

## CERTIFICATE OF LIABILITY INSURANCE

7/16/2020

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).

certificate florder in fled of such endorsement(s).							
PRODUCER	Hallmark Equine Insurand	ce Agency	CONTACT NAME: Hallmark Equine Insurance Agency				
	2175 Point Boulevard			t): (800) 734-0598 FAX (A/C, No): (847) 844-8			
	Suite 185		E MAII	nallmarkhorse.com			
	Elgin	IL 60123	IN	SURER(S) AFFORDING COVERAGE	NAIC #		
			INSURER A: ARGO	NAUT INSURANCE COMPA	NY 19801		
INSURED	Michigan Horse Council		INSURER B :				
	c/o Jean Ligon		INSURER C :				
	6875 Farley Road		INSURER D :				
	Pinckney	MI 48169	INSURER E :				
			INSURER F:				
COVERAGES		CERTIFICATE NUMBER:		REVISION NUM	MBER:		

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.

NSR TR	SR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
١	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY			ELP2006041-01	04/19/2020	04/19/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 50,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)  MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	NotCovered
							GENERAL AGGREGATE	\$	1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:    X   POLICY   PRO-   LOC						PRODUCTS - COMP/OP AGG	\$	NotCovere
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION\$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							WC STATU- TORY LIMITS ER		
		N/A					E.L. EACH ACCIDENT	\$	
(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC								

Equine Clubs & Associations Liability to include coverage for Association Members/County Chapters, provided the event information/dates are provided to the company prior to the start of the event and the company has accepted the coverage. Your executive officers and directors are insureds but only with respect to their duties as your officers and directors.

CERTIFICATE HOLDER	CANCELLATION		
Proof of Insurance	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		
	Kelley Ob Coto		

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