

## Markel Insurance Company

### Member Certificate

MEMBER NUMBER: **408**Date: **11/12/2021**

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: **01/01/2022** at 12:01 a.m. Standard Time at your mailing address shown above.

Expiration Date: **01/01/2023**

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 200 Jefferson Park Whippany, NJ 07981
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	
<b>Form Of Business:</b> <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:

11/12/2021

By:



\_\_\_\_\_  
Date

AUTHORIZED REPRESENTATIVE



## Club Roster

Enrollment For the Year 2022

<b>Date Created</b>	12/05/2021
<b>Club Name</b>	MILE-HI SQUARE DANCE CLUB INC(408)
<b>Council/Association/Federation</b>	GRAND CANYON SQUARE DANCE ASSOCIATION
<b>Contact Information</b>	Robert Efros Robert.Efros@Mile-HiSquares.org 9288211400

Name of Dancer	Name of Dancer
Peggy Alfeld	Phillip Alfeld, Sr.
Thoma Babcock	Chuck Babcock
Sandra M 'Sandy Casey	Juliet Efros
Robert Efros	Bill Eschenmann
Valerie Eschenmann	Judith Foehr
Robin Gehring	Charles Gehring
Don Godard	Chris Godard
Janet Hall	Sumiko Harris
David Harris	Cherie Hatzopoulos
Jean Horton	Jennifer Jones
Heryl Kroopnick	Pete Kroopnick
Jim Lawrence	Faith Lawrence
Charles Mackey	Bob Melvin
Jack Minter	Diane 'Tigger' Monteser
Christianne Peterkin	Debbie Piziali
Andrew Piziali	Lema 'Sue' Poling
Michael D Simington	Charlie Simpson
Bray Simser	Paula Stone
Don Stone	Duane Wahmhoff
David 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 39



**CERTIFICATE OF LIABILITY INSURANCE**

Date  
11/12/2021

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).

<b>Producer</b> RPS Bollinger 200 Jefferson Park Whippany, NJ 07981	Contact Name: Sports Service	
	Phone(A/C, No, Ext): (800) 446-5311	Fax(A/C, No): (973) 921-8474
<b>Insured</b> MILE-HI SQUARE DANCE CLUB INC PO Box 10572 Prescott, AZ 86304	Email Address: SportService@rpsins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>Insurer A:</b> Markel Insurance Company	NAIC# 38970
	<b>Insurer B:</b> Markel Insurance Company	
	<b>Insurer C:</b> Markel Insurance Company	
	<b>Insurer D:</b> Markel Insurance Company	
	<b>Insurer E:</b> Markel Insurance Company	
	<b>Insurer F:</b> Markel Insurance Company	

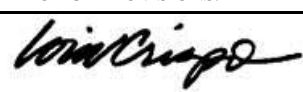
**COVERAGES** **CERTIFICATE NUMBER:**2022--1 **REVISION NUMBER:**

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"/> <b>Commercial General Liability</b> <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			3602HF059663-25	01/01/2022	01/01/2023	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"/> <b>Automobile Liability</b> <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)	\$
							Bodily Injury(Per Person)	\$
							Bodily Injury(Per Accident)	\$
							Property Damage(Per Accident)	\$;
	<input type="checkbox"/> <b>Umbrella LIAB</b> <input type="checkbox"/> Occur <input type="checkbox"/> <b>Excess LIAB</b> <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 <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			4102HF059664-25	01/01/2022	01/01/2023	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

<b>Certificate Holder</b> Moose Lodge 319 6501 East 6th Street Prescott Valley, AZ 86314	<b>Cancellation</b> 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		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
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		
<b>Insured</b> MILE-HI SQUARE DANCE CLUB INC PO Box 10572 Prescott, AZ 86304		

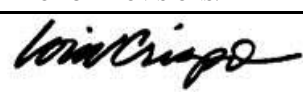
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A	<input checked="" type="checkbox"/> <b>Commercial General Liability</b>			3602HF059663-25	01/01/2022	01/01/2023	Each Occurrence	\$ 1,000,000
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	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> 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
	<b>Automobile Liability</b>						Combined Single Limit(Ea Accident)	\$
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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

<b>Certificate Holder</b>  Yavapai County & Prescott Downtown Partnership PO Box 3801 Prescott, AZ 86303	<b>Cancellation</b>  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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**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

<b>Certificate Holder</b>  Elks Performing Arts Center 117 South Gurley Street Prescott, AZ 86301	<b>Cancellation</b>  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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**COVERAGES** **CERTIFICATE NUMBER:**2022--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"/> <b>Commercial General Liability</b> <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		3602HF059663-25	01/01/2022	01/01/2023	<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 &amp; 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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Each Occurrence	\$																				
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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	\$																			
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A	Accident Medical			4102HF059664-25	01/01/2022	01/01/2023	<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: Downtown Humbolt, Arizona

<b>Certificate Holder</b>  Dewey Humboldt Historical Society PO Box 85 Humbolt, AZ 86329	<b>Cancellation</b>  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**

Date  
11/12/2021

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).

<b>Producer</b> RPS Bollinger 200 Jefferson Park Whippany, NJ 07981	Contact Name: Sports Service	
	Phone(A/C, No, Ext): (800) 446-5311	Fax(A/C, No): (973) 921-8474
Email Address: SportService@rpsins.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
<b>Insurer A:</b> Markel Insurance Company		38970
<b>Insurer B:</b> Markel Insurance Company		
<b>Insurer C:</b> Markel Insurance Company		
<b>Insurer D:</b> Markel Insurance Company		
<b>Insurer E:</b> Markel Insurance Company		
<b>Insurer F:</b> Markel Insurance Company		
<b>Insured</b> MILE-HI SQUARE DANCE CLUB INC PO Box 10572 Prescott, AZ 86304		

**COVERAGES**

**CERTIFICATE NUMBER:** 2022--1

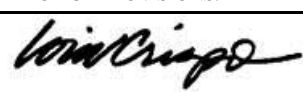
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Issued on behalf of: Humboldt United School District Headquarters

<b>Certificate Holder</b>  Humboldt United School District Headquarters 6411 North Roberts Road Prescott Valley, AZ 86314	<b>Cancellation</b>  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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