

# California Square Dance Council, Inc.

## USDA Insurance Program



## Insurance Director

Carolyn Ulrich  
2960 Las Flores Ave.  
Riverside, CA 92503  
(909) 953-9444 Cell/Text

[castateinsdir@gmail.com](mailto:castateinsdir@gmail.com)  
[squaredance.org](http://squaredance.org)  
[usda.rpsbollinger.com](http://usda.rpsbollinger.com)

*Updated September 2019*

# California Square Dance Council USDA Insurance Program Handbook

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**SECTION I**

**INSURANCE**

**PROGRAM**

**INFORMATION**

# Insurance Program Information

The California Square Dance Council, Inc. (“Council”) and the dancers of its member Associations/Federations (“Associations”) are members of the United Square Dancers of America, Inc. (“USDA”).

USDA provides an insurance policy for the Association, clubs, and dancers through Markel Insurance Company. This is a group coverage policy held by the USDA Insurance Chairman and offered to all dancers and clubs belonging to an Affiliate of USDA.

Any questions regarding the insurance program should be directed to the State Council Insurance Director. **Do not contact Markel Insurance directly.**

The USDA Accident Medical Insurance is a secondary coverage policy. After a dancer’s primary health insurance pays their portion, Markel will reimburse expenses incurred within 52 weeks of the accident up to \$10,000 for all eligible expenses.

Markel Insurance Company establishes the cost per dancer for insurance based on loss experience and other factors. State Council and each Association may increase charges to cover administrative costs.

Monies collected for insurance **MUST** be designated for that use only. The money collected is for payment of the required premium and the costs of administering the insurance program at the state level (e.g., postage, copying, and some travel expenses for insurance meetings). Insurance money cannot be used for the general fund of an Association or a club. The money kept for the administration of the insurance program should be kept to a minimum. Some Associations and clubs have a separate charge for insurance in addition to any Association /club dues.

New clubs joining an Association at any time during the year must send in the required insurance premiums for their dancers. Club members must be informed that coverage ceases when they leave a club and fail to join another USDA insured club within 30 days.

100% of club membership must be enrolled in the USDA insurance program.

Enrollment information and forms for the following year will be distributed to Associations and posted on the CASDC website (squaredance.org) each September. Enrollment forms and dues should be submitted by October 31 of each year to ensure receipt of the new liability certificate for January 1.

If a club leaves an association after being enrolled for the current year, the club will be allowed to function with their same insurance coverage but must deal directly with the National Insurance Coordinator on any insurance issues. Any new member added to the club roster must pay the non-affiliated current fee. The following year if the club remains a non-affiliated club they will do their enrollment through the National Insurance Coordinator at the non-affiliate insurance rate (\$5.75 for 2019).

Each Association should have an Insurance Chairman assigned to keep a copy of the club and class rosters. The Association Insurance Chair will verify the club is a member-in-good standing before requesting insurance certificates.

The Association Insurance Chairman must submit the following documents each Fall to the State Insurance Director. All forms are posted on [squaredance.org](http://squaredance.org). Email submission is acceptable, but electronic enrollments will not be processed until payment is received **in full for the entire club roster**.



- ◆ 1 copy of the Request for Certificate
- ◆ 1 copy of the Club Roster
- ◆ 1 copy of the Insured Through Another Club roster
- ◆ A check for \$\_\_\_\_\_ per dancer

Do not send enrollments, claims, certificate requests, etc. to the Markel Insurance Company. They will be returned for proper processing.

**SECTION II**

**POLICY**

**and**

**COVERAGE**

# Coverage

The policy provides the following coverage while participating in scheduled and sponsored dance events on public property. **Dancing event includes squares, rounds, contra, clogging, folk, line, and heritage dancing.**

## **Liability Insurance**

\$1,000,000 combined single limit of liability for bodily injury and property damage each occurrence (subject to a \$100 property damage deductible per claim).

\$100,000 limit for damage to premises rented to you.

\$100,000 fire legal liability

## **Accident Medical Insurance**

\$10,000 Usual & Customary Accident Medical Expenses – including dental

\$10,000 Accidental Death Benefit

\$10,000 Accidental Dismemberment Benefit – maximum limit, lesser benefit may apply

NOTE: Accident Medical Coverage is excess to any other valid and collectible medical insurance covering the same accident. Coverage provided for covered medical expenses incurred **within 52 weeks** of the accident **up to \$10,000** for all eligible expenses as stated in the policy.

The \$10,000 death and dismemberment benefit applies regardless of any other insurance the member may have. Death must result from a covered accident at a bonafide club or organization dancing activity or an accident during the course of group travel (see definition of group travel).

The accident insurance protects dancers from financial loss due to accidental bodily injury while participating in any regularly scheduled or sponsored square dance activity worldwide. As part of this coverage, dancers are covered while group traveling in an approved commercially-licensed common carrier to and from a covered activity. The liability insurance protects dancers, clubs, Associations, Council and Council/ Association /Club Officials from financial loss due to unforeseen incidents which could develop into litigation.

# What the Insurance Does and Does Not Cover

## **DOES**

- The dance facility
- Club member dancers
- USDA insured visitors
- Dance portion of group travel, demos, exhibitions, cruises

## **DOES NOT**

- Visitors from non-USDA club
- Independent dancers
- Dances on private property
- Social portions of events or travel
- Picnics, snow trips, etc.



**Live Lively—**



**Square Dance!**

**Square Dancers  
Insurance Program  
is endorsed by:  
United Square Dancers  
Of America**

Serviced by:  
U.S.D.A. National Insurance Coordinator  
Pat Inglis  
P.O. Box 22 Tucker, GA 30085-0022  
(404) 298-6148  
Fax (404) 298-6149  
Email: [usda.insurance@usda.org](mailto:usda.insurance@usda.org)

Administered by:

MARKEL INSURANCE COMPANY  
4600 Cox Road, Glen Allen, VA  
23060-9817

Underwritten by:

Part I  
Markel Insurance Company  
Part II  
Markel Insurance Company

**United  
Square Dancers  
Of America**

**Commercial  
General Liability  
and  
Accident Medical  
Insurance Program**

**Annual Flat Rate Fee  
Per Member**

**For Additional Information, Rates and  
Eligibility Contact The**

**U.S.D.A. National Insurance Coordinator**

Entitles your club to participate in an insurance program designed especially for you as a member of your club or association! (requires 100% participation of a club's membership at time of application.)

## THE TWO AREAS OF INSURANCE PROTECTION ARE LIABILITY AND ACCIDENT MEDICAL COVERAGE

As closely as safety rules are followed, accidents will happen. Accident Medical insurance helps protect club members from financial loss due to a covered accidental bodily injury. Liability insurance protects the club and its members and association officials from financial loss due to unforeseen incidents that may develop into litigation against members and dance organizations.

### PART I - LIABILITY INSURANCE

**A. LIMITS OF PROTECTION:**  
\$1,000,000 Combined Single Limit of Liability for bodily injury and property damage each occurrence (subject to a \$100 property damage deductible per claim) while participating in scheduled and sponsored dancing activities. \$100,000 limit for damage to premises rented to you. Non-owned/Hired Car Liability Coverage is available-contact U.S.D.A. National Insurance Coordinator for application.

**B. WHO IS COVERED:**  
The club and its members while participating in club or organization sponsored and supervised dancing activities. Liability coverage applies in the U.S., its territories or possessions, and Canada.

**C. WHERE ARE CLAIMS FILED:**  
Notify the Affiliate Insurance Chairman regarding any third party claims presented to the Club/Association. Chairman shall call U.S.D.A. National Insurance Coordinator with full description of incident.

### PART II - ACCIDENT MEDICAL INSURANCE

**A. WHAT ARE THE LIMITS:**  
\$10,000\*-Usual and Customary Accident Medical Expenses-including Dental  
\$10,000 - Accidental Death Benefit  
\$10,000 - Accidental Dismemberment Benefit (loss of both hands, both feet, sight of both eyes, or any combination thereof)  
\$5,000\*\* - Accidental Dismemberment Benefit (loss of one hand, one foot, sight of one eye)  
Accidental Death and Dismemberment Benefits Limitations  
We will not pay for a Loss caused in any way by:  
1. bodily or mental infirmity or illness;  
2. infection; except pyogenic or bacterial infection in a cut or wound caused by an accident;  
3. medical or surgical treatment; except for surgery which results from an accident;

4. air travel, other than as a fare-paying passenger on a scheduled commercial flight;
5. war or act of war;
6. taking part in a riot or felony; this shall not include being a victim of a felony;
7. suicide; attempted suicide or intentional self-inflicted injury.

NOTE: \*Accident Medical Coverage is excess to any other valid and collectible medical insurance covering the same accident. Coverage provided for covered medical expenses incurred within 52 weeks of the accident up to \$10,000 for all eligible expenses as stated in the Policy.

\*\*if more than one of specified losses results from the same accident, only one amount, the largest, will be paid.

### B. WHO IS COVERED:

Club members will be insured while participating in any regularly scheduled and sponsored dancing activity worldwide, including group travel (10 or more club members) in a vehicle commercially licensed for transportation of passengers and operated by a person holding a valid operator's license for such vehicle, while being transported to or from a covered dancing activity.

### C. WHAT IS COVERED:

Accidental bodily injury sustained by an insured person while participating in dancing activities sponsored and supervised by a recognized club or organization.

