

Markel Insurance Company

Member Certificate

MEMBER NUMBER: **407**Date:**03/04/2019**

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):

Cottonwood Roadrunners Square & Round Dance Club, Inc.

PO Box 764

Cottonwood,AZ 86326

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

<p>Plan Administred By Pat Inglis United Square Dancers of America(USDA)</p>	<p>Insurer Markel Insurance Company Ten Parkway North Deerfield, IL 60015</p>
<p>Contact Information Pat Inglis Phone: (404)298-6148 Fax: (404) 298-6149 Email: usda.insurance@usda.org</p>	<p>Producer Name And Mailing Address 83820/Markel Service Incorporated 4501 Highwoods Pkwy, Suite 200 Glen Allen, VA 23060</p>
<p>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</p>	
<p align="center">Form Of Business, Location Of Premises, Operations</p>	
<p>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)</p>	

Premises and Operations

Location No.	Address	Operations
1	American Heritage Acadamey, 2030 East Cherry Street, Cottonwood,AZ 86326	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:

03/04/2019

By: 

_____ Date

AUTHORIZED REPRESENTATIVE



Club Roster

Enrollment For the Year 2019

Date Created	03/25/2019
Club Name	Cottonwood Roadrunners Square & Round Dance Club, Inc.(407)
Council/Association/Federation	GRAND CANYON SQUARE DANCE ASSOCIATION
Contact Information	Robert Efrps Robert.Efros@CottonwoodRoadrunners.org (928) 821-1400

Name of Dancer	Name of Dancer
Gus Barrera	Anne Barrett
Sandra M. Casey *Mile-Hi Squares	Mary Ann Clark
Dan Dagget	Roses Dixson
Robert Efros	Juliet Efros
Don Godard	Chris Godard
Donna Goodman	Janet Hall
Cherie Hatzopoulos *Mile-Hi Squares	Carolyn Hills *Mile-Hi Squares
Robb Hink	Brent Hulls
Evelyn Jacobson	Trish Jahnke
Warren Johnston	Jacqueline Leslie
Renee Lorette	Charles Mackey
Beverly Malizia	Steve Malizia
Jerry 'Geronimo' Martin	Eileen Martin
Joan McClouth	Dale McCoy
Bob Melvin	Jack Minter *Mile-Hi Squares
Ruth Newton	Mark H. Newton
Connie Phillips	Lema 'Sue' Poling *Mile-Hi Squares
Bud Schaefer	Robert Smith
Ruth Smith	Pat Stinson
Babette Tinnin	Lynn Toneri
Billy Warnken	Daisy Williams

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.

Number of Club Members this Page 42



CERTIFICATE OF LIABILITY INSURANCE

Date
03/04/2019

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 Cottonwood Roadrunners Square & Round Dance Club, Inc. PO Box 764 Cottonwood, AZ 86326		

COVERAGES

CERTIFICATE NUMBER:2019-2146

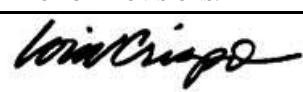
REVISION NUMBER:

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 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 <input type="checkbox"/> Hired 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: American Heritage Acadamey

Certificate Holder ED Key, Inc. 1460 South Home Street Mesa, AZ 85204	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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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.