MARKEL INSURANCE COMPANY

COMMERCIAL GENERAL LIABILITY POLICY DECLARATIONS

POLICY NUMBER: AFG11618-01 RENEWAL OF NUMBER: NEW

Named Insured And Mailing Address (No., Street, Town or City, County, State, Zip Code)

Michele Freeman
DBA: Hoof To Heart LLC
129 Lancaster Avenue
West Springfield, MA 01089

Policy Period: From 10/09/2024 To 10/09/2025, at 12:01 A.M. Standard Time at your mailing address shown above

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.

Limits Of Insurance			
General Aggregate Limit (Other Than Products-Completed Operations)	$	$3,000,000	
Products-Completed Operations Aggregate Limit	$	$1,000,000	
Personal And Advertising Injury Limit	$	$1,000,000	
Each Occurrence Limit	$	$1,000,000	
Damage To Premises Rented To You Limit	$	$100,000	Any One Premises
Medical Expense Limit	$	$5,000	Any One Person

Retroactive Date (CG 00 02 Only) N/A In New York

This Insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown below.

Retroactive Date: None
(Enter Date Or "None" If No Retroactive Date applies)

Business Description And Location Of Premises

Form Of Business: Limited Liability Company

Business Description: Commercial equine liability

Location Of All Premises You Own, Rent Or Occupy:
REFER TO "COMMERCIAL GENERAL LIABILITY EXTENSION OF DECLARATIONS"

Producer Number, Name And Mailing Address

53853
Markel Service Incorporated
4600 Cox Rd
Glen Allen, VA 23060

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Classifications And Premium

Classification	Code No.	Premium Basis	Rate Prem/ Ops	Rate Prod/Comp Ops	Advance Premium Prem/ Ops	Advance Premium Prod/Comp Ops
REFER TO "COMMERCIAL GENERAL LIABILITY EXTENSION OF DECLARATIONS"						

Total Advance Premium: $843

Forms And Endorsements

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

SEE "SCHEDULE OF FORMS AND ENDORSEMENTS"

These Declarations, together with the Common Policy Conditions, Coverage Form(s) and any endorsements, complete the above numbered policy.

Countersigned: _____ By: _____

DATE **AUTHORIZED REPRESENTATIVE**

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COMMERCIAL GENERAL LIABILITY
EXTENSION OF DECLARATIONS

	ALL PREMISES YOU OWN, RENT OR OCCUPY
LOC NO.	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
001- 001	Any location in the coverage territory Hampden West Springfield, MA 01089

COMMERCIAL GENERAL LIABILITY
EXTENSION OF DECLARATIONS

	CLASSIFICATION AND PREMIUM						
LOC NO.	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
001-001	Riding Academies (Instruction on Student's Own Horses) Clinics Products-completed operations are subject to the General Aggregate Limit TERRITORY: 508	47221B	3,000 Gross Sales	0.055	Incl.	Incl.	Incl.
	Medical Payments TERRITORY: 508	44444a	1 1			Incl.	
	Riding Academies - Riding Instructions/Lessons - Insured's Animal Products-completed operations are subject to the General Aggregate Limit TERRITORY: 508	47221A	2 Each	314.213	Incl.	Incl.	Incl.