### D. WHAT IS NOT COVERED:

- Expenses for treatment on or to the teeth, except for treatment resulting from injury to natural teeth;
- Eyeglasses, hearing aids, and examination for the prescription or fitting thereof;
- Suicide, attempted suicide or intentionally self-inflicted injury;
- Injury due to participation in a riot;
- Loss resulting from air travel, except as a fare-paying passenger on a commercial airline;
- Injury or sickness resulting from declared or undeclared war;
- Injury or sickness while in the armed forces of any country.

- Injury or sickness covered by any workers' compensation or occupational disease law;
- Treatment provided in a governmental hospital unless the Insured is legally obligated to pay such charges;
- Infections, except pyogenic or bacterial infections caused wholly by a covered injury or sickness;
- Flema, unless it results from a covered injury;
- The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- Pre-existing Conditions;
- Claims occurring while dancing at private residences;
- Services normally provided without charge by you or your employees;
- Claims occurring while parachuting or hang-gilding; or injury sustained while traveling in or on any two or three-wheeled motor vehicle operated by a person who does not hold a valid operator's license;
- Cosmetic surgery.

### E. HOW TO PRESENT A CLAIM:

In the event of a covered accident, immediately notify the Club Representative or a responsible officer of the Club. A Proof of Loss form (available from the Club Representative) must be completed. The form is to be filled in and signed by the Club official and the claimant; the back is to be completed by the attending physician. Notice of injury is to be forwarded to the U.S.D.A. National Insurance Coordinator within twenty (20) days, or as soon thereafter as reasonably possible to P.O. Box 22, Tucker, GA 30085-0022

### PART III

#### A. PERIOD OF COVERAGE:

The policy term is January 1 through December 31. Coverage becomes effective for individual clubs under the policy on the day the application and premium for insurance is received by the U.S.D.A. National Insurance Coordinator.

#### B. COST OF PROGRAM:

Flat rate per member per policy term or any part thereof. Liability rates would be substantially higher if the Accident Medical portion were not to be included in this program.

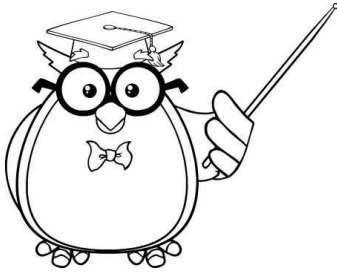
### THIS IS A SUMMARY OF COVERAGE-NOT A CONTRACT

Policy Located at [www.usda.org/insurance.htm](http://www.usda.org/insurance.htm)  
For complete provisions, policy coverages terms, conditions & exclusions, please refer to the Policy at [www.usda.org/insurance.htm](http://www.usda.org/insurance.htm). If there is any conflict between the provisions of this brochure and those of the Policy, the provisions of the Policy will govern.

**SECTION III**

**INSURANCE**

**CERTIFICATES**



# Insurance Certificate Terminology

## **USDA #**

*Identifies your club*

You still have a USDA #, but do not need it for submitting documents.

You can find this number in two places....

1. In the file name of the electronic copy of your insurance certificate  
(e.g. USDA410 Cowtown Singles)
2. The top left line of your hard copy insurance certificate from Markel  
(e.g. Certificate Number USDA 410)




ME

CERTIFICATE NUMBER: **USDA410**  
THIS CERTIFICATE REPRESENTS INSURAN  
MASTER POLICY NUMBER: 3602H059663-  
**FIRST NAMED INSURED (MASTER P**  
IN RETURN FOR THE PAYMENT OF THE  
POLICY, WE AGREE TO PROV  
NAMED INSURED (CERTIFICATE HO

# COI #

Identifies your facilities

Each facility you use will have its own unique Certificate of Liability with a COI #. This number is found in the middle of the page containing the Acord logo in the upper left. The only time you will need this number is if a correction or change is needed to this certificate.



**CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
12/19/2017

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Markel Service, Incorporated 4501 Highwoods Parkway Suite 200 Glen Allen VA 23060	CONTACT NAME: Yurly Cherepnya PHONE (A/C, No, Ext): (800)995-1012 FAX (A/C, NO): (804)527-7904 E-MAIL ADDRESS: msi@markelcorp.com
INSURED Cowntown Singles Square Dance 16677 Orangewind Lane Riverside, CA 92503	INSURER(S) AFFORDING COVERAGE INSURER A: Markel Insurance Company NAIC # 38970 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES** CERTIFICATE NUMBER: 2018-820 REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSDI WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
A			3602HF059663-21	01/01/2018	01/01/2019	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000

# CG 20 26

Identifies your special wording

This is an additional certificate of insurance containing any “Additional Insured” or “Special Wording” required by your facility. It will arrive several days after your basic certificate. Your facility will let you know if you need a “CG 20 26.”

See pages 17, 26-32 for complete description.

# REQUEST FOR A CERTIFICATE OF INSURANCE

Each Fall, clubs need to fill out a Request for a Certificate form to get their annual liability insurance. Most facilities require an insurance certificate for your liability coverage and may not let you use the facility until you have the certificate in hand.

Please request the exact wording needed from the facility each year as the information can change. Spell out the name of your Association and Club on the certificate requests (no initials or abbreviations).

Plan ahead, as it can take up to 2 weeks to get a certificate, especially at initial enrollment time. If you are dancing at a new facility, or require special wording, it may take even longer to get the certificate, as the underwriter needs to review the request.

When you receive the Certificate of Insurance from your Association Insurance Director, make sure the information is correct and then send a copy to each of your facilities.



All forms are posted on [squaredance.org](http://squaredance.org).

If sending by U.S. Mail, send 1 hard copy. Email submission is also acceptable.

# CORRECTING A CERTIFICATE

If a Certificate needs to be corrected, make the correction on the actual Certificate. Draw a line through the incorrect information and legibly write the correction information. E-mail it back to the State Insurance Director for her/him to send in to USDA for correction.

You do not need to fill out another Request for a Certificate form when making corrections.



If sending by U.S. Mail, send 1 hard copy. Email submission is also acceptable.



# CERTIFICATES WITH SPECIAL WORDING

## Additional Insured ♦ CG 2026 ♦ Endorsement

**Additional Insured** is used when the facility asks that additional parties be listed as entities also covered by the insurance policy. Most school districts and cities require they be listed as an additional insured when using their facilities. Keep in mind that an entity’s legal name may be different from their colloquial name, so get the exact wording needed when contracting your facility. For example, the “Community Center” may legally be the “James A Woody Community Center.”

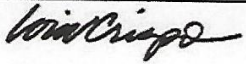
The request for an **Additional Insured** usually looks like this:

Facility Being Used: James A. Woody Community Center

Street Address: 13467 Navajo Rd,  
City, State, & Zip: Apple Valley, CA 92307

Name of Additional Insured: Town of Apple Valley  
Street Address: 14955 Dale Evans Parkway  
City, State, & Zip: Apple Valley, CA 92307

The certificate with **Additional Insured** looks like this:

A	Accident Medical		4102HF059664-22	01/01/2019	01/01/2020	Accidental Dismemberment	\$ 10,000	
							Accidental Death	\$ 10,000
							Accidental Medical Exp	\$ 10,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Issued on behalf of: James A. Woody Community Center/Apple Valley Community Center								
Certificate Holder				Cancellation				
Town of Apple Valley 14955 Dale Evans Pkwy Apple Valley, CA 92307				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 				

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**CG 20 26**

Any time you need special wording beyond the name and address of your facility **and its owners**, Markel will need to generate a second certificate for you called a **CG 20 26**. It is a separate 5 page document that will contain the additional coverage you requested. You must get the **EXACT** special wording from the contact person at the school district, fairground, or city. It will arrive approximately **1** week after your basic certificate.

Note that whenever special wording is required, you will receive **2** certificates back from the insurance company -- one with the basic **data**, and one with the additional special wording.

The request for a **CG 20 26** usually looks like this:

Special Wording:

The State of California, 15<sup>th</sup> District Agricultural Association, County Fair, the county in which the County Fair is located, Lessor/Sublessor if fair site is leased/subleased, Citrus Fair, or California Exposition and State Fair, their directors, officers, agents, servants, and employees are made additional insured, but only insofar as the operations under this contract are concerned.

The certificate for a **CG 20 26** looks like this:

POLICY NUMBER: 3602HF059663-22

COMMERCIAL GENERAL LIABILITY  
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

The State of California, 15th District Agricultural Association, County Fair, the county in which the County Fair is located., Lessor/Sublessor if fair site is, leased/subleased, Citrus Fair, or California Exposition and State Fair, their directors, officers, agents, servants and employees are made additional insured, but only insofar as the operations under this contract are concerned  
1142 South "P" Street  
Bakersfield, CA 93307

**Endorsement:**

An **Endorsement** is like of “letter of recommendation” your facility may request if they are not familiar with Markel Insurance Company. It is emailed to you once a year by the state Insurance Director and you submit copies of it to any requesting facility.

The request for an endorsement looks like this:

Facility Being Used: Cowtown Square Dance Center  
Street Address: 15950 Van Buren Blvd  
City, State, & Zip: Riverside, CA 92504

Name of Additional Insured: None  
Street Address:  
City, State, & Zip

ENDORSEMENT REQUIRED?



The endorsement is a separate full page letter that looks like this:



December 28, 2018

United Square Dancers of America  
c/o Pat Inglis  
P.O. Box 22  
Tucker, GA 30085

Re: Policy #3602HF059663-22  
Policy Term: January 1, 2019 to January 1, 2020

To Additional Insured Certificate Holders

Markel Insurance Company is a specialty insurance company with an A rating by A.M. Best Company. We have a filed proprietary endorsement, MGL1239 (03/14), specifically developed for blanket additional insureds under this policy.

