

Key Liability Insurance Terms

Insurance Limits: Occurrence vs. Aggregate

Commercial general liability policies generally have two limits of coverage: the **per-occurrence limit** and the **aggregate limit**.

The per-occurrence limit states the maximum benefit available for a single claim, while the aggregate is the maximum for all claims combined within the policy period. Some policies have the same dollar amount for both, while others have a higher aggregate than the per-occurrence limit. For example, a general liability policy may have \$1 million per-occurrence limit but a \$2 million aggregate.

As an example of how this works, if a company has a \$1 million per-occurrence limit with a \$2 million aggregate and files three claims each worth \$800,000 in a year, it may believe it is fully covered because each claim is less than \$1 million. However, the sum of the three claims exceeds the aggregate limit, so the company would have to pay the balance of the third claim that exceeds the aggregate – in this case, \$400,000 – with its own funds.

Per-Occurrence vs. Claims-Made

An Occurrence policy (most common) protects the insured from any covered incident that "occurs" during the policy period, regardless of when a claim is reported to the carrier. It provides a separate coverage limit for each year the policy is in force. It doesn't matter if the policy is active when the claim is reported. It only matters that the policy was active when the alleged incident occurred.

Conversely, a claims-made policy (less common for general/commercial liability polices) covers the insured for an incident that occurred during the policy period and was reported as a claim while the policy remained in force.

Generally, USHJA requires that its vendors and suppliers have liability insurance issued on a <u>per-</u><u>occurrence</u> basis.

Certificate Holder vs. Additional Insured

As a Certificate Holder, USHJA is simply receiving proof of insurance policies and limits that exist for the insured that day. Being named as an **Additional Insured**, however, **provides USHJA with insurance coverage and rights to defense** under the entity's (vendor, competition manager, stable, etc.) policy in the event that a claim arises from the actions of the insured entity. This is a typical contractual requirement between entities doing business with one another. In USHJA's case, any claims made against USHJA related to the insured's event or activities will first be handled on some level by the insured's policy before USHJA's own liability policy kicks in.

An additional privilege of being named as an additional insured is that USHJA receives notifications from the insured's agency or insurance carrier about any changes to the policy, including modifications to made to limits, coverage lapses and/or policy cancellation.

Many USHJA programs require that its contracted hosts provide proof of insurance showing USHJA named as an additional insured, and it is critical that if it is a program requirement that the entity provides that protection to USHJA.



Liability Insurance Certificate Cheat Sheet

To be used to verify adequate proof of liability insurance provided on Certificates of Insurance on the part of USHJA competition/program hosts and participants.

- 1. All certificates must be on an Acord form
- 2. Producer: this lists the **insurance agency** that represents the insured (entity holding the insurance policy).
- 3. Insurance Agency contact information.
- 4. The insurance carrier (the entity that actually issues the policy and provides the coverage)
- Insured: The insured is the entity holding the policy and is the entity doing business with USHJA (either has a competition/program host or as an individual or entity participating in a USHJA program – TCP trainer, Recognized Riding Academy, etc.)
- 6. Type of Insurance: Lists the specific type of policy. You will always want to see the term "Liability."
- 7. Having this box checked means the entity listed in #11 below (Certificate Holder) is named as an Additional Insured on the policy. This is an important designation and required for many USHJA host and competition venues. If this box is not checked, make sure to look for additional insured designation in the Description of Operations section (#10).
- 8. These dates list the **policy effective and expiration dates**. Make sure the USHJA event/class date(s) falls within these dates.
- 9. In the case of certain USHJA event hosts, the certification must show a minimum of **\$1,000,000 per occurrence** in this box.
- 10. This area lists any **additional or specific activities** that are **insured** by the policy (e.g. a trainer who runs camps or parties. These represent activities not normally covered by a trainer liability policy and need to be specifically mentioned. If there are any questions about whether a certain activity is covered, call the listed agency).
- 11. **Certificate Holder**: This area lists the entity to which the certificate is being issued. In almost ALL cases, **USHJA should appear here**.
- 12. There must always be a signature, or the certificate is not valid.

