <input type="checkbox"/> Other | Y | | 3602HF059663-24 | 01/01/2021 | 01/01/2022 | <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 | | | | | | <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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| Bodily Injury(Per Person) | \$ | | | | | | | | | | | | | | | | | | | | |
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| Property Damage(Per 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 \$ | | | | | | <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 | \$ | | | | | | | | | | |
| Each Occurrence | \$ | | | | | | | | | | | | | | | | | | | | |
| Aggregate | \$ | | | | | | | | | | | | | | | | | | | | |
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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. <div style="text-align: right;"> Authorized Representative </div> |
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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 | | | | | | | | | | | | | | |
|---|---|-------------------------------|-------|-------------------------------------|-------|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|
| Insured MILE-HI SQUARE DANCE CLUB INC PO Box 10572 Prescott, AZ 86304 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC#</th> </tr> </thead> <tbody> <tr> <td>Insurer A: Markel Insurance Company</td> <td style="text-align: center;">38970</td> </tr> <tr> <td>Insurer B: Markel Insurance Company</td> <td></td> </tr> <tr> <td>Insurer C: Markel Insurance Company</td> <td></td> </tr> <tr> <td>Insurer D: Markel Insurance Company</td> <td></td> </tr> <tr> <td>Insurer E: Markel Insurance Company</td> <td></td> </tr> <tr> <td>Insurer F: Markel Insurance Company</td> <td></td> </tr> </tbody> </table> | 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 | |
| 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 | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 2021--1

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 | | 3602HF059663-24 | 01/01/2021 | 01/01/2022 | 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"/> Hired Autos Only <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"/> 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 | 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 | | | 4102HF059664-24 | 01/01/2021 | 01/01/2022 | 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: 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> |
|--|--|



CERTIFICATE OF LIABILITY INSURANCE

Date
12/05/2020

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:2021--1

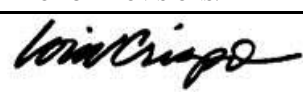
REVISION NUMBER:

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 | | | 3602HF059663-24 | 01/01/2021 | 01/01/2022 | Each Occurrence | \$ 1,000,000 |
| | <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 |
| | <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Pro-ject <input type="checkbox"/> LOC | | | | | | Personal & Adv Injury | \$ 1,000,000 |
| | <input type="checkbox"/> Other | | | | | | General Aggregate | \$ 3,000,000 |
| | Automobile Liability | | | | | | Combined Single Limit (Ea Accident) | \$ |
| | <input type="checkbox"/> Any Auto | | | | | | Bodily Injury (Per Person) | \$ |
| | <input type="checkbox"/> Owned Autos Only | <input type="checkbox"/> Scheduled Autos | | | | | Bodily Injury (Per Accident) | \$ |
| | <input type="checkbox"/> Hired Autos Only | <input type="checkbox"/> Non-Owned Autos Only | | | | | Property Damage (Per Accident) | \$ |
| | <input type="checkbox"/> Umbrella LIAB <input type="checkbox"/> Occur | | | | | | Each Occurrence | \$ |
| | <input type="checkbox"/> Excess LIAB <input type="checkbox"/> Claims Made | | | | | | Aggregate | \$ |
| | <input type="checkbox"/> DED <input type="checkbox"/> Retention \$ | | | | | | | |
| | 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 | | | 4102HF059664-24 | 01/01/2021 | 01/01/2022 | 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  |



Club Roster

Enrollment For the Year 2021

| | |
|---------------------------------------|---|
| Date Created | 12/05/2020 |
| 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 |
|------------------------|-------------------------|
| Sandra M 'Sandy' Casey | Dan Daggett |
| Juliet Efros | Robert Efros |
| Valerie Eschenmann | Bill Eschenmann |
| Judith Foehr | Don Godard |
| Chris Godard | Donna Goodman |
| Janet Hall | David Harris |
| Sumiko Harris | Cherie Hatzopoulos |
| Trish Jahnke | Jennifer Jones |
| Donald Klein | Heryl Kroopnick |
| Pete Kroopnick | Charles Mackey |
| Bob Melvin | Diane 'Tigger' Monteser |
| Debbie Piziali | Andrew Piziali |
| Lema 'Sue' Poling | Michael D Simington |
| Bray Simser | Georgia Thomas |
| David Wahmhoff | Duane Wahmhoff |

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 30