When this endorsement accompanies a Certificate of Insurance from Markel Insurance Company, coverage as an additional insured has been extended.

Keep the certificate attached with the endorsement as your verification of coverage. Markel Insurance Company also maintains a copy of the certificate in the event of a loss.

Sincerely,

A.J. Morgan  
Area Executive Vice President  
RPS Bollinger

## INSTRUCTIONS FOR FILLING OUT REQUEST FOR A CERTIFICATE

Please use one form for each club. Fill out the request form following the numbers on the form.

1. Type in the date.
- ~~2.~~ Type your Association Name – **DO NOT USE ABBREVIATIONS.**
3. Type in the name, address and telephone number of your **Association Insurance Chairperson.**
4. Type your Club Name – **DO NOT USE ABBREVIATIONS.**
5. Type Club's **MAILING** address (may be different from the dance location address).
6. Type the number of Members insured through your club. Do not include members "insured through another club."
7. Type Facility Name and address. No longer need to list rooms being used.
8. Do not need to put in the day of the week, or the year unless the facility requests that you do so. Might have to put in the exact day for a special event, i.e. parade, festival or State Convention.
9. Type the Name and address of additional insured. Be sure to check with the facility if they want the additional insured and be sure to check for the correct wording so the certificate does not have to be sent back for a correction.
10. Check the "Endorsement Required" box if the facility requesting an endorsement.
11. If the club is requesting a Certificate for more than one facility, follow items 7 through 10 above.
12. Request for special wording. (A separate CG 20 26 certificate will be generated.)



All forms are posted on [squaredance.org](http://squaredance.org). Please send **1** copy of this form along with the **full** club roster and a check for Fall enrollment.

The Request for a Certificate and the renewal Roster can be sent by e-mail but will not be processed until **payment in full** is received.

Subsequent Requests for a Certificate can be sent by e-mail.

TO: U.S.D.A. National Insurance Coordinator

DATE: 1

FEDERATION OR ASSOCIATION CLUB LISTING

From: Palomar Square Dance Association 2

Gene and Kathy Bell, Insurance Directors  
2010-80 San Marcos Blvd.

San Marcos, CA 92069-3980  
(619) 599-0270

3

Club Name: Whirlaways Square Dance Club 4  
Mailing Address: 982 Bittersweet Street  
City, State, & Zip: Escondido CA 92026 5  
Number of Members: 30 6

Facility #1 Being Used: Alvin Dunn Elementary School

Street Address: 3005 Rancho Santa Fe Road 7  
City, State, & Zip: San Marcos, CA 92069

Date of Function: 8

Name of Additional Insured: San Marcos Unified School District 10

9 Street Address: 1 Civic Center Drive Need Endorsement   
City, State, & Zip: San Marcos, CA 92069

Facility #2 Being Used: New Life Presbyterian Church 11

Street Address: 615 West Citracado Avenue  
City, State, & Zip: Escondido, CA 92025

Name of Additional Insured: - - -

Street Address: - - -

City, State, & Zip: - - -

Facility #3 Being Used: Del Mar Fairgrounds

Street Address: 2260 Jimmy Durante Blvd.  
City, State, & Zip: Del Mar, CA 92014 12

Special Wording: State of California, the 22nd District Agricultural Association,  
County or Citrus Fairs, their agents, officers servants &  
employees are made additional insureds, but only insofar as  
the operations under this contract are concerned.

Street Address: 2260 Jimmy Durante Blvd.  
City, State, & Zip: Del Mar, CA 92014

*Sample  
Member / Liability  
Certificate*

*3 pages*

# HOW TO READ A CERTIFICATE

The following information has been provided to assist you in reading a Certificate of Insurance.

1. Your USDA Certificate Number – ~~You will need to include this number with all subsequent transactions for the year.~~ It is your club’s identification number with Markel Insurance.
2. Master Policy Number -- if your facility asks for it.
3. Name of the Insured – Club name and address and the effective date of the policy. Please note that all certificates expire one minute after midnight on New Year’s Eve. If you are having a New Year’s Eve dance, you need certificates for both this year and next year.
4. Contact Information – Please contact your **Association Insurance Chairperson** with any questions. DO NOT contact USDA or Markel Insurance.
5. To report a claim call or email your **Association Insurance Chairperson.**



Association Insurance Chair: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone (Emergency): \_\_\_\_\_

6. Premises and Operations – **These are the facilities you currently have insured.** If you dance at more than one facility, they should all be listed here. Note: There is no special wording on this portion of the policy. Special wording will be found on the separate CG 20 26 (*see next section*).
7. This is your actual liability certificate. It does not include any specific dates, rooms, or special wording. You are covered for the entire facility for the entire year.
8. Your club name.
9. Your COI #
10. Your dance facility



Markel Insurance Company

MEMBER CERTIFICATE

1  
2

CERTIFICATE NUMBER: **USDA410** Date: **12/21/2017**  
THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING  
MASTER POLICY NUMBER: 3602HF059663-21

**FIRST NAMED INSURED (MASTER POLICY HOLDER): UNITED SQUARE DANCERS OF AMERICA**  
**IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THE MASTER POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.**

3

**NAMED INSURED (CERTIFICATE HOLDER)**  
Name and Mailing Address (No., Street, Town or City, County, State, Zip Code):  
**Cowtown Singles Square Dance**  
**16677 Orangewind Lane**  
**Riverside, CA 92503**  
Phone Number: ( ) - Extension:  
Effective Date: **01/01/2018** at 12:01 a.m. Standard Time at your mailing address shown above.  
Expiration Date: **01/01/2019**  
This replaces prior Member Certificate dated: N/A

**Plan Administered By**  
Pat Inglis  
United Square Dancers of America (USDA)

**Insurer**  
Markel Insurance Company  
Ten Parkway North  
Deerfield, IL 60015

4

**Contact Information**  
Name: Pat  
Phone: (404) 298-6148  
Fax: (404) 298-6148  
Email: usda\_insurance@usda.org

**Producer Name And Mailing Address**  
83820/ Markel Service Incorporated  
4501 Highwoods Pkwy, Suite 200  
Glen Allen, VA 23060

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**To Report A Claim**  
By Phone: (404)298-6148  
By Fax: (404) 298-6148  
By E-mail: usda\_insurance@usda.org  
By Mail: **COORDINATOR**  
P.O. BOX 22  
Tucker, GA 30085

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Form Of Business, Location Of Premises, Operations		
<b>Form Of Business:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Organization, including a corporation (Other than partnership, joint venture or limited liability company)		
Premises And Operations		
<b>Location No.</b>	<b>Address</b>	<b>Operations</b>
1.	Cowtown Square Dance Center, 15950 Van Buren Blvd, Riverside , CA 92504	Dancing at listed location(s)

Limits Of Insurance		
<b>Commercial General Liability</b>		
General Aggregate:	\$3,000,000	Any One Person Or Organization
Products/Completed Operations Aggregate:	\$1,000,000	
Personal And Advertising Injury:	\$1,000,000	
Each Occurrence:	\$1,000,000	
Damage To Premises Rented To You:	\$100,000	Any One Premises
Medical Expense:	\$5,000	Any One Person
<b>Other Liability Coverages</b>		
N/A		

Endorsements
Forms and endorsements applying to this Member Certificate and made part of this policy at time of issue:
SEE MDIL 1001 FORMS SCHEDULE

**This Member Certificate, together with the Coverage Form and any Endorsement(s) attached to the Master Policy, complete the above numbered certificate. Coverage is subject to all terms, conditions, limitations, exclusions, and other provisions contained therein.**

Member Certificate Annual Premium	
Commercial General Liability Premium	\$On file with company
Taxes and Surcharges	\$On file with company
<b>Total</b>	<b>\$On file with company</b>

To review the Master Policy: PLEASE VISIT: [HTTP://WWW.USDA.ORG/INSURANC.HTM](http://www.usda.org/insuranc.htm)

Countersigned: 12/21/2017 Date  
 By: Bruce A. Key AUTHORIZED REPRESENTATIVE



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/19/2017

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Markel Service, Incorporated 4501 Highwoods Parkway Suite 200 Glen Allen VA 23060		<b>CONTACT NAME:</b> Yury Cherepnya <b>PHONE (A/C, No, Ext):</b> (800)995-1012 <b>FAX (A/C, NO):</b> (804)527-7904 <b>E-MAIL ADDRESS:</b> msi@markelcorp.com	
<b>INSURED</b> Cowtown Singles Square Dance 16677 Orangewind Lane Riverside, CA 92503		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Markel Insurance Company <b>NAIC #</b> 38970 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

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**COVERAGES** **CERTIFICATE NUMBER:** 2018-820 **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3602HF059663-21	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Accident Medical			4102HF059664-21	01/01/2018	01/01/2019	Accidental Dismembe rme \$10,000 Accidental Death \$10,000 Accidental Medical Exp \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Cowtown Square Dance Center, 15950 Van Buren Blvd, Riverside, CA 92504

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<b>CERTIFICATE HOLDER</b>  Proof of Coverage Only	<b>CANCELLATION</b> 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 <i>Yury Cherepnya</i>

*Sample*  
*CG 20 26*  
*Certificate*

*5 pages*

# HOW TO READ A CG 20 26

1. Policy Number
2. CG 20 26
3. This is not a bill. ☺ This is the amount USDA pays for our insurance.
4. **Your special wording**
5. Any changes or corrections



**1**

Policy No: **3602HF059663 - 21**

Insured : United Square Dancers of America  
c/o Pat Inglis  
PO Box 22  
Tucker, GA 30085

Policy Period : 01-01-2018 - 01-01-2019

**COVER SHEET**

**Health & Fitness**

**POLICY NUMBER: 3602HF059663 - 21**

**2**

MIC INVOICE(01/95)  
CG2026(04/13)  
IL1201(11/85)

Market Insurance Company Payment Schedule  
ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION  
POLICY CHANGES-BLANK

**Insured Copy**



Account #: PI0012975  
 United Square Dancers of America  
 c/o Pat Inglis  
 PO Box 22  
 Tucker, GA 30085

Agent #: 83820  
 Markel Service Incorporated  
 4501 Highwoods Pkwy, Suite 200  
 Glen Allen, VA 23060  
 1-800-995-1012

## Payment Schedule

Account #:	PI0012975
Billing Date:	03-20-2018
Policy Number:	3602HF059663 - 21
Policy Period:	01-01-2018 - 01-01-2019
Policy Type:	Commercial General Liability
Gross Premium:	\$ 56,251.03

3

**Due Date   Transaction Description**

**Amount**

**Full Pay**

**THIS IS NOT A BILL. INVOICES WILL BE ISSUED SEPARATELY FOR ANY AMOUNTS DUE.**

If you would like to pay now, please choose one of the options below.

