

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 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>  99996/Health & Fitness Direct A Division of Markel Service Incorporated 4600 Cox Road Glen Allen ,VA 23060	<b>CONTACT NAME:</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>PHONE (A/C No, Ext):</b></td> <td><b>FAX (A/C No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> </table>	<b>PHONE (A/C No, Ext):</b>	<b>FAX (A/C No):</b>	<b>E-MAIL ADDRESS:</b>	
<b>PHONE (A/C No, Ext):</b>	<b>FAX (A/C No):</b>				
<b>E-MAIL ADDRESS:</b>					
<b>INSURED</b>  UNITED SQUARE DANCERS OF AMERICA International Dance Assn of San Diego County San Diego Folk Dancers	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>		
	INSURER A: <b>A Markel Insurance Company</b>		<b>38970</b>		
	INSURER B:				
	INSURER C:				
	INSURER D:				
	INSURER E:				

**COVERAGES**

**CERTIFICATE NUMBER:**

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3602HF059663-20	01/01/2017	01/01/2018	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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>				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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE                    \$ AGGREGATE                    \$ _____ _____
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input type="checkbox"/>				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT                    \$ E.L. DISEASE - EA EMPLOYEE                    \$ E.L. DISEASE - POLICY LIMIT                    \$
A	<b>ACCIDENT MEDICAL</b>	<input type="checkbox"/>	<input type="checkbox"/>	4102HF059664-20	01/01/2017	01/01/2018	\$10,000 ACCIDENTAL DISMEMBERMENT \$10,000 ACCIDENTAL DEATH \$10,000 ACCIDENTAL MEDICAL EXPENSE

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

Balboa Park Club  
 Balboa Park  
 San Diego , CA 92101

**CERTIFICATE HOLDER**

City of San Diego, Park & Recreation Department  
 2125 Park Blvd  
 San Diego, CA 92101

14054

**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

*Bruce A. Key*