A	-	ORD					6.2			QUA&FO-01		TLOCAT													
CERTIFICATE OF LIABILITY INSURANCE											DATE (MM/DD/YYYY) 8/15/2023														
B	ER	TIFICATE DOES OW. THIS CER	NOT AFFIRMAT	SUR	LY C	R OF INFORMATION O R NEGATIVELY AMENI E DOES NOT CONSTIT CERTIFICATE HOLDER.	D. EXTI	END OR AL	FER THE C	OVERAGE AFFORDE	BYT	THE POLICIES													
If	SL	JBROGATION IS	6 WAIVED, subje	ct to	o the	DDITIONAL INSURED, the terms and conditions o tificate holder in lieu of s	of the po	olicy, certain	policies may	NAL INSURED provisi y require an endorsem	ons or ent. A	be endorsed. statement on													
this certificate does not confer rights to the certificate holder in lieu of st PRODUCER McDonald-Zaring Insurance, a Marsh & McLennan Agency LLC company 22 E Main St Walla Walla, WA 99362								CONTACT NAME: PHONE (A/C, No, Ext): (509) 525-5730 FAX (A/C, No): (509) 525 E-MAIL ADDRESS: info@mcdonaldzaring.com INSURER(S) AFFORDING COVERAGE INSURER A : The Cincinnati Casualty Company 28 INSURER B : 1000000000000000000000000000000000000																	
													Square & Folk Dance Federation of Washington, Inc. 5612 S Napa St							INSURER C :					
													Spokane, WA 99223								INSURER E :				
																					INSURER F :				
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER: WHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD																	
C		IFICATE MAY BE	ISTANDING ANY F	PEF POL	IREM RTAIN ICIES	ENT, TERM OR CONDITIC , THE INSURANCE AFFOF . LIMITS SHOWN MAY HAVE	ON OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RES	PECT T	O WHICH THIS													
		TYPE OF INS			L SUBI	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	AITS														
A	X	CLAIMS-MADE X OCCUR				EPP 034 62 68		9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000													
				-				ja ta		MED EXP (Any one person)	\$	5,000													
										PERSONAL & ADV INJURY	\$	1,000,000													
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC									GENERAL AGGREGATE PRODUCTS - COMP/OP AGO	\$	2,000,000													
	OTHER:									COMBINED SINGLE LIMIT	\$														
	ANY AUTO									(Ea accident) BODILY INJURY (Per person)	\$														
	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY									BODILY INJURY (Per accider PROPERTY DAMAGE (Per accident)	it) \$														
											\$														
A	X	UMBRELLA LIAB	X OCCUR CLAIMS-MADE			EPP 034 62 68		9/1/2023	9/1/2024	EACH OCCURRENCE	\$	1,000,000													
		DED X RETEN						5/ 1/2025	5/1/2024	AGGREGATE	\$	1,000,000													
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									PER OTH- STATUTE ER	\$.,													
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?									E.L. EACH ACCIDENT	\$														
-	If yes, describe under DESCRIPTION OF OPERATIONS below				-					E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMI															
DESC	RIPT	TION OF OPERATIONS	6 / LOCATIONS / VEHICI	ES (/	ACORI	0 101, Additional Remarks Schedu	ule, may b	e attached if more	e space is requir	ed)															
CERTIFICATE HOLDER								CANCELLATION																	
		5612 S Nap		tion	of W	ashington, Inc	SHO THE ACC	ULD ANY OF T EXPIRATION ORDANCE WIT	HE ABOVE DI DATE TH THE POLIC	ESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS.	BE D	LED BEFORE ELIVERED IN													
		Spokane, W	VA 99223				AUTHORIZED REPRESENTATIVE																		
	그 비행 전에 집에 가지 않는 것이 없다.							61																	
				1	1		7	Canadian																	
ACC	RD	25 (2016/03)						© 198	8-2015 ACC	ORD CORPORATION.	All ric	ts reserved.													

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