

# Commercial Certificate of Insurance



**FARMERS**

Agency  
 Name  
 &  
 Address

- Riley Insurance Agency
- PO Box 1160
- Rochester, WA 98579

Issue Date (MM/DD/YY) 11/03/11

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 79 Dist. 09 Agent 357

**Companies Providing Coverage:**

Insured  
 Name  
 &  
 Address

- Catherine Rivers
- DBA: Big Horse Dreams, Inc.
- 5503 42nd CT NE
- Olympia, WA 98516-2472

Company Letter **A** Truck Insurance Exchange  
 Company Letter **B** Farmers Insurance Exchange  
 Company Letter **C** Mid-Century Insurance Company  
 Company Letter **D** Farmers Insurance Co of Washington

**Coverages**

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.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
D	✕ General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.	928520655	11/13/10	11/13/11	General Aggregate Products-Comp/OPS Aggregate	\$ 1,000,000 \$ 1,000,000
	Automobile Liability All Owned Commercial Autos Scheduled Autos Hired Autos Non-Owned Autos Garage Liability				Personal & Advertising Injury Each Occurrence Fire Damage (Any one fire) Medical Expense (Any one person)	\$ 1,000,000 \$ 1,000,000 \$ 75,000 \$ 5,000
	Umbrella Liability				Combined Single Limit	\$
	Workers' Compensation and Employers' Liability				Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage Garage Aggregate	\$ \$ \$ \$
					Limit	\$
					Statutory Each Accident Disease - Each Employee Disease - Policy Limit	\$ \$ \$

Description of Operations/Vehicles/Restrictions/Special items:  
 Oregon Dressage Society, Its Directors and officers as Additional Insured

**Certificate Holder**

Name  
 &  
 Address

- Oregon Dressage Society
- 880 NE 25th Ave Suite 2
- Hillsboro, OR 97124

**Cancellation**

Should any of the above 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.

  
 \_\_\_\_\_  
 Authorized Representative