- On-line: [www.markelinsurance.com/paymybill](http://www.markelinsurance.com/paymybill) Make a single payment or sign up for electronic payments using (credit, debit or electronic check).  
It's secure, easy, and convenient. No hassles, no stamps, and no forgetting to pay your bill.
- By Phone: 1-866-665-4983 (English/en Espanol)
- By Mail: Markel Specialty Commercial, P.O. Box 79652, Baltimore, MD 21279-0652

Payment Inquiries: Toll-free 1-888-642-4968 8:00 a.m. to 8:00 p.m. EST

JMA

Insured

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<p><b>Name Of Additional Insured Person(s) Or Organization(s):</b></p> <p>The City of Palmdale, Successor Agency to the Community Redevelopment Agency of the City of Palmdale, Palmdale Civic Authority, Housing Authority, Airport Authority, Industrial Development Authority, their officers, agents, employees, and volunteers are named as additional insured.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

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**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Policy Change  
Number 68

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**POLICY CHANGES**

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW:

POLICY NUMBER <b>3602HF059663 - 21</b>	POLICY CHANGES EFFECTIVE 01-01-2018	COMPANY Markel Insurance Company	
NAMED INSURED United Square Dancers of America  c/o Pat Inglis		AUTHORIZED REPRESENTATIVE Bruce A. Kay	
COVERAGE PARTS AFFECTED			
<b>CHANGES</b>			
<p>In consideration of the premium charged, it is understood and agreed that the following entity is added as additional insured as per the attached form CG2026 (04/13) for Aces &amp; Deuces Square Dance Club:</p> <p>The City of Palmdale, Successor Agency to the Community Redevelopment Agency of the City of Palmdale, Palmdale Civic Authority Housing Authority, Airport Authority, Industrial Development Authority, their officers, agents, employees, and volunteers are named as additional insured City of Palmdale/Recreation and Culture 38260 10th Street East Palmdale, CA 93550</p> <p>as respects to dance being held on 2nd Saturdays monthly for the year 2018 at Legacy Commons, 930 East Avenue Q-9, Palmdale, CA 93550.</p> <p>All other terms and conditions remain unchanged.</p>			
The above amendment(s) result in a change in premium as follows:			
<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM	RETURN PREMIUM
		\$ 0.00	\$

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Bruce A. Kay *Bruce A. Kay*  
Authorized Representative Signature



# **SECTION IV**

# **ROSTERS**

# CLUB ROSTER

The Club Roster **for the entire club** and enrollment fee per dancer must be submitted with the club's initial Request for a Certificate form.

Eight (8) dancers are needed on the roster for a club to enroll in the insurance program. Some of those 8 may be "insured through another club," but the \$48 California minimum insurance fee must still be paid.

~~Note to clubs paying the minimum fee: You can retain a credit with USDA for any unused portion of your enrollment fee up to a maximum of \$45.~~

~~The number of members on the Roster must agree with the number of members shown on the Request for a Certificate form.~~

~~The club roster must contain the enrollment statement (see below) **and** be [electronically] signed by a club officer stating that the club is enrolling 100% of its membership, or the enrollment will not be processed.~~

~~*"In accordance with the long-established requirements of the USDA Insurance program and our insurance underwriters—All members of the club must participate in the United Square Dancers of America Insurance Program for the club to be covered under the liability policy."*~~



All forms are posted on [squaredance.org](http://squaredance.org).

If sending by U.S. Mail, send **1** hard copy. Email submission is also acceptable, but enrollment will not be processed until the check **for the entire club roster** is received.

# INSTRUCTIONS FOR FILLING OUT CLUB ROSTER

Please type club rosters in ARIAL 12 PT FONT or handwrite legibly.

1. Club Name. ~~DO NOT USE ABBREVIATIONS / INITIALS~~
2. California Square Dance Council
3. Your Association or Federation. ~~DO NOT USE ABBREVIATIONS / INITIAL~~
4. List of **All** Club Members. **Roster must be complete and paid in full for Fall enrollment.**
  - a. Number each entry
  - b. Alphabetical order with last name first.
  - c. Only one person per line.
  - d. Families/couples should be alpha by first name: Smith, Ann, Smith, Bob, Smith, Charles
  - e. Do not include members insured through another club on this roster.
  - f. The insurance program requires 100% participation, but a dancer need only pay in one USDA member club.
5. ~~The club President or the Insurance Chairman for the club needs to sign the statement at the bottom of the form. Renewal will not be processed without this statement.~~
6. ~~Write in the title of the person signing and date.~~
7. Number of club members on the page.



All forms are posted on [squaredance.org](http://squaredance.org).

If sending by U.S. Mail, send **1** hard copy.

Email submission is also acceptable, but will not be processed until **payment in full** is received.

**CLUB ROSTER**  
**ENROLLMENT FOR THE YEAR 2020**

<b>CLUB NAME:</b>			
<b>COUNCIL:</b>	<b>CALIFORNIA SQUARE DANCE COUNCIL</b>		
<b>ASSOCIATION/FEDERATION:</b>			
	<b>Name of Dancer</b> <i>Alpha by Last Name, First Name</i>		<b>Name of Dancer</b> <i>Alpha by Last Name, First Name</i>
1.			17.
2.			18.
3.			19.
4.			20.
5.			21.
6.			22.
7.			23.
8.			24.
9.			25.
10.			26.
11.			27.
12.			28.
13.			29.
14.			30.
15.			31.
16.			32.

**Send Form and Check to Federation/Association Insurance Chairman**

# INSURED THROUGH ANOTHER CLUB ROSTER

“Insured Through Another Club” roster is for dancers who belong to more than one USDA club.

Dancers should be listed on their primary club’s “Club Roster” and their insurance fees paid through their primary club.

If a dancer belongs to a second club, their name will go on that club’s “Insured Through Another Club” roster to avoid paying a duplicate insurance fee.

Please do not use initials or abbreviations when completing these forms. Columns can be set to “wrap text” as necessary.

If a club folds, members have 30 days to transfer to a new club without paying an additional insurance fee. The receiving club would submit their names as new club members “insured through another club.” (There are no refunds to the folding club.)

**Note that all “Insured Through Another Club” rosters will be held at the state level until dual memberships can be verified.**

# INSTRUCTIONS FOR FILLING OUT MEMBERS INSURED THROUGH ANOTHER CLUB ROSTER

Please type rosters in ARIAL 12 PT FONT or handwrite legibly.

1. Club Name. ~~DO NOT USE ABBREVIATIONS/INITIALS.~~
2. Your Association / Federation Name. ~~DO NOT USE ABBREVIATIONS/INITIALS.~~
3. Name of the Member in alphabetical order.
4. Name of the club and Association through whom they are insured.
5. Number of members.

~~Whenever possible, please attach a copy of each member's primary club's roster showing the name of your dancer. See sample next page.~~

**Note that all "Insured Through Another Club" rosters will be held at the state level until dual memberships can be verified and the primary clubs' rosters have been paid in full.**



All forms are posted on [squaredance.org](http://squaredance.org).  
If sending by U.S. mail, please send **1** copy. Email submission is also acceptable.  
No fee required.

CLUB ROSTER

DANCERS **INSURED THROUGH ANOTHER CLUB**

ENROLLMENT FOR THE YEAR 2020

CLUB NAME	Cowtown Singles		
ASSOCIATION/FEDERATION:	Cow Counties Hoedown Association		
COUNCIL:	California Square Dance Council		
<b>Name of Dancer</b> <i>Alpha by Last Name, First Name</i>	<b>Club Insured Through</b>	<b>Association</b>	
1. Smith, Ann	Riverside Single Swingers	Cow Counties Hoedown Association	
2. Smith, Bob	Grape Stompers	Palomar Square Dance Association	
4. Smith, Daniel	Mt. Baker Singles	Mt. Baker Square Dance Council <i>Mt. Vernon, WA</i>	
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

Number of Club Members this Page   3

# CLASS ROSTER

Beginners in a club-sponsored class will receive insurance coverage at no charge while attending class.

The definition of a Beginner's class, per USDA, is a class where the dancers are new to square dancing, or have been away for an extended period of time (i.e., A1/A2 students are not covered at the student rate).

The class may not be more than nine (9) months in length.

A roster is needed for each new class.

It must be submitted as soon as the class membership is finalized.

The roster must have a class start and end date.

