



**MEMBER CERTIFICATE**

CERTIFICATE NUMBER: **USDA407**

Date: **7/13/2018**

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING  
MASTER POLICY NUMBER: 3602HF059663-21

**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.**

**NAMED INSURED (CERTIFICATE HOLDER)**

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

**Cottonwood Roadrunners Round & Square Dance Club  
PO Box 1388  
Cornville, AZ 86325**

Phone Number: ( ) - Extension:

Effective Date: **01/01/2018**

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

Expiration Date: **01/01/2019**

This replaces prior Member Certificate dated: N/A

**Plan Administered By**

Pat Inglis  
United Square Dancers of America (USDA)

**Contact Information**

Name: Pat Inglis  
Phone: (404)298-6148  
Fax: (404) 298-6149  
Email: usda.insurance@usda.org

**Insurer**

Markel Insurance Company  
Ten Parkway North  
Deerfield, IL 60015

**Producer Name And Mailing Address**

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 E-mail: 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:**  Individual  Partnership  Joint Venture  Limited Liability Company  
 Organization, including a corporation (Other than partnership, joint venture or limited liability company)

**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.**

**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: 7/13/2018  
Date

By: Bruce A. Key  
AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/13/2018

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), 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> Markel Service, Incorporated 4501 Highwoods Parkway Suite 200 Glen Allen VA 23060	<b>CONTACT NAME:</b> Yuriy Cherepnya <b>PHONE (A/C, No, Ext):</b> (800)995-1012 <b>E-MAIL ADDRESS:</b> msi@markelcorp.com	<b>FAX (A/C, NO):</b> (804)527-7904
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Cottonwood Roadrunners Round & Square Dance Club PO Box 1388 Cornville, AZ 86325	<b>INSURER A:</b> Markel Insurance Company <b>NAIC #</b> 38970	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 2018-2095

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 OTHER:	Y		3602HF059663-21	01/01/2018	01/01/2019	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
							\$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER
							E. L. EACH ACCIDENT \$
							E. L. DISEASE - EA EMPLOYEE \$
							E. L. DISEASE - POLICY LIMIT \$
A	Accident Medical			4102HF059664-21	01/01/2018	01/01/2019	Accidental Dismemberme \$10,000
							Accidental Death \$10,000
							Accident Medical Exp \$10,000

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

American Heritage Acadamey, 2030 East Cherry Street, Cottonwood, AZ 86326

**CERTIFICATE HOLDER**
 ED Key, Inc.  
 1460 South Horne 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

*Yuriy Cherepnya*

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