



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/05/2011SAB

PRODUCER HOPP INSURANCE AGENCY INC  
PO BOX 150; 804 E 1ST STREET  
NEWBERG OR 97132  
  
Phone: 503-538-3421 Fax: 503-538-2901

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 BELOW.

INSURED FRANCES M HAUPT  
DBA:FANCY HORSE VIDEO  
901 N BRUTSCHER #D162  
NEWBERG OR 97132

| INSURERS AFFORDING COVERAGE      | NAIC # |
|----------------------------------|--------|
| INSURER A: RLI INSURANCE COMPANY |        |
| INSURER B:                       |        |
| INSURER C:                       |        |
| INSURER D:                       |        |
| INSURER E:                       |        |

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS  |
|----------------------|---|---------------|------------------------------------|-------------------------------------|---|
| A X                  | GENERAL LIABILITY<br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | BOP1008712    | 04/30/2011                         | 04/30/2012                          | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$ 1,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|                      | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |               |                                    |                                     | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|                      | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO   |               |                                    |                                     | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$   |
|                      | EXCESS / UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  |               |                                    |                                     | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$  |
|                      | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/><br>If yes, describe under SPECIAL PROVISIONS below  |               |                                    |                                     | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
|                      | OTHER   |               |                                    |                                     |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED PER ATTACHED ENDORSEMENT**

**CERTIFICATE HOLDER**  
  
OREGON DRESSAGE SOCIETY  
880 NE 25th AVENUE  
PMB 13, SUITE 2  
HILLSBORO OR 97123

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE *Allen Hopp*

BOP1008712  
Renewal of Number

RLI Insurance Company  
9025 North Lindbergh Drive Peoria, IL 61615

1st Addtl Ins Copy

Policy No. BOP1008712

# HOME BUSINESS INSURANCE POLICY DECLARATIONS

Form Applicable  
 Standard  Special

Named Insured and Mailing Address:  
FRANCES HAUPT  
DBA FANCY HORSE VIDEO  
901 N BRUTSCHER D162  
NEWBERG OR 97132

Administrator Name and Mailing Address:  
Hull & Company Inc.  
6443 SW Beav-HsdI Hwy, Ste 350  
Portland, OR 97221

Policy Period:  
From 04/30/11 to 04/30/12 at 12:01 A.M.\*  
Standard Time at your mailing address shown above.

Insured's Brokering Agent:  
Hopp Insurance Agency Inc.\*

\*Exceptions:  
12:00 noon in Michigan, North Carolina, and Puerto Rico.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

## BUSINESS DESCRIPTION

Form of Business:  Individual  Joint Venture/Partnership  LLC  Organization (Any Other)  
Business description: VIDEOTAPING,DUBBING,EDITING

## DESCRIBED PREMISES

12543 HONEY LANE  
NEWBERG OR 97132

## ADDITIONAL INTEREST

## PROPERTY

Limits of Insurance for  
Buildings

\*Actual Cash Value - Buildings Option (Y/N)  
\*Automatic Increase - Business Personal Property Limit (%)  
Business Personal Property

| PREM. NO. 1 | BLDG. NO. | PREM. NO. 2 | BLDG. NO. | PREM. NO. 3 | BLDG. NO. |
|-------------|-----------|-------------|-----------|-------------|-----------|
| \$          | N/A       | \$          | N/A       | \$          | N/A       |
|             | 4 %       |             | 0 %       |             | 0 %       |
| \$          | 5,848     | \$          |           | \$          |           |

Deductible \$ 250 Minimum Earned Premium \$ 63

Additional/Optional Coverages -- Applicable only if an "X" is shown in the boxes below:

### Limits of Insurance

- Money and Securities (Special Form only) \$ Inside the Premises
- Jewelry and Watch Increased Theft Coverage \$ Outside the Premises
- Other (specify) Additional Insured

## LIABILITY AND MEDICAL PAYMENTS

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II - Liability** in the Businessowners Coverage Form and any attached endorsements.

| Liability and Medical Expenses                     | Limits of Insurance         |
|--|-----------------------------|
| Medical Expenses                                   | \$ 1,000,000 per occurrence |
| Damage to Premises Rented to You                   | \$ 5,000 per person         |
| Other Than Products/Completed Operations Aggregate | \$ 50,000 any one premises  |
| Products/Completed Operations Aggregate            | \$ 2,000,000                |
|  | \$ 2,000,000                |

## FORMS AND ENDORSEMENTS

 Forms and Endorsements made part of this policy at time of issue:

Please see reverse side.

## PREMIUM

|                          |                              |                                |                                       |
|--------------------------|------------------------------|--------------------------------|---------------------------------------|
| Policy Premium \$ 250.00 | Florida HCF Surcharge \$0.00 | Florida CPIC Surcharge \$ 0.00 | <b>Total Annual Premium \$ 250.00</b> |
|--------------------------|------------------------------|--------------------------------|---------------------------------------|

\*Coverage for Certified Acts of Terrorism (Fire Only) \$0.60

Countersigned:

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

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS AND FORMS, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THERE OF, COMPLETE THE ABOVE NUMBERED POLICY.

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04/27/11 Hull & Company Inc./12008 Hopp Insurance Agency Inc.\*/60643

BOP 0001 (01/10) OR

RLI Specialty Personal Lines

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

## SCHEDULE

**A. Designation Of Premises (Part Leased To You):**

**B. Name Of Person Or Organization (Additional Insured):**

OREGON DRESSAGE SOCIETY  
880 NE 25TH AVE STE 2  
PMB #13  
HILLSBORO OR

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. The following is added to Paragraph C. Who Is An Insured in Section II - Liability:**

- The person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule.

**B. The following exclusions are added to Section II - Liability:**

This insurance does not apply to:

- Any "occurrence" that takes place after you cease to be a tenant in the premises described in the Schedule.
- Structural alterations, new construction or demolition operations performed by or for the person or organization designated in the Schedule.