Students are only covered for the length of the class. After graduation, they need to be invited to join the club and have their names submitted on an Additional Club Member roster along with the appropriate fee.

For example, if your class runs from Sept. 2019 – May of 2020, graduating students need to be enrolled as club members for June – Dec. 2020. There are no pro-rated enrollment fees.

New dancers may only be insured as a class member one time. If they complete a class and choose to repeat it, or move on to a subsequent class, they should be insured as club members.



# INSTRUCTIONS FOR FILLING OUT CLASS ROSTER

Please type rosters in ARIAL 12 PT FONT or handwrite legibly.

1. Your Association Name. **DO NOT USE ABBREVIATIONS / INITIALS.**
2. The Club's Name.
3. The beginning date for the class.
4. The ending date for the class. May not exceed 9 months.
5. List of Members:
  - a. Number each entry.
  - b. Only one person per line.
  - c. Families/couples should be alpha by first name: Smith, Ann, Smith, Bob, Smith, Charles

All forms are posted on [squaredance.org](http://squaredance.org).

If sending by U.S. Mail, send 1 hard copy. Email submission is also acceptable.  
There is no fee for class members.



# INSURANCE NOTICE

## — Club Sponsored Class — Enrollment

Council: **California Square Dance Council**

Federation/Association:

Club Name:

Class:    Beginning Date **MO/DY/YR**                      Ending Date **MO/DY/YR**



(Last Name, First Name)

- |     |   |     |   |
|-----|---|-----|---|
| 1.  | , | 19. | , |
| 2.  | , | 20. | , |
| 3.  | , | 21. |   |
| 4.  | , | 22. |   |
| 5.  | , | 23. |   |
| 6.  | , | 24. |   |
| 7.  | , | 25. |   |
| 8.  | , | 26. |   |
| 9.  | , | 27. |   |
| 10. | , | 28. |   |
| 11. | , | 29. |   |
| 12. | , | 30. |   |
| 13. | , | 31. |   |
| 14. | , | 32. |   |
| 15. | , | 33. |   |
| 16. | , | 34. |   |
| 17. | , | 35. |   |
| 18. | , | 36. |   |

# **SECTION V**

**ADDING NEW**

**MEMBERS**

**OR**

**STUDENTS**

# INSTRUCTIONS FOR ROSTER FOR ADDITIONAL CLUB ENROLLMENT

Please type rosters in ARIAL 12 PT FONT or handwrite legibly.

1. Type in complete Association name. **DO NOT USE ABBREVIATIONS / INITIALS.**
2. Type in Club Name ~~and USDA number.~~ **DO NOT USE ABBREVIATIONS / INITIALS.**
3. Type in date.
4. List of additional members
  - a. Number each entry.
  - b. Alphabetical order with last name first.
  - c. Only one person per line.
  - d. Families/couples should be alpha by first name: Smith, Ann, Smith, Bob, Smith, Charles
  - e. List only the members you are paying for. Don't include members insured through another club.
  - f. The insurance requires 100% participation, but a dancer need only pay in one USDA member club.

All forms are posted on [squaredance.org](http://squaredance.org).

If sending by U.S. Mail, send 1 hard copy. Email submission is also acceptable, but enrollment will not be processed until the check is received.



ANY ADDITION TO THE CLUB ROSTER AFTER THE INITIAL ENROLLMENT FOR THE YEAR 2020 WILL REQUIRE AN ENROLLMENT FEE PER DANCER.

## **ADDITIONAL CLUB ENROLLMENT**

COUNCIL: **California Square Dance Council**  
ASSOCIATION/FEDERATION: **Palomar Square Dance Association**  
CLUB NAME: **Whirlaways**  
PERIOD (Month): **May 2020**

Name of Dancer

1. Bednar, Bob
2. Bednar, Peggy
3. Fairfield, Mort
4. Fairfield, Page
5. Kirchnavy, Karen
6. Stewart, David

# INSTRUCTIONS FOR ADDITIONAL CLASS ENROLLMENT ROSTER

Please type rosters in ARIAL 12 PT FONT or handwrite legibly.

1. Type in complete Association name. **DO NOT USE ABBREVIATIONS / INITIALS.**
2. Type in Club Name . **DO NOT USE ABBREVIATIONS / INITIALS.**
3. Type in beginning date for the class.
4. Type in the ending date for the class.
5. List of additional members
  - a. Number each entry
  - b. Alphabetical order with last name first.
  - c. Only one person per line.
  - d. Families/couples should be alpha by first name: Smith, Ann, Smith, Bob, Smith, Charles



All forms are posted on [squaredance.org](http://squaredance.org).

If sending by U.S. Mail, send 1 hard copy. Email submission is also acceptable.

There is no fee for class members.

# INSURANCE NOTICE

— Club Sponsored Class —

Additional Enrollment

Council : **California Square Dance Council**

Federation/Association: **Valley Associated Square Dancers**

Club Name: **Gold Dust Dancers Square Dance Club**

Class Beginning **09-01-19** Ending **06-01-20**  
*Date* *Date*

Name of Dancer

Name of Dancer

1. Hartman, Dori
2. Hartman, Walt
3. Morris, Vickie
4. Neal, Betty
5. Westwood, Bill
6. Westwood, Dorothy

**SECTION VI**

**SPECIAL EVENTS**

**AND GROUP**

**TRAVEL**



# NOTIFICATION OF EVENT / GROUP TRAVEL

Club members will be insured while participating in any regularly scheduled and sponsored dancing activity worldwide, including group travel (10 or more club members) in a vehicle commercially licensed for transportation of passengers and operated by a person holding a valid operator's license for such a vehicle, while being transported to or from a covered dancing activity. There is no longer a minimum of 25 miles travel required.

Use the special event/group travel form for

- Demos
- Parades
- Performances at a fair, etc.
- Fundraiser dances, Regional Hoedowns
- Conferences, Dance weekends, Festivals
- Dancing at a one-time location where no liability certificate is needed
- Bus trip

**DO NOT** use this form for

- Special venues requiring a Certificate of Liability.  
Instead, submit a regular Request for Certificate **14** days in advance.
- Special venue requiring an "Additional Insured."  
Instead, submit a regular Request for Certificate **14** days in advance.
- Travel via private autos.  
Personal vehicles are covered by the owner's automobile insurance.



All forms are posted on [squaredance.org](http://squaredance.org).  
If sending by U.S. Mail, send **1** hard copy. Email submission is also acceptable.

**INSTRUCTIONS FOR FILLING OUT  
NOTIFICATION OF EVENT/GROUP TRAVEL**

**Section 1**

1. Type your Association name. **DO NOT use abbreviations or initials.**
2. Type your Association Insurance Chairman's name, address, and telephone number.

**Section 2**

3. Check the type of function.
4. Type club name, mailing address.
5. Where are you going?

**Section 3**

6. Type calendar date for the trip.
7. Type time the bus is leaving and its expected return time
8. Type the city and state the bus is leaving from.
9. Type the city and state the bus is going to.
10. Type the number of one-way miles the bus will be traveling. If it is going to more than one destination, then provide the miles to the last destination.
11. Type the name of the bus company as shown on the contract.



All forms are posted on [squaredance.org](http://squaredance.org).

If sending by U.S. Mail, send **1** hard copy. Email submission is also acceptable.

**NOTIFICATION OF AN EVENT/GROUP TRAVEL**

**CALIFORNIA SQUARE DANCE COUNCIL  
INSURANCE PROGRAM**

**NOTIFICATION OF AN EVENT**

This form is to be used for notification of an event where no Certificate is required. If the facility requires a certificate or to be named as "Additional Named Insured", use the "Federation or Association Club Listing" form.

ASSOCIATION: Cow Counties Hoedown Association

INSURANCE CHAIRMAN: Carolyn Ulrich

CHAIRMAN' S ADDRESS: 2960 Las Flores Ave.

CITY: Riverside STATE: CA ZIP: 92503

TELEPHONE NUMBER: (909) 953-9444

*TYPE OF FUNCTION - CHECK ONE*

EXHIBITION DANCE       CLUB DANCE       GROUP TRAVEL

CLUB NAME: Cowtown Singles

CLUB ADDRESS: 15950 Van Buren Blvd.

CITY: Riverside STATE: CA ZIP: 92504 Blvd DATE OF FUNCTION: 11-18-17

5

FACILITY BEING USED: Thunderbirds Square Dance Club

STREET ADDRESS: 13467 Navajo Road

CITY: Apple Valley STATE: CA ZIP: 92308

**GROUP TRAVEL INFORMATION**

DATE OF TRIP: 11-18-17 DEPARTURE TIME: 5:00 p.m. - midnight

DEPARTING FROM (CITY/STATE): Cowtown Singles, Riverside, CA

DESTINATION (CITY/STATE): Thunderbirds Square Dance Club, Apple Valley, CA

NUMBER OF MILES (ONE WAY): 64.2

CARRIER: Jay C Tours (max 51 passengers)

# **SECTION VII**

# **ACCIDENT REPORTS**

# Accident Reports

A Club Accident Report should be readily available at all club or Association activities including dances, classes, demos, parades, group travel, etc. The report is to be completed by a club officer, NOT by the injured dancer.

## **When an accident occurs:**

**The President (or Designee) of the hosting club is the ONLY person to take charge of the incident.** Unless specifically asked to assist, other club or Association officers should *not* step in or try to take charge of the incident. *At the club President's discretion*, they may choose to call from the floor a “medically trained” person to step in and assist them in assessing the incident/injury.

