

EXAMPLE

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CALL 301-474-4111, EXT 2117, KAREN NEWKIRK FOR SPECIAL ENDORSEMENT NAMING A SCHOOL, CHURCH OR BUILDING WHERE YOU

CERTIFICATE HOLDER:

FREDERICK COUNTY BOARD OF
EDUCATION
7600 HAYWARD DR
FREDERICK, MD 21702

← **NOTE: YOUR New LOCATION WILL BE PUT HERE ON THE SPECIAL ENDORSEMENT.**

INSURED:

WASHINGTON AREA SQUARE
DANCERS COOPERATIVE ASSOC
C/O LINDA PETERSON
7226 MANDAN RD
GREENBELT, MD 20770-2709

DANCE TEMPORARILY

| TYPE OF INSURANCE | POLICY NUMBER & ISSUING CO. | POLICY EFF. DATE | POLICY EXP. DATE | LIMITS OF LIABILITY (*LIMITS AT INCEPTION) |
|---|-----------------------------|------------------|------------------|---|
| LIABILITY | 52-PR-152083-0001 | 05-31-06 | 05-31-07 | |
| <input checked="" type="checkbox"/> Liability and Medical Expense | NATIONWIDE MUTUAL | | | Any One Occurrence..... \$ 1,000,000 |
| <input checked="" type="checkbox"/> Personal and Advertising Injury | INSURANCE CO. | | | Any One Person/Org \$ 1,000,000 |
| <input checked="" type="checkbox"/> Medical Expenses | | | | ANY ONE PERSON \$ 5,000 |
| <input checked="" type="checkbox"/> Fire Legal Liability | | | | Any One Fire or Explosion \$ 100,000 |
| | | | | General Aggregate* \$ 2,000,000 |
| | | | | Prod/Comp Ops Aggregate* . \$ 1,000,000 |
| <input type="checkbox"/> Other Liability | | | | |
| AUTOMOBILE LIABILITY | 52-BA-152083-3001 | 05-31-06 | 05-31-07 | |
| <input checked="" type="checkbox"/> BUSINESS AUTO | NATIONWIDE MUTUAL | | | Bodily Injury (Each Person) \$ |
| <input type="checkbox"/> Owned | INSURANCE CO. | | | (Each Accident) \$ |
| <input checked="" type="checkbox"/> Hired | | | | Property Damage (Each Accident) \$ |
| <input checked="" type="checkbox"/> Non-Owned | | | | Combined Single Limit \$ 1,000,000 |
| EXCESS LIABILITY | | | | Each Occurrence \$ |
| <input type="checkbox"/> Umbrella Form | | | | Prod/Comp Ops/Disease Aggregate* \$ |
| | | | | STATUTORY LIMITS |
| <input type="checkbox"/> Workers' Compensation and | | | | BODILY INJURY/ACCIDENT ... \$ |
| <input type="checkbox"/> Employers' Liability | | | | Bodily Injury by Disease EACH EMPLOYEE \$ |
| | | | | Bodily Injury by Disease POLICY LIMIT \$ |

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS
VEHICLES/RESTRICTIONS/SPECIAL ITEMS
YELLOW ROCKERS SQUARE DANCE
CLUB WHITTIER ELEMENTARY
SCHOOL 2006-2007

Effective Date of Certificate: 05-31-2006
Date Certificate Issued: 06-28-2006

Authorized Representative: CORRIGAN INSURANCE INC
Countersigned at: 8951 EDMONSTON RD
GREENBELT, MD 20770

Corrigan Inc

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