ACORD CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 01/23/2017		
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT THIS CERTIFICATE OF INSURANCE I OR PRODUCER, AND THE CERTIFICA	IVEL DOES	Y OR NOT	NEGATIVELY AMEND, E CONSTITUTE A CONTRA	XTEND OR ALTER	THE COVERAG	E AFFORDED BY TH	ATE HOLI E POLICIE	DER. THIS S BELOW.		
IMPORTANT: If the certificate holder terms and conditions of the policy, certificate holder in lieu of such endo	certa	ain po	licies may require an en	policy(ies) must be dorsement. A sta	e endorsed. If S tement on this	UBROGATION IS WA certificate does not	IVED, sub confer rig	ject to the hts to the		
PRODUCER		CONTACT NAME:								
99996/Health & Fitness Direct A Division of Markel Service Incorporated 4600 Cox Road Glen Allen ,VA 23060				PHONE (A/C No, Ext): FAX (A/C No): E-MAIL FAX						
				ADDRESS:				NAIC #		
				INSURER A:		rance Company		_		
INSURED UNITED SQUARE DANCERS OF A International Dance Assn of San E Royal Scottish Country Dance Soc	ty	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:				38970				
COVERAGES CE	NUMBER:	REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY REQUIREMENT ISSUED OR MAY PERTAIN, THE INSURAN SUCH POLICIES. LIMITS SHOWN MAY HA	, teri ice ai ve be	M OR (FFORD EN RE	CONDITION OF ANY CONTR DED BY THE POLICIES DESC	ACT OR OTHER DOO RIBED HEREIN IS SUI	CUMENT WITH RI BJECT TO ALL TI	ESPECT TO WHICH THIS	G CERTIFIC	ATE MAY BE		
NSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	мітя			
A GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,00		
COMMERCIAL GENERAL LIABILITY	X					DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person	\$) \$	100,00		
			3602HF059663-20	01/01/2017	01/01/2018	PERSONAL & ADV INJURY		1,000,00		
						GENERAL AGGREGATE	\$	3,000,00		
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AG	iG \$	1,000,00		
						COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO						BODILY INJURY (Per perso	on) \$			
ALL OWNED SCHEDULED AUTOS AUTOS HIRED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accid PROPERTY DAMAGE (Per accident)	lent) \$ \$			
							\$			
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE AGGREGATE	\$			
DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						WC STATU-	\$ OTH- ER			
OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLO E.L. DISEASE - POLICY LIN				
A ACCIDENT MEDICAL			4102HF059664-20	01/01/2017	01/01/2018	\$10,000 ACCIDEN \$10,000 ACCIDEN \$10,000 ACCIDEN	TAL DISM	Ή		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHI San Marcos High School 1615 W San Marcos Blvd San Marcos, CA 92078	CLES (Attach .	ACORD 101, Additional Remarks	Schedule, if more space	is required)	1				
CERTIFICATE HOLDER				CANCELLATION						
San Marcos High School 1615 W San Marcos Road San Marcos, CA 92078						POLICIES BE CANCELLED ELIVERED IN ACCORDAN				
	14058	AUTHORIZED REPRESENTATIVE								
ACORD 25 (2010/05)		Tł	ne ACORD name and logo			ACORD CORPORATIO	N. Aprigl	nts reserved		