*This box, or the graphic on the following page,  
should be published in all club newsletters at least once a year.*

## **If a dancer falls, or is injured during a dance...**

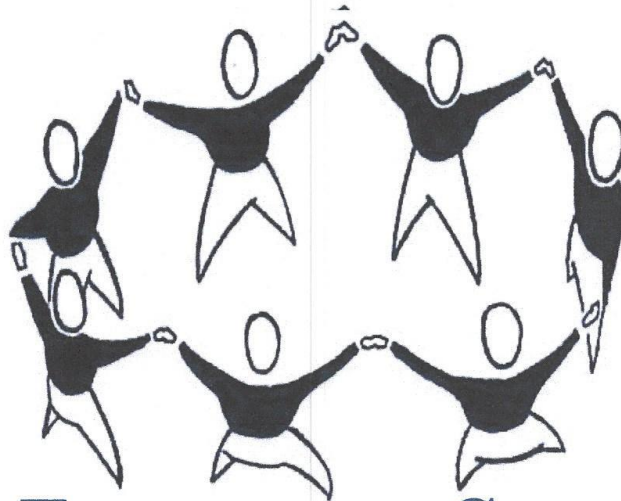
**The dance should *not* be stopped immediately upon incident.**

Those in the square of the injured dancer should step back, turn their backs to the center of the square, and join their hands **LOW** while one dancer from the affected square steps in to attend to the injured dancer. This can be done while the dance continues. The injured dancer will either...

1. get up and continue dancing
2. get up and choose to sit down on the sidelines
3. stay down and ask for further assistance.

**Only if the dancer stays down and requires further assistance should the square raise their joined hands above their heads signaling the need to stop the dance for medical assistance.**

# E C M A



## EMERGENCY CALL for MEDICAL AID

- 1** When a dancer goes down, a second dancer attends to him/her  
  
The remaining couples join hands and take a step backward.
- 2** This will allow the injured person and the attendant air and room
- 3** Raise joined hands as high as possible in the form of an arched circle  
  
On seeing this signal, the caller or hall monitor will immediately respond and place an Emergency Call for Medical Aid if required.
- 4** Caller and Dancers should continue as usual while aid is administered.

“Common sense” prevails as the number one guideline for handling incidents at club functions. Minimize the commotion at the event. Don’t move an injured dancer with a back injury. Respect the wishes of the injured dancer. Follow up with a phone call the next day to make sure the dancer is OK.

An incident may or may not result in the filing of a Club Accident Report. It is at the discretion of the injured dancer and the club President if a report is needed.

If the injured dancer and the club President are in agreement that there is no injury, then no accident report is required to be submitted. Should an injury develop the following day (e.g. bruising or swelling), the injured dancer does have 72 hrs. after the incident to file a report.

It is important to note that filing a club accident report does not constitute an automatic insurance claim. The claim must be approved by Markel Insurance before any reimbursements will occur. Many club accident reports do not result in insurance claims because the costs are usually mitigated by the dancer’s primary insurance carrier.

The USDA Insurance is a secondary coverage policy. After a dancer’s primary health insurance pays their portion, Markel will reimburse expenses incurred within 52 weeks of the accident up to \$10,000 for all eligible expenses.

Markel Insurance **will** ask for the injured dancer’s primary insurance’s Explanation of Benefits (EOB) **and itemized/medically coded receipts** as proof that the primary insurance has paid their portion.

### **Reporting the accident:**

- Step 1: Club officer completes accident report on site and sends it to their Association Insurance Chairperson within 72 hrs. The Association will then send it to the State Director.
- Step 2: State Insurance Director will send the accident report to USDA. They will send a claim form, if needed, back to the Insurance Director.
- Step 3: State Insurance Director will send claim form to the dancer ~~and their doctor~~ to complete the claim form.
- Step 4: Dancer returns completed form and original receipts to the **National** Insurance Director, who in turn sends it to USDA. Initial receipts and claim form must be submitted within twenty (20) days from the date of injury.

Step 5: Additional receipts for treatment may be submitted for one year after the injury.  
At this point, all transactions are between the claimant and Markel insurance.

## Procedures for Reporting Accidents at a Dance

**INITIAL REPORT**      Club → Association<sup>1</sup> → State → USDA → Markel

**CLAIM FORM**      USDA → State → Dancer

**COMPLETED FORM + ORIGINAL RECEIPTS + EOB's**      Dancer → ~~State~~ → USDA → Markel

**ONGOING TREATMENT RECEIPTS**      Dancer ← → Markel

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<sup>1</sup> All contacts are Insurance Directors/Chairpersons



**A few safety tips:**

- Club officers are encouraged to take a picture of the Accident Report form and store it in their cell phone in case a form is needed, but not available (especially at demos, parades, etc.). Handwritten notes can always be transferred to the Accident Report form later.
- Dancers should wear appropriate dance footwear at all times. Flip flops, sandals, bedroom slippers, etc. are very dangerous.
- All dancers are strongly encouraged to put a mailing label on the back of their dance badge with an emergency contact number (ICE – In Case of Emergency).

Think about this scenario – a visitor to your club slips and hits their head on a chair. By her badge, you know she is “Mary from the Western Stars.” You don’t know who she came with or which handbag might have her complete identification. You don’t know a family member to contact to let them know there’s been a serious accident. You don’t know if she has any existing medical conditions. An emergency contact phone number can alleviate a number of obstacles.

There is not much room on some badges, but the sticker need only contain...



ICE [Relationship] [First name] [Phone number]
---

# INSTRUCTIONS FOR FILLING OUT CLUB ACCIDENT FORM

1. Print the name of your Association. **DO NOT USE ABBREVIATIONS / INITIALS**
2. Print the full name of the club sponsoring the event where the accident occurred.
3. Print the date and location of the accident.
  
4. Print the full name of the person injured including address, telephone number, their club name, and Association (or city) of their club.
5. Print the nature of the injury to the best of your knowledge.
6. Print a description of the accident in as much detail as possible using the memory of any witnesses. Add additional pages as necessary.
7. Print information on when and where treatment was given.  
If the injured person did not want treatment, indicate this as well.
  
8. Print the full name and email address of any witnesses.
9. Have a club officer sign the report and include their contact information.



All forms are posted on [squaredance.org](http://squaredance.org).  
Email the report to your Association Insurance Chairperson.

# CLUB ACCIDENT REPORT

(PLEASE PRINT)

## CALIFORNIA SQUARE DANCE COUNCIL INSURANCE PROGRAM

**ASSOCIATION / FEDERATION:** South Coast Association of Dancers

**CLUB:** Patchwork Squares

**DATE OF ACCIDENT:** 08-01-18

**LOCATION OF ACCIDENT:** LA County Fairgrounds; Exposition Bldg. H  
Pomona, CA

**NAME OF PERSON INJURED:** Ima Dancer

Event  
Sponsor

**ADDRESS:** 123 Main St., Riverside, CA 92503

**EMAIL:** ImaDancer@squares.org

**TELEPHONE:** 987-654-321

**CLUB:** Cowtown Singles

Injured  
Dancer

**ASSOCIATION:** Cow Counties Hoedown Association

**NATURE OF INJURY:** Broken Left wrist

**DESCRIPTION OF ACCIDENT:** During the demo, Ima slipped while twirling and fell on her wrist.

**TREATMENT GIVEN:** Ice applied; hand/arm stabilized; 911 called; Ima was taken to Pomona Community Hospital; ICE contact on back of badge notified.

**NAME & E-MAIL OF WITNESS:**

1. Bob.Smith@ilovetodance.com
2. Mary Smith (petticoatprincess@aol.com)

**SIGNED:** Lynn Green

Event  
Sponsor

**CLUB OFFICER:** President, Patchwork Squares

**TELEPHONE:** 123-456-7891

**E-MAIL:** LGreen2@abc.com

Please complete report within 72 hrs. of accident and email to [castateinsdir@gmail.com](mailto:castateinsdir@gmail.com).

# **SECTION VIII**

## **PROPERTY DAMAGE**

# Property Damage

As long as 100% of a club's membership is enrolled in the USDA insurance program, liability insurance is provided as follows.

## Liability Insurance

- \$1,000,000 combined single limit of liability for bodily injury and property damage each occurrence. **(subject to a \$100 property damage deductible per claim)**
- \$100,000 limit for damage to premises rented to you.
- \$100,000 Fire Legal Liability

There is no form to fill out in case of property damage liability. The facility owner must submit a letter to the renter indicating the nature of the damage and the cost for repair. The club then sends this letter to their Association Insurance Chairperson, who forwards it to the State Insurance Director, etc.

To avoid the possibility of blame for existing damage or disrepair to a facility, a facilities checklist has been included for your convenience.

- Step 1: Before each dance, walk-through your facility and note any items not in safe/working order (e.g., dirty, sticky floors, loose tile or floor boards, parking area lighting/conditions, restrooms, etc).
- Step 2: Complete duplicate copies of the facility checklist.
- Step 3: Have the facility liaison sign and date BOTH copies acknowledging any existing damage.
- Step 4: Leave one copy with the liaison and keep a copy for the club.

**Just like renting a car  
You don't want the liability for existing damage!**

# **FACILITY CHECKLIST**

## **INSPECTION OF PREMISES FOR CONDITION SAFE USE**

Name of Square Dance Club: \_\_\_\_\_

Facility: \_\_\_\_\_

Note any existing damage / disrepair to .....

