

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

8/30/2021

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).

PRODUCER McDonald Zaring Insurance, Inc. 22 E Main St Walla Walla, WA 99362	CONTACT NAME: PHONE (A/C, No, Ext): (509) 525-5730		FAX (A/C, No): (509) 525-5705
	E-MAIL ADDRESS: info@mcdonaldzaring.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : The Cincinnati Casualty Company			28665
INSURER B :			
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

INSURED

Square & Folk Dance Federation of Washington, Inc.
5612 S Napa St
Spokane, WA 99223

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 checked="" type="checkbox"/>							
						EPP 0346268	9/1/2021	9/1/2022	EACH OCCURRENCE	\$	1,000,000
									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
									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
										\$	
									COMBINED SINGLE LIMIT (Ea accident)	\$	
									BODILY INJURY (Per person)	\$	
									BODILY INJURY (Per accident)	\$	
									PROPERTY DAMAGE (Per accident)	\$	
										\$	
										\$	
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB									
		<input checked="" type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>							
		<input checked="" type="checkbox"/>		<input type="checkbox"/>		EPP 0346268	9/1/2021	9/1/2022	EACH OCCURRENCE	\$	1,000,000
									AGGREGATE	\$	
										\$	1,000,000
									PER STATUTE		
									OTHER		
									E.L. EACH ACCIDENT	\$	
									E.L. DISEASE - EA EMPLOYEE	\$	
									E.L. DISEASE - POLICY LIMIT	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY											

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

CERTIFICATE HOLDER**CANCELLATION**

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Spokane, WA 99223

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