



CERTIFICATE OF LIABILITY INSURANCE

HORS-LL

OP ID: DS

DATE (MM/DD/YYYY)

10/31/2017

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 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 Goetz Insurors, Inc. 227 Main St - PO Box 190 Fort Morgan, CO 80701 Equine Insurance Department	CONTACT NAME: Equine Insurance Department		
	PHONE (A/C, No, Ext): 970-867-8246	FAX (A/C, No): 970-867-4408	
INSURED Horsebound LLC c/o Katie Thomas 9390 Stargaze Ave San Diego, CA 92129-4304	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: American Bankers Insurance Co		10111
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X		SL1166799	02/05/2017	02/05/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 5000	X		FOU0010575	10/31/2017	02/05/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	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				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

****Its elected officials, representatives, and employees******CERTIFICATE HOLDER****CANCELLATION**

CITY-SA

City of San Diego**
1200 Third Ave Ste 1700
San Diego, CA 92101

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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American Bankers Insurance Company of Florida
A Stock Insurance Company
 222 South 15th Street, Suite 600 South
 Omaha, NE 68102

FARM-RANCH UMBRELLA POLICY
DECLARATIONS

Policy Number		Policy Period		Renewal Number	Policy Type	Agency	Payment Type
FOU0010575		From 10/31/17	To 02/05/18	00	UMBRELLA	OLA-3001	AA

YOU AS NAMED INSURED AND ADDRESS	AGENT
Horsebound LLC c/o Katie Thomas 9390 Stargaze Ave San Diego CA 92129-4304	Goetz Insurors Inc 227 Main St PO Box 190 Fort Morgan CO 80701-0190

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, "WE" AGREE TO PROVIDE "YOU" WITH THE INSURANCE COVERAGE STATED IN THIS POLICY

1. LIMIT OF INSURANCE: Policy Aggregate Limit \$ 4,000,000
 Self-Insured Retention \$ 5,000 (Each "Occurrence" or "Offense" not Covered by "underlying Insurance")

2. Form of Named Insured: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☒ Other
 If other, please list LLC

3. Principal Farm Type Equine

Subject to Premium of \$ 598.00

4. ENDORSEMENTS ATTACHED TO THIS POLICY: A23281006, AF8339PM0412, M8027M0409, CP13000A0310, B8050G0911, AF8378EM0793, B8265E1011, B8382E1011

5. SCHEDULE OF UNDERLYING INSURANCE

TYPE OF INSURANCE:	Farm/Ranch Liability	Personal/Commercial Auto Liability	
Company: EXCLUDED	Excluded		
Policy No.: _____			
Policy Period: From _____ To _____	From _____ To _____		
General Aggregate \$ _____	Auto Liability	UM	
Each Occurrence \$ _____	☐ CSL \$ _____	☐ CSL \$ EXCLUDED	
Personal and Advertising Injury: \$ _____	☐ Split Liability	☐ Split Liability	
	BI Each Person \$ _____	BI Each Person \$ _____	
	BI Each Accident \$ _____	BI Each Accident \$ _____	
	Property Damage \$ _____	Property Damage \$ _____	
TYPE OF INSURANCE:	Recreational Vehicle Liability	Commercial General Liability	Employers' Liability
Company: EXCLUDED	Excluded	American Bankers Insurance Co	Excluded
Policy No.: _____		SL1166799	
Policy Period: From _____ To _____	From 02/05/2017 To 02/05/2018		From _____ To _____
Limits of Liability	Each Accident \$ _____	General Aggregate: Personal and Advertising Injury: \$ <u>2,000,000</u>	Bodily Injury by Accident \$ _____ Each Accident
		Products/Completed \$ <u>1,000,000</u>	Bodily Injury by Disease \$ _____ Policy Limit
		Operations Agg: Each Occurrence \$ <u>2,000,000</u> \$ <u>1,000,000</u>	Bodily Injury by Disease \$ _____ Each Employee

Policy Period 12:01 a.m. Standard Time

☐ The SCHEDULE OF UNDERLYING INSURANCE is continued on attached schedule

Countersigned: _____ at _____ By _____