COUNDAN-01 HONEILL

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2026

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| PRODUCER | CONTACT NAME: | |
|---|---|---|
| Maury, Donnelly & Parr, Inc.<br>10150 York Road, Suite 420<br>Cockeysville, MD 21030-3364 | PHONE (A/C, No, Ext): (410) 685-4625 | FAX (A/C, No): (410) 685-3071 |
| | E-MAIL ADDRESS: | |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Philadelphia Indemnity Insurance Company | 18058 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED
Country Dance and Song Society
Hartford Community Dance

116 Pleasant Street, Ste 334
Easthampton, MA 01027

**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 | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | X | | PHPK2677884-017 | 5/1/2026 | 5/1/2027 | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 300,000 |
| | | | | | | | MED EXP (Any one person) | $ Excluded |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | OTHER: General Aggregate | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | PHUB908450-013 | 5/1/2026 | 5/1/2027 | AGGREGATE | $ 1,000,000 |
| | DED X RETENTION $ 10,000 | | | | | | Commercial Umbr | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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)**

Hartford Community Dance c/o Jay Strouch, 15 Shady Lane East Hartford CT 06118

**CERTIFICATE HOLDER**

First Church Congregational

190 Court St
Middletown CT 06457

**CANCELLATION**

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

COUNDAN-01 HONEILL

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2026

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| PRODUCER | CONTACT NAME: | |
|---|---|---|
| Maury, Donnelly & Parr, Inc.<br>10150 York Road, Suite 420<br>Cockeysville, MD 21030-3364 | PHONE (A/C, No, Ext): (410) 685-4625 | FAX (A/C, No): (410) 685-3071 |
| | E-MAIL ADDRESS: | |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Philadelphia Indemnity Insurance Company | 18058 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED
Country Dance and Song Society
Hartford Community Dance

116 Pleasant Street, Ste 334
Easthampton, MA 01027

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | X | | PHPK2677884-017 | 5/1/2026 | 5/1/2027 | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 300,000 |
| | | | | | | | MED EXP (Any one person) | $ Excluded |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | OTHER: General Aggregate | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | PHUB908450-013 | 5/1/2026 | 5/1/2027 | AGGREGATE | $ 1,000,000 |
| | DED X RETENTION $ 10,000 | | | | | | Commercial Umbr | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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)**

**Hartford Community Dance c/o Jay Strouch, 15 Shady Lane East Hartford CT 06118**

**CERTIFICATE HOLDER**

**Temple Beth Torah**

**130 Main St**
**Wethersfield CT**
**06109**

**CANCELLATION**

**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**

COUNDAN-01 HONEILL

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2026

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| | E-MAIL ADDRESS: | |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
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| INSURER A : Philadelphia Indemnity Insurance Company | 18058 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
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INSURED
Country Dance and Song Society
Hartford Community Dance

116 Pleasant Street, Ste 334
Easthampton, MA 01027

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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|---|---|---|---|---|---|---|---|---|
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| | CLAIMS-MADE X OCCUR | X | | PHPK2677884-017 | 5/1/2026 | 5/1/2027 | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 300,000 |
| | | | | | | | MED EXP (Any one person) | $ Excluded |
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| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | OTHER: General Aggregate | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**Hartford Community Dance c/o Jay Strouch, 15 Shady Lane East Hartford CT 06118**

**CERTIFICATE HOLDER**

**Town of Coventry - Mill Brook Place**

**1712 Main St Coventry CT 06238**

**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

COUNDAN-01 HONEILL

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/30/2026

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| INSURER C : | |
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| INSURER E : | |
| INSURER F : | |

INSURED

Country Dance and Song Society
Hartford Community Dance
116 Pleasant Street, Ste 334
Easthampton, MA 01027

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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| | CLAIMS-MADE X OCCUR | X | | PHPK2677884-017 | 5/1/2026 | 5/1/2027 | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 300,000 |
| | | | | | | | MED EXP (Any one person) | $ Excluded |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | OTHER: General Aggregate | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
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| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | $ 1,000,000 |
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| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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)**

Hartford Community Dance c/o Jay Strouch, 15 Shady Lane
East Hartford CT 06118

**CERTIFICATE HOLDER**

West Hartford Town Hall

50 South Main St
West Hartford
CT 06107

**CANCELLATION**

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

COUNDAN-01 HONEILL

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2026

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| | |
|---|---|
| **PRODUCER**<br>Maury, Donnelly & Parr, Inc.<br>10150 York Road, Suite 420<br>Cockeysville, MD 21030-3364 | **CONTACT NAME:**<br>**PHONE (A/C, No, Ext):** (410) 685-4625 **FAX (A/C, No):** (410) 685-3071<br>**E-MAIL ADDRESS:** |
| | **INSURER(S) AFFORDING COVERAGE** / **NAIC #**<br>INSURER A : Philadelphia Indemnity Insurance Company / 18058 |
| **INSURED** Country Dance and Song Society<br>Hartford Community Dance<br><br>116 Pleasant Street, Ste 334<br>Easthampton, MA 01027 | INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY PRO-JECT LOC<br>OTHER: General Aggregate | X | | PHPK2677884-017 | 5/1/2026 | 5/1/2027 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 300,000<br>$ Excluded<br>$ 1,000,000<br>$ 3,000,000<br>$ 3,000,000 |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY / SCHEDULED AUTOS<br>HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | PHUB908450-013 | 5/1/2026 | 5/1/2027 | EACH OCCURRENCE<br>AGGREGATE<br>Commercial Umbr | $ 1,000,000<br>$ 1,000,000<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE / OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$<br>$<br>$ |

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

**Hartford Community Dance c/o Jay Strouch, 15 Shady Lane East Hartford CT 06118**

**CERTIFICATE HOLDER**

**Town of Coventry - Patriots Park Lodge**

**1712 Main St Coventry CT 06238**

**CANCELLATION**

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**AUTHORIZED REPRESENTATIVE**