

**DIAMOND STATE INSURANCE COMPANY®**

# **EQUINE COMMERCIAL GENERAL LIABILITY POLICY**

*Program administered by*



EQUINE COMMERCIAL GENERAL LIABILITY COVERAGE DECLARATIONS

COMPANY: DIAMOND STATE INSURANCE COMPANY  
A STOCK COMPANY  
ADMINISTRATIVE OFFICES:  
THREE BALA PLAZA EAST, SUITE 300  
BALA CYNWYD, PA 19004

ITEM A: POLICY NUMBER: AEL 0085577

ITEM B: NAMED INSURED AND ADDRESS:  
NATIONAL ASSOCIATION OF COMPETITIVE MOUNTED  
ORIENTEERING  
640 200TH AVE  
SOMERSET WI 54025

ITEM C: POLICY PERIOD: FROM (INCEPTION) JANUARY 26, 2013 TO  
(EXPIRATION) JANUARY 26, 2014 12:01 A.M. STANDARD TIME  
AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN

ITEM D: TOTAL PREMIUM: \$1,105.00

ITEM E: TAXES (IF APPLICABLE): \$0.00  
PURCHASING GROUP FEE: \$50.00  
TOTAL DUE \$1,155.00

ITEM F: IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL  
THE TERMS OF THIS POLICY, THE COMPANY AGREES TO PROVIDE  
THE INSURANCE AS STATED IN THIS POLICY:

LIMITS OF INSURANCE:  
GENERAL AGGREGATE \$2,000,000  
EACH OCCURRENCE \$1,000,000  
PRODUCTS / COMPLETED OPERATIONS AGGREGATE NOT COVERED  
PERSONAL AND ADVERTISING INJURY \$1,000,000  
DAMAGE TO PREMISES RENTED TO YOU - ANY ONE PREMISES \$50,000  
MEDICAL EXPENSE LIMIT - ANY ONE PERSON \$5,000

ITEM G: CLAIMS NOTIFICATION: NATIONAL EQUINE ADJUSTING, INC.  
TOLL-FREE (800) 783-9418  
LOCAL NUMBER (502) 875-3561

ITEM H: CANCELLATION AND/OR NONRENEWAL SUBJECT TO POLICY CONDITIONS  
OR IN ACCORDANCE WITH STATE REGULATIONS.

BROKER: 252

SIGNED BY

  
(Authorized Representative)

EQUINE COMMERCIAL GENERAL LIABILITY COVERAGE DECLARATIONS

ITEM I: SCHEDULE OF FORMS AND ENDORSEMENTS ATTACHING TO AND FORMING A PART OF POLICY NUMBER AEL 0085577 AT INCEPTION:

FORM NUMBER	EDITION DATE	DESCRIPTION
CG 00 01	12/07	APPLICATION AND SUPPORTING SCHEDULES
EAA 100	01/12	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
AEL 316	01/09	IN WITNESS CLAUSE
AEL 312	01/09	CLUBS AND ASSOCIATIONS PUBLIC EVENT DAYS ENDORSEMENT
CG 20 02	11/85	ADDITIONAL INSURED ENDORSEMENT
AEL 420	01/09	ADDITIONAL INSURED - CLUB MEMBERS
CG 21 04	11/85	EXCLUSION - MEDICAL PAYMENTS TO MEMBERS (EQUINE CLUBS)
AEL 502	01/09	EXCLUSION - PRODUCTS-COMPLETED OPERATIONS HAZARD
AEL 501	01/09	EXCLUSION - TRAIL RIDING ACTIVITIES
AEL 508	01/09	EXCLUSION - ROUGH STOCK ACTIVITIES
AEL 200	01/09	EXCLUSION - NON-EQUESTRIAN ACTIVITIES
AEL 430	01/09	LIMITS ENDORSEMENT
AEL 400	01/09	RESIDENTS ENDORSEMENT
AEL 410	01/09	ATHLETIC ACTIVITIES ENDORSEMENT
CG 21 39	10/93	MEDICAL PAYMENTS EXCESS PROVISIONS ENDORSEMENT
CG 21 50	09/89	CONTRACTUAL LIABILITY LIMITATION
CG 21 49	09/99	AMENDMENT OF LIQUOR LIABILITY EXCLUSION
CG 21 47	12/07	TOTAL POLLUTION EXCLUSION ENDORSEMENT
AEL 749	01/09	EMPLOYMENT-RELATED PRACTICES EXCLUSION
AEL 801	01/09	WISCONSIN COMMON POLICY PROVISIONS
AEL 809	01/09	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
NAA 143	12/07	EXCLUSION OF PUNITIVE DAMAGES
NAA 105	05/01	RELATED TO A CERTIFIED ACT OF TERRORISM
		DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
		UNITED NATIONAL GROUP PRIVACY NOTICE

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END OF LIABILITY FORMS AND ENDORSEMENTS

EQUINE COMMERCIAL GENERAL LIABILITY COVERAGE DECLARATIONS

ITEM J: DESCRIPTION OF BUSINESS AND LOCATION OF INSURED PREMISES:

FORM OF BUSINESS: ASSOCIATION

DESCRIPTION OF BUSINESS: EQUINE COMMERCIAL OPERATIONS AS DESCRIBED  
IN THE APPLICATION.

LOCATION OF INSURED PREMISES IS AS STATED IN ITEM B.

ADDITIONAL LOCATION(S):

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NONE  
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END OF ADDITIONAL LOCATION(S)

EQUINE COMMERCIAL GENERAL LIABILITY COVERAGE DECLARATIONS

ITEM K: PREMIUM IS CHARGED AND COVERAGE AFFORDED IN RESPECT OF THE FOLLOWING ACTIVITIES:

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CLUBS AND ASSOCIATIONS

COVERED  
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END OF ACTIVITIES AND OPTIONAL ENDORSEMENTS