

CERTIFICATE OF INSURANCE

This Document is a

Certificate of Insurance. This is to certify that policies of insurance listed below here have been issued to the insured named herein and are in force at this time. 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. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES LISTED BELOW.

BINDING OF THIS COVERAGE IS CONTINGENT UPON THE INSURED'S CONSIDERATION OF PREMIUM PAYMENT BEING POST-MARKED TO ARK AGENCY ON OR BEFORE THE EFFECTIVE DATE STATED ON THIS BINDER.

NAME AND ADDRESS OF AGENCY
NORTH AMERICAN HORSEMEN'S ASSOCIATION
Horsemen of North America Safety Control Risk Purchasing Group
Administrative Office: Ark Agency
310 Washburne Ave., Box 223
Paynesville, MN 56362

Policy No.: CPG 1203538
LOCATIONS (if other than mailing address)

NAME AND ADDRESS OF INSURED
Oklahoma Equestrian Trail Riders Association
6608 North Western Avenue
Oklahoma City, OK 73116

COMPANY: Tudor Insurance Company
Effective: 12:01 AM 5/10/2020 Expires: 12:01 AM 5/10/2021

Table with columns: Type of Liability Insurance, Coverage Form, Bodily Injury & Property Damage Combined, Limits of Liability (Each Occurrence Or Claim, Aggregate Per Policy Year). Includes details on deductibles and coverage amounts.

EXPOSURES (ACTIVITIES) NOT LISTED WILL NOT BE COVERED BY THE COMMERCIAL EQUINE OPERATION'S LIABILITY POLICY.

Table with columns: Exposure Code, Exposure (Activity Description). Row: W7368, Non-Profit or Benevolent Horsemen's Associations or Club

EXCLUSIONS
As per policy contract.

CANCELLATION:
Should any of the described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

NAME AND ADDRESS OF: X - Additional Insured
Oklahoma Parks and Recreation Department
420 West Main Street, Suite 210
Oklahoma City, OK 73102

Date Issued: May 4, 2020
Authorized Representative:

Handwritten signature: Linda Liestman