

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 policies) 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 per-occurrence 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)
5. 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.



1.

CERTIFICATE OF LIABILITY INSURANCE

OP ID: MM

DATE (MM/DD/YYYY)

04/04/2017

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).

PRODUCER 2. Goetz Insurors, Inc. 227 Main St - PO Box 190 Fort Morgan, CO 80701 Mike McCrery		CONTACT NAME: 3. usually specific agent information PHONE (A/C, No, Ext): 3. appears here. FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: FREE-LA	
INSURED 5. Laurie Freeman Swanson Freeman Farms, Freeman Training Center LLC 14708 Macksburg Road Molalla, OR 97038		INSURER(S) AFFORDING COVERAGE INSURER A: 4. American Bankers Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 10111	

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	GENERAL LIABILITY 6. <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> 7.		FSL 4161620	8. 09/11/2016	09/11/2017	EACH OCCURRENCE \$ 9. 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
	MED EXP (Any one person) \$ 1,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	GENERAL AGGREGATE \$ 2,000,000						
	PRODUCTS - COMP/OP AGG \$ 1,000,000						
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS							PROPERTY DAMAGE (PER ACCIDENT) \$
<input type="checkbox"/> HIRED AUTOS							
<input type="checkbox"/> NON-OWNED AUTOS							
UMBRELLA LIAB							EACH OCCURRENCE \$
EXCESS LIAB							AGGREGATE \$
DEDUCTIBLE							
RETENTION \$							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATUTORY LIMITS
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N					OTH-ER
If yes, describe under DESCRIPTION OF OPERATIONS below			N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Horse Show to be held May 20, 2017
Horse Show to be held August 5, 2017
Certificate Holder is named as Additional Insured 10.

CERTIFICATE HOLDER 11.

CANCELLATION

OREGONH United States Hunter Jumper Association Outreach Shows	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 12. Mike McCrery
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2018

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PRODUCER

Leavitt Pacific Insurance Brokers, Inc.

License #0D79674

1330 S Bascom Ave

San Jose

CA 95128

RECEIVED

INSURED

Blenheim Facility Management &

Blenheim Equisports Management

P.O. Box 639

San Juan Capistrano CA 92693

JAN 22 2018

USHJA

CONTACT NAME: Sandy Brown

PHONE (A/C, No, Ext): (408) 288-6262

FAX (A/C, No): (408) 298-7635

E-MAIL ADDRESS: sandy-brown@leavitt.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Scottsdale Insurance Company

41297

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

Good example of a COI showing compliance with USHJA requirements.

COVERAGES

CERTIFICATE NUMBER: 18-19 gl/um

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY					
A	CLAIMS-MADE X OCCUR	X	BCS0036817	2/1/2018	2/1/2019	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Expense \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
X	POLICY PRO-JECT LOC					
	OTHER					
	AUTOMOBILE LIABILITY					
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS	NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB X OCCUR					
A	X EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	DED RETENTION \$		XLS0103907	2/1/2018	2/1/2019	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$

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

United States Hunter Jumper Association is named as additional insured as respects to the following event: #3435 Dates 05/08-05/13/18 Hunter Derby / WCHR Del Mar

CERTIFICATE HOLDER

United States Hunter Jumper Association
3870 Cigar Lane
Lexington, KY 40511

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

Fred Stafford/YVVALD

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/19/2017

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PRODUCER LEG Insurance Solutions 480 W. Riverside Dr Ste 1 Burbank CA 91506		CONTACT NAME: Marnye Langer PHONE (A/C, No, Ext): (866) 780-3713 FAX (A/C, No): (818) 748-1532 E-MAIL ADDRESS: marnye@legisequine.com	
INSURED Langer Equestrian Group 480 W. Riverside Dr Ste 1 Burbank CA 91506		INSURER(S) AFFORDING COVERAGE INSURER A: Great American Insurance Group INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	



Good example of a COI
showing compliance with
USHJA requirements

COVERAGES **CERTIFICATE NUMBER:** CL1711901590 **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	X		APK047938104	1/8/2017	1/8/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

United States Hunter Jumper Association
3870 Cigar Lane
Lexington, KY 40511

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

Sarah Rajay



CERTIFICATE OF LIABILITY INSURANCE

HIGHD-1

OP ID: RD

DATE (MM/DD/YYYY)

01/12/2017

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PRODUCER Cheval Insurance Services Lic. 0C94257 P. O. Box 2933 Fullerton, CA 92837 Cheval Insurance Services		CONTACT NAME: Cheval Insurance Services PHONE (A/C, No, Ext): 714-447-9191 FAX (A/C, No): 714-525-9191 E-MAIL ADDRESS:	
INSURED High Desert Hunter/Jumper Assn P.O. Box 1296 Bend, OR 97709		INSURER(S) AFFORDING COVERAGE INSURER A : Diamond State Insurance Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	



Although, this COI does provide proof of coverage, it might not comply with all USHJA requirements.

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AEL0103478-01	09/09/2016	09/09/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ None GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ None
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NONE			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS			NONE			EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A	NONE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Proof Only

No verification that any entity has been named as an Additional Insured.

CERTIFICATE HOLDER

BLANKHO

PROOF ONLY No Certificate Holder Named**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.