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Leavitt Pacific Insurance Brokers, Inc. License #0D79674		(408) 288-626	52 FAX (A/C, No): (408) 298-7	635
1330 S Bascom Ave	E-MAIL ADDRESS: Sar	ndy-brown@le	avitt.com	/.	
		INSURER(S) AFF	ORDING COVERAGE		NAIC #
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480 W. Riverside Dr Ste 1				E-MAIL	_{o, Ext):} (888) _{SS:} marnye@		ine.com	•	
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Gold Coast February, Feb. 17-19; Gold Coast April, Apr. 7-9; Memorial Day Classic, May 25-28; Gold Coast July, Jul. 21-23; Gold Coast Labor Day, Aug. 31-Sept. 3, 2017; Gold Coast October, Oct. 19-22; LA Season Finale, Nov. 16-19									
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						© 1988-	2014 ACOR	D CORPORATION. All	rights	reserved.

USPC Optional Accident Insurance Application

Use when non-Pony Club Members will be participating in a USPC activity (shows, clinics, etc.)

Region:	Hawaii			STOP
Pony Club:	Woods Riding Pony Club Riding Center			
DC:	Angela Woods]	Phone:	808-383-8743
Address:	1481 Haloa Drive			
City, State, Zip:	Honolulu, 11 96818		Email:	ang21@hawaii.rr.com

Application is hereby made for insurance to be provided in accordance with the terms and conditions of the Master Policy issued by AIG (American International Group, Inc.), and on the file with the United States Pony Clubs, Inc. as follows:

This form does not constitute proof of LIABILITY insurance. 1. This document is specific to USPC and its optional

Accidental Medical Reimbursement Insurance

	accident insurance.	
2.	Information is not be	eing provided by way of an

Covering each non-Pony Club participant while he or she is taking part in a Pony Club Horse Show or other specified Special Event sponsored and supervised by the Pony Club. EXCLUSIONS: Roughstock

Medical Expense Limit: \$25,000 each accident Accidental Death & Dismemberment: \$5,000

	Event	Date(s)	Rate/Day	Premium
1.	March Madness Schooling Jumper Show	03/05/2017 - 03/05/2017	\$28.00	28
2.	Fun In The Sun Schooling Jumper Show	08/27/2017 - 08/27/2017	\$28.00	28
3.	Halloween Spooktacular Schooling Jumper Show	10/29/2017 - 10/29/2017	\$28.00	28
4.			\$28.00	
5.			\$28.00	
6.			\$28.00	
7.			\$28.00	
8.			\$28.00	
			Total:	84.00

ACKNOWLEDGEMENT

We acknowledge receipt of the above Application and we have arranged for the insurance requested under the Master Policy for the United States Pony Clubs, Inc. The terms and conditions of the Policy shall control all coverage provided.

Date:	
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Signed:	William	R. Nelherson	

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	Kailua, HI 96734				INSURE		ТОР	to the Certifica	ite Holde	er –	
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E.	XCLUSIONS AND CONDITIONS OF SUCH		CIES.		BEEN I		PAID CLAIMS	i. T			
LTR A	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)			s s	1,000,000
l'		x		B123062096C17-HAWAT	A1	09/15/2017	09/18/2017	EACH OCCURREN DAMAGE TO REN PREMISES (Ea occ	red	<mark>ъ</mark> \$	50,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	1,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - CON	IP/OP AGG	\$	1,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL		\$ \$	
				his insurance contra			r	(Ea accident) BODILY INJURY (F	er person)	\$	
	ALL OWNED SCHEDULED			n insurer which is n				BODILY INJURY (F	er accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS			he State of Hawaii a o its regulation or ex			CI	PROPERTY DAMA (Per accident)	GE	\$	
				he Insurer is found in			5			\$	
	UMBRELLA LIAB OCCUR			nder this contract a				EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE	-	i	ny guaranty fund of	the S	State of Ha	awaii.	AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC						re space is requi	red)			
Lim	it for Horses in your CCC is \$25,0 000 PD Limit for prop rented/loan) 000 bed	per o	occurrence/\$50,000 age	pregat	e.					
ICC(C. Certificate holder is additional	insu	ired	as to the general liabili	tv		USHJA i	s not the			
rela	osure of the Named Insured but on the test of the HHSA Fall Frolic Show	on	Sept	ember 15-18 2017 only		>	Certificat	e Holder,			
					_			efore not			
							the Addit				
CE	RTIFICATE HOLDER				CAN						
				000000		L					
1				K				ESCRIBED POLI EREOF, NOTICE			
	SCFH Corp dba Maunawi Facility	III Fa	irms					CY PROVISIONS.			
	1015 Auloa Rd										
	Kailua, HI 96734				20100						
						Juan que	w				
						© 1988	-2014 ACO		ION. AI	right	s reserved

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Additional Information for Reference

