

MEMBER CERTIFICATE

CERTIFICATE NUMBER:

DATE:

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING MASTER POLICY NUMBER:

FIRST NAMED INSURED (MASTER POLICY HOLDER):

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.

NAMED INSURED (CERTIFICATE HOLDER)
Phone Number:
Effective Date: at 12:01 a.m. Standard Time at your mailing address shown above.
Expiration Date:
This replaces prior Member Certificate dated: None

Plan Administered By
Contact Information
Name:
Phone:
Fax:
Email:

Insurer
Producer Name And Mailing Address

To Report A Claim
By Phone:
By Fax:
By E-mail:
By Mail:

Form Of Business

Form Of Business: Individual Partnership Joint Venture Limited Liability Company
 Organization, including a corporation (Other than partnership, joint venture or limited liability company)

Premises And Operations

Location No. Address Operations: 58er Bike Ride: July 20, 2024
N/A N/A

Limits Of Insurance

Commercial General Liability

General Aggregate:	\$2,000,000	
Products/Completed Operations Aggregate:	\$2,000,000	
Personal And Advertising Injury:	\$1,000,000	Any One Person Or Organization
Each Occurrence:	\$1,000,000	
Damage To Premises Rented To You:	\$300,000	Any One Premises
Medical Expense:	\$ EXCLUDED	Any One Person

Optional Coverages

The following Optional Coverages apply to this Member Certificate only if indicated by an "X" in the checkbox(es) below:

<input type="checkbox"/> Abuse Or Molestation Coverage:	\$	Each Person Limit
	\$	Aggregate Limit
<input type="checkbox"/> Additional Insured – Medical Personnel:	<input type="checkbox"/> Annual	
	<input type="checkbox"/> Single Event	Covered Event:
<input type="checkbox"/> Boats	Description Of Watercraft	Canoes, Kayaks, Stand-Up Paddle Boards, Dragon Boats – if applicable to the Named Insured’s operations described above.
<input type="checkbox"/> Certified Trainers Professional Liability:	\$	Each Wrongful Act Limit
	\$	Each Wrongful Act Deductible
<input type="checkbox"/> Detached Trailer Coverage:	<input type="checkbox"/> Annual	
	<input type="checkbox"/> Single Event	Covered Event:
<input type="checkbox"/> Event Property Damage Limited Coverage:	<input type="checkbox"/> Annual	
	<input type="checkbox"/> Single Event	Covered Event:
	\$	Each Occurrence Limit
	\$	Aggregate Limit
	\$	Each Occurrence Deductible
<input type="checkbox"/> Non-Owned And Hired Automobile Liability Coverage:	\$1,000,000	Each Occurrence Limit
<input type="checkbox"/> Waiver Of Transfer Of Rights Of Recovery (when required by written contract)		

Endorsements

Forms and endorsements applying to this Member Certificate and made part of this policy at time of issue:
See MDIL 1001 Forms Schedule in the Master Policy

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
Taxes and Surcharges
Total

To review the Master Policy: Call 800-942-0283

Countersigned: _____
Date

By: _____
AUTHORIZED REPRESENTATIVE