

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YYYY)
12/21/2007



MARKEL INSURANCE COMPANY

4600 Cox Road, Glen Allen, VA 23060-9817
(804) 527-2700

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A Markel Insurance Company
 COMPANY LETTER
 COMPANY LETTER
 COMPANY LETTER
 COMPANY LETTER

INSURED

UNITED SQUARE DANCERS OF AMERICA

California Square Dance Council
 Santa Clara Valley Square Dancers Association
 Committee to Promote Square Dancing (CPSD)

*address location on file with the company

COVERAGES

THIS IS TO CERTIFY THAT 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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFF DATE (MM/DD/YY) | POLICY EXP DATE (MM/DD/YY) | LIMITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|----------------|----------------------------|----------------------------|---|-------------------|----|-----------|-----------------------------|----|-----------|-------------------------------|----|-----------|-----------------|----|-----------|----------------------------|----|---------|---------------------------|----|------|-----|----|--|----------------------------|----|--|------------------------------|----|--|-----------------|----|--|-----------|----|--|
| A X | GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE OWNER'S & CONTRACTORS PROTECTIVE | 3602HF05966311 | 01/01/2008 | 01/01/2009 | <table border="0"> <tr><td>GENERAL AGGREGATE</td><td>\$</td><td>3,000,000</td></tr> <tr><td>PRODUCTS-COMP/OPS AGGREGATE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>PERSONAL & ADVERTISING INJURY</td><td>\$</td><td>1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>FIRE DAMAGE (ANY ONE FIRE)</td><td>\$</td><td>100,000</td></tr> <tr><td>MEDICAL EXPENSE (ANY ONE)</td><td>\$</td><td>NONE</td></tr> <tr><td>CSL</td><td>\$</td><td></td></tr> <tr><td>BODILY INJURY (PER PERSON)</td><td>\$</td><td></td></tr> <tr><td>BODILY INJURY (PER ACCIDENT)</td><td>\$</td><td></td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td><td></td></tr> <tr><td>STATUTORY</td><td>\$</td><td></td></tr> </table> | GENERAL AGGREGATE | \$ | 3,000,000 | PRODUCTS-COMP/OPS AGGREGATE | \$ | 1,000,000 | PERSONAL & ADVERTISING INJURY | \$ | 1,000,000 | EACH OCCURRENCE | \$ | 1,000,000 | FIRE DAMAGE (ANY ONE FIRE) | \$ | 100,000 | MEDICAL EXPENSE (ANY ONE) | \$ | NONE | CSL | \$ | | BODILY INJURY (PER PERSON) | \$ | | BODILY INJURY (PER ACCIDENT) | \$ | | PROPERTY DAMAGE | \$ | | STATUTORY | \$ | |
| GENERAL AGGREGATE | \$ | 3,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRODUCTS-COMP/OPS AGGREGATE | \$ | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADVERTISING INJURY | \$ | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EACH OCCURRENCE | \$ | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRE DAMAGE (ANY ONE FIRE) | \$ | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICAL EXPENSE (ANY ONE) | \$ | NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CSL | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (PER PERSON) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (PER ACCIDENT) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATUTORY | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTO SCHEDULED AUTO HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EXCESS LIABILITY OTHER THAN UMBRELLA FORM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|----------------------------------|----------------|------------|------------|---|
| A | OTHER ACCIDENT MEDICAL | 4102HF05966411 | 01/01/2008 | 01/01/2009 | \$10,000 ACCIDENTAL DISMEMBERMENT \$10,000 ACCIDENTAL DEATH \$10,000 ACCIDENT MEDICAL EXPENSE |
|---|----------------------------------|----------------|------------|------------|---|

-DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/ RESTRICTIONS/SPECIAL ITEMS
 -EXCLUSIONS UNDER GENERAL LIABILITY POLICY: TRAMPOLINES, SEXUAL ABUSE, MEDICAL PAYMENTS FOR ASSOCIATION MEMBERS & DESIGNATED PRODUCTS.
 -ANY ADDITIONAL INSURED IS ADDED ONLY AS RESPECTS UNITED SQUARE DANCERS OF AMERICA SANCTIONED DANCES HELD AT THIS FACILITY AT THE SPECIFIED TIME AND DATE AGREED UPON.

EVENT LOCATION:
 Camden Community Center
 Multipurpose Room Rooms 117 & 118
 3369 Union Avenue
 San Jose, CA, 95124

COMMENT:

CERTIFICATE HOLDER

ADDITIONAL INSURED:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Bruce A. Kay