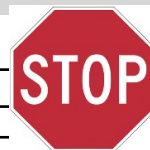
AUTHORIZED REPRESENTATIVE

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USPC Optional Accident Insurance Application

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

Region:	<input type="text" value="Hawaii"/>		
Pony Club:	<input type="text" value="Woods Riding Pony Club Riding Center"/>		
DC:	<input type="text" value="Angela Woods"/>	Phone:	<input type="text" value="808-383-8743"/>
Address:	<input type="text" value="1481 Haloa Drive"/>		
City, State, Zip:	<input type="text" value="Honolulu, HI 96818"/>	Email:	<input type="text" value="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 accident insurance.

2. Information is not being provided by way of an official certificate of insurance issued by AIG.

Accidental Medical Reimbursement Insurance

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.	<input type="text" value="March Madness Schooling Jumper Show"/>	<input type="text" value="03/05/2017 - 03/05/2017"/>	\$28.00	<input type="text" value="28"/>
2.	<input type="text" value="Fun In The Sun Schooling Jumper Show"/>	<input type="text" value="08/27/2017 - 08/27/2017"/>	\$28.00	<input type="text" value="28"/>
3.	<input type="text" value="Halloween Spooktacular Schooling Jumper Show"/>	<input type="text" value="10/29/2017 - 10/29/2017"/>	\$28.00	<input type="text" value="28"/>
4.	<input type="text"/>	<input type="text"/>	\$28.00	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	\$28.00	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	\$28.00	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	\$28.00	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	\$28.00	<input type="text"/>
			Total:	<input type="text" value="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: Signed:



CERTIFICATE OF LIABILITY INSURANCE

HAWATA1

OP ID: KD

DATE (MM/DD/YYYY)

08/14/2017

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.

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PRODUCER Equisure, Inc. 13790 E Rice Pl Ste 100 Aurora, CO 80015 House Account	CONTACT NAME: Equisure, Inc. PHONE (A/C, No, Ext): 800-752-2472 FAX (A/C, No): 303-614-6967 E-MAIL: info@equisure-inc.com ADDRESS:
INSURED Hawaii Horse Show Association Fall Frolic Horse Show 1015 Aulua Rd Kailua, HI 96734	INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds, London INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 112200

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 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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		B123062096C17-HAWATA1	09/15/2017	09/18/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the Insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii.			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Limit for Horses in your CCC is \$25,000 per occurrence/\$50,000 aggregate.
\$50,000 PD Limit for prop rented/loaned to you for covered activity in your CCC. Certificate holder is additional insured as to the general liability exposure of the Named Insured but only with respects to the occurrences related to the HHSA Fall Frolic Show on September 15-18 2017 only.

USHJA is not the Certificate Holder, and therefore not the Additional Insured!

CERTIFICATE HOLDER

CANCELLATION

00000000 SCFH Corp dba Maunawili Farms Facility 1015 Aulua Rd Kailua, HI 96734	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/26/2018

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 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 Equisure, Inc. 13790 E Rice Pl Ste 100 Aurora, CO 80015 House Account	CONTACT NAME: Equisure Inc PHONE (A/C, No, Ext): 800-752-2472 FAX (A/C, No): 303-614-6967 E-MAIL ADDRESS: info@equisure-inc.com
INSURED Kathryn Johnson Willoway Farm Inc. 35644 N. 11th Ave. Phoenix, AZ 85086	INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds, London INSURER B: INSURER C: Proof of liability insurance for an INSURER D: equine professional or business INSURER E: INSURER F:

RECEIVED

APR 02 2018

USHJA

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 SUBR INSD 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:		B123062096C18-JOHNKA5	04/01/2018	04/01/2019	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 \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		Pursuant to Arizona Revised Statutes Section 20-401 Section B, Paragraph 1, this policy is issued by an insurer that does not possess a certificate of authority from the Director of the Arizona Department of Insurance. If the insurer that issued this policy becomes insolvent, insureds or claimants will not be eligible for insurance guaranty fund protection pursuant to Arizona Revised Statutes Title 20.			PER PERSONAL INJURY (Per person) \$ PER PERSONAL INJURY (Per accident) \$ PROPERTY DAMAGE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ PER STATUTE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Professional Liability insurance: Also referred to as Errors & Omissions insurance that covers professional mistakes and oversights. This is a policy for individuals who make a living off their expertise.		B123062096C18-JOHNKA5	04/01/2018	04/01/2019	Included Included

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

Limit for Horses in your CCC is \$50,000 per occurrence/\$100,000 Aggregate. \$100,000 PD Limit for prop rented/loaned to you for covered activity in your CCC. Certificate holder is provided proof of insurance only for the general liability exposure of Kathryn Johnson but only with respects to the occurrences related to the named insured only.

CCC = Care, Custody & Control

PD = Property Damage

These terms outline coverage limits for items typically excluded under a commercial liability policy (usually damage to personal property in the care, custody and control of the insured is excluded)

CERTIFICATE HOLDER

CANCELLATION

USHJA01

USHJA
US Hunter Jumper Association
3870 Cigar Lane
Lexington, KY 40511

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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