- **Parking Lot Area** \_\_\_\_\_  
\_\_\_\_\_
- **Entrance Area & Floor** \_\_\_\_\_  
\_\_\_\_\_
- **Dance Floor** \_\_\_\_\_  
\_\_\_\_\_
- **Caller's Area on Stage** \_\_\_\_\_  
\_\_\_\_\_
- **Kitchen & Dining Room Area** \_\_\_\_\_  
\_\_\_\_\_
- **Restrooms** \_\_\_\_\_  
\_\_\_\_\_
- **Lighting Facilities** \_\_\_\_\_  
\_\_\_\_\_
- **Furniture** \_\_\_\_\_  
\_\_\_\_\_
- **Windows & Drapes** \_\_\_\_\_  
\_\_\_\_\_

We have inspected the square dance facilities provided for our use, both before and after the conclusion of our dance. We find all conditions to be normal and acceptable for safe use, except as noted above.

---

Signed by Club

---

Date

---

Print

---

Date

---

Signed by Facility

---

Date

---

Print

---

Date

***Complete in duplicate: one for club and one for facility.***

***Facilities Checklist:*** Before each dance, the facility should be checked and items that are not in proper working order should be noted and brought to the attention of the custodian before taking possession of the facility (dirty, sticky floors, loose tile or floor boards, parking area lighting and condition, restrooms, etc.). The form should be made in duplicate (original to custodian and have him/her sign and date our copy). If this is not done, the club or organization could later be billed for repairs or cleaning; or worse; held liable if condition of facility is inadequate for dancing and an accidental injury is sustained by a dancer as a result of faulty conditions. (Or, might be blamed by the next group/organization that comes in to use the facility.)

All forms are posted on [squaredance.org](http://squaredance.org).

# Lawsuits

In the event your Association, club, club officers, and/or dancers are named in a lawsuit, instruct them NOT to discuss the case with anyone.

In lieu of a lawsuit, they could get a letter from the plaintiff's attorney indicating they intend to file a lawsuit. Treat both of these the same.

The person receiving the lawsuit or letter of intent must notify the Association Insurance Chairman, who will in turn notify the State Insurance Director, who will notify USDA.

The Association Insurance Chairman should also notify the Association President. The Association Insurance Chairman will need to obtain a copy of the lawsuit or letter of intent and forward it to the State Insurance Director.

Impress upon those named in the lawsuit or letter of intent not to talk about the lawsuit, even to each other, or express any opinions regarding the lawsuit to anyone.

Markel Insurance company will provide any necessary legal counsel.

The insurance policy also covers product liability which includes the food served at a dance. Although it is doubtful anyone would intentionally serve bad food, it is possible for food to become tainted – particularly at an outdoor event, or during the summer months. This insurance protects your club if someone gets food poisoning from something they ate at the dance.

It does not cover a food vendor.



**SECTION IX**

**FREQUENTLY  
ASKED  
QUESTIONS**

# Frequently Asked Questions

## USDA Dance Insurance

### General policy questions

- 1. Question: Why do we need insurance?**  
Answer: Insurance protects us against loss, injuries, accidents and liability. As dancers we are exposed to a multitude of situations over and above normal everyday activities that could result in any of the above situations.
- 2. Question: What does our insurance do for us?**  
Answer: Our accidental insurance plan is a supplemental plan covering dancers while participating in any regularly scheduled, sponsored dancing activity on public property worldwide.
- 3. Question: Does Markel offer supplemental insurance for Board meetings, Club meetings, or social activities where there is no dancing?**  
Answer: No.
- 4. Question: When does club/dancer insurance coverage begin?**  
Answer: Insurance coverage for a club and its members begins when their enrollment form, ~~a signed roster form,~~ and payment are received by the USDA National Insurance Coordinator.
- 5. Question: What are the effective dates of our insurance policy?**  
Answer: Our insurance policy runs from January 1<sup>st</sup> through December 31<sup>st</sup> each year. When you obtain a certificate of insurance for a facility, the certificate is good for the entire year for that particular facility for any event held in that facility on any date.
- 6. Question: What does our dance insurance cover?**  
Answer: Our coverage is two parts: accident medical and liability.

Our accident policy is a secondary insurance. It covers approved unpaid medical bills on injuries incurred at a dance activity not covered by the insured's other insurance policies.

The liability insurance protects the club and its members and association officials from financial loss due to unforeseen incidents which may develop into litigation against members and dance organizations.

- 7. Question:** **Can we get increased coverage/liability limits for one of our facilities?**  
Answer: No. Our coverage limits are already maximized for the enrollment fee we pay.
- 8. Question:** **We are starting a new club and want to call it the “Jane and John Doe Stars.” Is that OK?**  
Answer: No. A club name cannot contain individuals’ names.

### Who is/isn’t insured?

- 9. Question:** **Can a dancer get USDA insurance and not be a member of an insured club?**  
Answer: No, to obtain insurance a dancer must belong to an insured club and 100% of the membership has to participate in the program.
- 10. Question:** **Can a club belong to a State Council Association and not purchase the USDA insurance?**  
Answer: No.
- 11. Question:** **Are non-dancers or dancers from other areas covered under our insurance?**  
Answer: Our accident policy covers only members of clubs who have paid an enrollment fee per dancer to USDA. Since USDA is a national insurance program, it is likely your visitors are covered through their own clubs. There is coverage under our liability policy for non-dancers if injured due to facility liability.
- 12. Question:** **What if an independent dancer gets hurt at our dance?**  
Answer: The independent dancer would be responsible for his/her own coverage. If the dancer feels the club is negligent, thus causing the accident, then the independent dancer would have to sue the club for compensation. If this happens, Markel will handle all legal matters for the club. There is no extra cost for this service.
- 13. Question:** **What if a person who only belongs to a caller or cuer group gets hurt at our dance?**  
Answer: Unless the caller or cuer group has submitted a club roster and paid the per dancer enrollment fee, there is no USDA insurance coverage for this dancer or the club. The caller and/or cuer may have coverage through their professional organizations, but it does not cover the dancers.

- 14. Question:** What if our caller/cuer gets hurt at the dance?  
Answer: They are covered by their own professional organization's insurance.
- 15. Question:** If a dancer has 100% primary insurance coverage, can they opt out of the USDA insurance program?  
Answer: No. USDA requires all club members be insured through USDA in order for the club to obtain their liability insurance.
- 16. Question:** Can we insure our Association and/ or Officers for Special Events?  
Yes. Once the State Insurance Director has paid the fee for the State Council to be enrolled, Associations, their facilities, and their Officers (if requested) can be insured at no charge.
- 17. Question:** Why would we want to insure our Association Board Members? Aren't they already covered under their own clubs?  
Answer: For a medical incident, Yes – they are covered. However, if a dancer were to get hurt at a dance, they could decide to sue the state, association, or district board. Insuring your Association board members protects them against a liability lawsuit. There is no fee for this coverage.
- 18. Question:** Are we covered if we go to a dance sponsored by a private individual or private group?  
Answer: No. You are not covered if Dan D. Dancer rents out the local park and has a dance for their wedding/birthday, etc.

### **Dance Class Insurance**

- 19. Question:** Are students covered by insurance?  
Answer: Beginning students are covered at no charge for nine months while taking lessons. After nine months, students are expected to be ready to join a club and pay the enrollment fee to be covered. A class roster must be submitted to have the students covered.
- 20. Question:** Is there a minimum age for children to be insured as a class member?  
Answer: Not by USDA. Individual clubs may have an age limit for joining the club.
- 21. Question:** How many times can a student dancer be insured at no cost?  
Answer: Once. If they continue on to a subsequent class, or repeat a class, they must pay the insurance fee.

- 22. Question:** **Is there a limit to the length of our class?**  
Answer: Yes. Classes may last a maximum of 9 months.
- 23. Question:** **We have a Mainstream Class for 4 months followed by a [separate] Plus class for 4 months. If someone joins the group when the Plus class begins, can they be covered with student insurance?**  
Answer: No. They are not a Beginning student if they are joining you at the Plus level. The students who began with you at Mainstream can continue on for the 9 months of student coverage.
- 24. Question:** **Is our A1/A2 class covered at the student rate?**  
Answer: No. Only Beginning Square Dance classes are covered. Advanced class students need to be insured as club members.
- 25. Question:** **Is a student dancer covered for the calendar year?**  
Answer: No. They are only covered for the duration of the class. After that, they need to be insured as a club member.

### **At the dance**

- 26. Question:** **When are dancers covered?**  
Answer: Coverage begins when a dancer leaves their mode of transportation for an activity and ends when the dancer returns to their mode of transportation at the end of the activity (i.e., getting in and out of the car is not covered, but walking through the parking lot is covered).
- 27. Question:** **What is the process for reporting an accident?**  
Answer: The club completes the Club Accident Report then sends it to their Association Insurance Chairmen who sends to State Insurance Director.
- A claim form is sent back to the State Director to get to the person who had the accident. The injured dancer will complete and send back to **National** Director along with bills he/she might have.
- The claimant will then be contacted by the Insurance company and given a claim number and instructions for submitting additional bills.

- 28. Question:** What happens if someone drinks alcohol at a dance?  
**Answer:** A club officer should be notified and the dancer will be asked to leave the dance.
- 29. Question:** Do we need special insurance for our New Year's Eve dance?  
**Answer:** No, but you do need the insurance certificates for the current year and the upcoming year (e.g., 2019 and 2020). Current year certificates expire one minute after midnight on New Year's Eve.