JOHNKA5

OP ID: KD

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ACORD	CERTIF	FICATE OF LIAE	BILIT	Y INSU	JRANCI	Ε		(MM/DD/YYYY) 3/26/2018
THIS CERTIFICATE IS ISSUED CERTIFICATE DOES NOT AFI BELOW. THIS CERTIFICATE REPRESENTATIVE OR PRODU	OF INSURANC	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	ATE HO BY TH	DLDER. THIS
IMPORTANT: If the certificate the terms and conditions of the certificate holder in lieu of such	policy, certain	n policies may require an e						
PRODUCER				CT Equisur	e Inc			
Equisure, Inc. 13790 E Rice PI Ste 100			PHONE	, Ext): 800-75	2-2472	FAX (A/C. No	. 303-6	614-6967
Aurora, CO 80015	-		E-MAIL	ss info@ed	uisure-inc.		10.	
House Account	F	RECEIVED				DING COVERAGE		NAIC #
			INSURE	RA: Lloyds	, London			112200
INSURED Kathryn Johnson	l l	APR 02 2018	INSURE	RB:				
Willoway Farm Inc 35644 N. 11th Ave			INSURE	rc: Proc	of of liabi	lity insurance for	an	
Phoenix, AZ 85086		USHJA	INSURE			sional or busines		
			INSURE		ine protec			
			INSURE	RF:				
COVERAGES	CERTIFICA	TE NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE P INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED O EXCLUSIONS AND CONDITIONS O	ANY REQUIREN R MAY PERTAIN SUCH POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS
LTR TYPE OF INSURANCE	ADDL SUI			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
A X COMMERCIAL GENERAL LIABIL	TY					EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCC	JR	B123062096C18-JOHNK	A5	04/01/2018	04/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
						MED EXP (Any one person)	\$	5,00
						PERSONAL & ADV INJURY	\$	1,000,00
GEN'L AGGREGATE LIMIT APPLIES PI	R:					GENERAL AGGREGATE	\$	1,000,00
X POLICY PRO- JECT LO	c i					PRODUCTS - COMP/OP AGO	\$	1,000,00
OTHER:							\$	
AUTOMOBILE LIABILITY	Pu	rsuant to Arizona Revis	sed St	atutes Sec	tion 20-40*	(Ba actiden)	\$	
ANY AUTO	Se	ction B, Paragraph 1, th	his pol	icy is issue	d by an in	SERVER (Mar (Per person)	\$	
ALL OWNED SCHEDU AUTOS AUTOS NON-OW	doe	es not possess a certifi	cate o	fauthority	from the D	RECENTIONERY (Per acciden		
HIRED AUTOS	uie	Arizona Department o	f Insur	ance. If the	e insurer th	Hel Sector	\$	
		s policy becomes insolv					\$	
UMBRELLA LIAB OCCI		gible for insurance guar			tion pursua	ALL OCCURRENCE	\$	
EXCESS LIAB CLAI	IS-MADE ATI	zona Revised Statutes	Title 2	0.		AGGREGATE	\$	
DED RETENTION \$			_			PER OTH-	\$	
AND EMPLOYERS' LIABILITY	Y/N					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIN OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYE		
If yes, describe under DESCRIPTION CF OPERATIONS below			A.F.	04/04/2040	04/01/2019	E.L. DISEASE - POLICY LIMIT	\$	la stade
A Professional Professional Liability insur This is a policy for individua							versight	Inciudeo ts.
DESCRIPTION OF OPERATIONS/LOCATION Limit for Horses in your CCC i \$100,000 PD Limit for prop ren CCC. Certificate holder is prov liability exposure of Kathryn J occurrences related to the nar	s \$50,000 per ted/loaned to ided proof of ohnson but o	occurrence/\$100,000 A you for covered activit insurance only for the only with respects to the	ggrega y in yo genera	tte. CCC ur PD = These exclud to per- insure	= Care, C Property terms outline led under a co	ustody & Control Damage e coverage limits for iter ommercial liability policy y in the care, custody as	cy (usua	lly damage
CERTIFICATE HOLDER		1011404	CANC	ELLATION				
USHJA US Hunter Jumper 3870 Cigar Lane	Association	USHJA01	THE	EXPIRATION ORDANCE WI	DATE THE	ESCRIBED POLICIES BE (REOF, NOTICE WILL Y PROVISIONS.		
Lexington, KY 405	1		AUTHOR	RIZED REPRESE				
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