

**EVIDENCE OF INSURANCE**  
effected with certain Underwriters at Lloyd's, London

**COMMERCIAL GENERAL LIABILITY INSURANCE – AKC PG INC. 2016**  
COVERAGE UNDER THIS POLICY IS PROVIDED ON AN OCCURRENCE BASIS. CLAIMS EXPENSES ARE IN ADDITION TO THE LIMIT OF LIABILITY.

**THIS DOCUMENT (EVIDENCE OF INSURANCE) IS ISSUED AS NOTICE OF INSURANCE FOR INFORMATION ONLY. IT DOES NOT CONSTITUTE A LEGAL CONTRACT OF INSURANCE. THE MASTER POLICY AND THE APPLICATION OF THE INSURED, IF ANY, FORM THE ENTIRE CONTRACT. THIS EVIDENCE IS FURNISHED IN ACCORDANCE WITH, AND IN ALL RESPECTS IS SUBJECT TO, THE TERMS OF THE MASTER POLICY. THIS EVIDENCE REPLACES ANY OTHER EVIDENCE PREVIOUSLY ISSUED COVERING THE INSURANCE DESCRIBED HEREIN.**

This document is to notify the Member named below (the "Insured") that the following insurance has been effected with certain Underwriters at Lloyd's, London (not incorporated) (the "Underwriters") for the Coverage Period specified below under the Master Policy specified below (the "Master Policy") issued to the Master Policyholder.

The insurance is provided under the Master Policy and is in accordance with the terms of the Master Policy, a copy of which is attached hereto. The original Master Policy may be inspected at the offices of the Master Policyholder. The respective names of and proportions underwritten by the Underwriters can be ascertained from the office of the Master Policyholder.

These Declarations along with the completed and signed Application and the Policy with endorsements shall constitute the contract between the Named Insured and the Underwriters.

**Underwriters:** Certain Underwriters at, Lloyds, London  
Lloyds of London Syndicates: AFB 2623 47.1500%, AFB 0623 10.3500%, SJC 2003 42.5000%

**Master Policy Number:** B123082343A16  
**Certificate Number:** B123082343A16-STCRO-3  
Under Binding Authority Contract #: B123082383A16

**Item 1. Named Insured:** **St. Croix Valley Brittany Club**  
**Mailing Address:** **25256 Kettle River Blvd, Forest Lake, MN 55025**  
Physical Address: 25256 Kettle River Blvd, Forest Lake, MN 55025  
**Item 2. Policy Period:** **01/01/16 to 01/01/17**  
both dates at 12:01am Local Time at the Address stated in Item 1.

**Item 3. Limit of Liability:**

- A. Bodily Injury, Property Damage, Personal Injury and Advertising Injury:
  - a. Limit of Liability each Accident or/and offense \$1,000,000
    - i. Limit of Liability each Accident – Property damage to property loaned to or/and rented by the Named Insured and/or to personal property in care, custody, or Control of the Named Insured for use in a Club Sponsored Activity. \$ 25,000
  - b. Aggregate Limit of Liability – Products-Completed Operation Hazard \$2,000,000
  - c. Aggregate Limit of Liability \$2,000,000
- B. Medical Payments to any one person \$ 5,000
- C. Fire Legal Liability from any one fire \$ 100,000
- D. Policy Aggregate Limit of Liability \$2,000,000

**Item 4. Deductible:** Each Claim Deductible: None

**Item 5. Premium:**

\$340.00	Liability Premium
193.79	Service Fee
16.01	Surplus Lines Tax
0.20	Stamping Fee
0.00	Fire Marshall Tax
<b>\$550.00</b>	<b>Total</b>

**THIS INSURANCE IS ISSUED PURSUANT TO THE MINNESOTA SURPLUS LINES INSURANCE ACT. THE INSURER IS AN ELIGIBLE SURPLUS LINES INSURER BUT IS NOT OTHERWISE LICENSED BY THE STATE OF MINNESOTA. IN CASE OF INSOLVENCY, PAYMENT OF CLAIMS IS NOT GUARANTEED.**

**Item 6. Notification Under this Policy:**

Equisure, Inc, 13790 E Rice Pl, Ste 100, Aurora, CO 80015 303-614-6961 (phone) 303-614-6967 (fax)  
www.equisure-inc.com

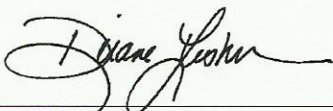
**Item 7. Terrorism Coverage:** TRIA Included (TRIA00 01-01-16)

**Item 8. Service of Process in any suit shall be made upon:** Mendes & Mount, 750 Seventh Avenue, New York, New York 10019-6829 USA

**Item 9. Choice of Law:** New York

**Item 10:** Endorsements Effective at Inception: Inland Marine (CIM01 01-01-16)

The Underwriters have caused this Policy to be signed and attested by its authorized officers, but it shall not be valid unless also signed by another duly authorized representative of the Underwriters.



Authorized Representative

December 31, 2015  
Dated

AKCCDEC 01-01-16 REN

## Summary of Coverage for AKC Affiliated Clubs

December 31, 2015

GP REN

### Accident Coverage

This document (Summary of Coverage) is issued as a notice of insurance for information only. It does not constitute a legal contract of insurance. This Summary of Coverage is furnished in accordance with and in all respects is subject to the terms of the master Policy, a copy of which is attached hereto.

**AKC Affiliate:** St. Croix Valley Brittany Club  
25256 Kettle River Blvd  
Forest Lake, MN 55025

**Master Policy Holder:** AKC PG, Inc  
**Insurance Carrier:** QBE Insurance Corporation  
**Master Policy Number:** NHH000172  
**AKC Affiliate Number:** NHH000172-STCRO-3

**Policy Administrator:** Equisure, Inc 13790 E Rice Pl, Ste 100, Aurora, CO 80015  
**Insurance Broker:** Equisure, Inc 13790 E Rice Pl, Ste 100, Aurora, CO 80015

**Events Insured:** All AKC sponsored/or supervised events and club sponsored and/or supervised events, per the Master Policy.

**Period of Coverage:** From 12:01 AM 01/01/16 to 01/01/17 12:01 AM local time.

**Insured Persons:** See policy attached  
**Medical Benefits:** See policy attached

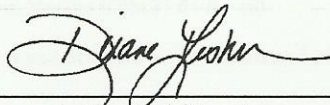
**Indemnity Benefits:** See Policy attached

*Coverage is subject to the terms, conditions, exclusions and limitations of the Master Policy.*

**Premium:** \$50.00 Total Premium

FULL DETAIL OF ANY INCIDENT SHOULD BE SENT IMMEDIATELY BY LETTER TO AKC PURCHASING GROUP IN CARE OF EQUISURE, INC. 13790 E RICE PL STE 100, AURORA, CO 80015 TEL 800-752-2472.

This policy  
premium is  
full earned.



Authorized Signature