16677 Orangewind Lane		
Riverside, CA 92503		
Phone Number: ( ) -	Extension:	
Effective Date: 01/01/2018		at 12:01 a.m. Standard Time at your mailing address shown above.
Expiration Date: 01/01/2019		
This replaces prior Member Certificate dated: N/A		

### Special events and travel

- 30. Question:** If our special event venue requires an insurance certificate, do we also need to submit an Event Notification?  
**Answer:** No, but do be sure to submit the Certificate Request 14 days before the event.
- 31. Question:** Does a Special Event Form give us liability coverage for the place where we are dancing?  
**Answer:** No, it only provides secondary medical coverage in case a dancer is injured. If you want/need liability coverage for your venue, submit a Certificate Request.
- 32. Question:** Are we covered on square dance cruises and tours?  
**Answer:** Yes, but only for the dance activities.
- 33. Question:** On group travel, can the group make stops along the way, i.e. picking up other dancers, stopping for a break, taking a tour?  
**Answer:** The travel information states that travel must be a continuous between point of origin and point of destination. You can stop and pick up dancers, or stop for a break, but no sight-seeing or other ancillary stops where incidents could occur not directly related to dancing.
- 34. Question:** Are we covered if our club does a demo at/before a baseball game or other social event?  
**Answer:** Yes, but only for the actual dancing. Special Event Form should be submitted.

- 35. Question:** Are impromptu “tailgate tips” covered? (e.g. impromptu dancing at a social event)  
Answer: No. Coverage is only provided for scheduled and sponsored dances in a public venue. If your club is going on a social outing and there’s even a remote chance you’ll be dancing, submit a Special Event form. Better to have the coverage and not need it, than need it and not have it.
- 36. Question:** Are we covered if we dance out of town?  
Answer: Yes, as long as it is a scheduled, sponsored **square, rounds, contra, clogging, folk, line, or heritage dance** in a public venue.
- 37. Question:** Are we covered if we dance at someone’s home?  
Answer: No.
- 38. Question:** Are we covered if we dance in a parade?  
Answer: Riders on a float are covered. The float is not covered, nor the vehicle pulling the float. Markel would prefer that riders not dance on the float but on the ground if they dance.
- 39. Question:** Are we covered for club/board meetings or social events/outings?  
Answer: No, only for dancing activities.
- 40. Question:** Are daily sign in sheets required at state conventions?  
Answer: No, not required by USDA.
- 41. Question:** Are sign in sheets required at demos, exhibitions, parades?  
Answer: USDA does not require a sign in sheet, but it is prudent to have one in case of emergency.
- 42. Question:** What if someone gets hurt at a demo, but a Special Event Form was never submitted?  
Answer: The dancer would still be covered. The Special Event Form is a courtesy.

## Office Management

- 43. Question:** How soon can I get a certificate for next year?  
**Answer:** Once the annual enrollment fee is announced, your Association has paid their State Council dues, and the electronic enrollment system has opened (usually Nov. 1.).
- 44. Question:** Can a certificate for a special dance at the beginning of the year be requested before the roster is sent in to be registered?  
**Answer:** No certificates are issued for any dance until the complete club roster, and enrollment fees have been paid in full for the new year.
- 45. Question:** How many members need to be on the roster in order to enroll for insurance coverage?  
**Answer:** Eight (8) dancers are needed on the roster for a club to enroll for insurance coverage. Some of those 8 may be “insured through another club,” but the \$48 California minimum must still be paid.
- 46. Question:** If some of our members are “Insured Through Another Club,” do we have to submit a copy of the other clubs’ rosters with our paperwork?  
**Answer:** No, the State Insurance Director will verify dual enrollments.
- 47. Question:** Which insurance forms must be submitted each Fall?  
**Answer:** Certificate Request (California) and Club Roster
- 48. Question:** What documents will I receive back from USDA/Markel?  
**Answer:** (1) A USDA-generated club roster, (2) member certificate, and (3) Certificate of Insurance for each facility.

1

Page 1 of 2

UNITED SQUARE DANCERS OF AMERICA  
POLICY RENEWAL PORTAL

**Club Roster**  
Enrollment For the Year 2019

Date Created	08/22/2019
Club Name	Cowtown Singles Square Dance(410)
Council/Association/Federation	CALIFORNIA SQUARE DANCE COUNCIL
Contact Information	Carolyn Ulrich Carolyn.Ulrich@earthlink.net (909) 953-9444

Name of Dancer	Name of Dancer
Maurine Adams	Gordon Adams
Elery Albertson	Barney Barnett* - Twirlers (Sun City)
Barbara Barnett* - Twirlers (Sun City)	Barb Rollins



Markel Insurance Company

Member Certificate

2

MEMBER NUMBER: 410 Date: 12/26/2018  
 THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING MASTER POLICY NUMBER: 3602HF059663 - 22

**FIRST NAMED INSURED (MASTER POLICY HOLDER): UNITED SQUARE DANCERS OF AMERICA**  
 IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THE MASTER POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.  
**Name Insured (CERTIFICATE HOLDER)**  
 Name and Mailing Address (No., Street, Town or City, County, State, Zip Code):  
**Cowtown Singles Square Dance**  
**16677 Orangewind Lane**  
**Riverside, CA 92503**

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Page 1 of 1

<b>ACORD</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		Date 12/26/2018
<p>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.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).</p>				
<b>Producer</b> RPS Bollinger 150 JFK Parkway Short Hills, NJ 07078		Contact Name: Sports Service Phone(A/C, No, Ext): (800) 446-5311 Fax(A/C, No): (973) 921-8474 Email Address: SportService@tpsins.com		
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
		Insurer A: Markel Insurance Company		38970
		Insurer B: Markel Insurance Company		
		Insurer C: Markel Insurance Company		
		Insurer D: Markel Insurance Company		
		Insurer E: Markel Insurance Company		
		Insurer F: Markel Insurance Company		
<b>Insured</b> Cowtown Singles Square Dance 16677 Orangewind Lane Riverside, CA 92503				
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER: 2019-917</b>		<b>REVISION NUMBER:</b>
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY				

49. Question:  
 Answer:

What does an asterisk (\*) mean on the USDA-generated roster?  
 The (\*) indicates the dancer's primary club through whom they are insured.

UNITED SQUARE DANCERS OF AMERICA  
 POLICY RENEWAL PORTAL

**Club Roster**  
 Enrollment For the Year 2019

<b>Date Created</b>	08/22/2019
<b>Club Name</b>	Dancing Shadows(977)
<b>Council/Association/Federation</b>	CALIFORNIA SQUARE DANCE COUNCIL
<b>Contact Information</b>	Carolyn Ulrich Carolyn.Ulrich@earthlink.net (909) 953-9444

Name of Dancer	Name of Dancer
Regina Aubrey	Myrna Baker* - Ocean Wavers
John Boseman* - CCHA Sunkissed	Judy Cartwright
Richard Cartwright	Rochelle Catt
Leo Catt	Cy Chadley* - Whirlaways
Seung Chey* - SDSDA Circulators	Fran Downing
John Downing	Jim Epperson* Ocean Wavers

**50. Question:** What are the other forms we might need throughout the year?  
Answer: Additional Club Members, Enrollment Through Another Club, Class Roster, Additional Class Members, Event Notification, Accident Report

**51. Question:** Do I need to put my club's USDA number on every transaction?  
Answer: No.

**52. Question:** Where can I find my club's USDA number?  
Answer: In the file name of the electronic copy of your insurance certificate (e.g. USDA410 Cowtown Singles)

The top left line of your hard copy insurance certificate from Markel.



**53. Question:** Does our club's USDA number stay the same from year to year?  
Answer: Yes.

**54. Question:** What if my facility requires special wording?  
Answer: Add the EXACT special wording needed to the bottom of your Certificate Request. This will generate a CG 2026 form arriving about a week after your basic Certificate of Insurance.

**55. Question:** Do I have to submit my facilities' special wording every year?  
Answer: Special wording from a previous year (CG 2026) should roll over to the current year. However, it would be prudent to submit these facilities early (under your Association account) in case the automatic process doesn't work.

**56. Question:** What is a CG 20 26?  
Answer: Any time your facility requires any type of special wording, **additional insured, or endorsement**, a CG20 26 will have to be generated. It is a separate 5 page document that will follow several weeks after your regular certificate.

**57. Question:** What is a blanket endorsement form? Why would I need one?  
Answer: It is a document required by some facilities in addition to the certificate of insurance. You would only need this if it is requested by the facility.

- 58. Question:** What is the turn-around time for receiving our new certificate?  
**Answer:** Approximately 7 days from the time your request reaches the national insurance coordinator. Certificates with special wording may take longer.

### **Adding/Deleting Members Mid-Year**

- 59. Question:** If a new member joins our club mid-year, do we have to enroll them in the insurance program?  
**Answer:** Yes! Any time a dancer joins the club after the initial enrollment has been completed, a fee must be paid for that member. If the club does not keep 100% of its members enrolled, the club is considered non-compliant and could lose their liability insurance coverage.
- 60. Question:** Is there a pro-rated insurance rate if a student or new member joins mid-year?  
**Answer:** No.
- 61. Question:** Is there a refund if a club folds mid-year?  
**Answer:** No, but dancers have 30 days to transfer their paid insurance to a new USDA insured club. (The new club would list them on “Insured Through Another Club” form.)
- 62. Question:** If a dancer resigns or dies within a club, can another dancer’s name be put on the roster in his/her place?  
**Answer:** No. If a dancer resigns from an insured club, the dancer has 30 days to join another insured club before his/her insurance coverage lapses. **Once a name is entered into the enrollment system, it cannot be removed until the subsequent enrollment year.**

*Do you have any questions you’d like to see added to this list?  
Please let us know at [castateinsdir@gmail.com](mailto:castateinsdir@gmail.com)*