

The Cincinnati Specialty Underwriters Insurance Company A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141 Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496 *www.cinfin.com* ■ 513-870-2000

COMMON POLICY DECLARATIONS

POLICY NUMBER: CSU0168693 PREVIOUS POLICY NUMBER: CSU0168693			
NAMED INSURED AND MAILING ADDRESS:			
OHIO HARNESS HORSEMEN'S ASSOCIATION			
Refer to Named Insured Schedule CSIA409			
2237 SONORA DR GROVE CITY OH 43123			
PRODUCER - Your contact for matters pertaining to this policy: 34-432	Surplus Lines Broker:		
CoverLink Insurance 121 Miami St	756487 CSU Producer Resources, Inc.		
Urbana OH 43078	6200 South Gilmor		
	Fairfield, OH 450	14-5141	
	Scott Hintze		
Policy Period: From 06/01/2023 To 06/01/2024 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.			
Form of Business:			
🗌 Individual 🔲 Partnership 🔲 Corporation 🔲 Joint Venture 🔲 Limited Liability Company 🛽 Other			
Business Description: Equine Harness Racing Association With Spectator Liability			
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.			
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART INDICATED. THIS PREMIUM MAY BE SUBJECT TO	S FOR WHICH A PREM	IUM IS	
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART	S FOR WHICH A PREM ADJUSTMENT.	IUM IS EMIUM	
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THIS IS NOT A BILL. You will receive a separate invoice if a premium charge or return is due.



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COMMON POLICY DECLARATIONS

POLICY NUMBER: CSU0168694 PREVIOUS POLICY NUMBER: CSU0168694			
NAMED INSURED AND MAILING ADDRESS: OHIO HARNESS HORSEMEN'S ASSOCIATION			
Refer to Named Insured Schedule CSIA409 2237 SONORA DR GROVE CITY OH 43123			
PRODUCER - Your contact for matters pertaining to this policy: 34-432 CoverLink Insurance 121 Miami St Urbana OH 43078	Surplus Lines Broker: 756487 CSU Producer Resources, Inc. 6200 South Gilmore Road Fairfield, OH 45014-5141 Scott Hintze		
Policy Period: From 06/01/2023 To 06/01/2024 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.			
Form of Business:			
Business Description: EQUINE HARNESS RACING ASSOCIATION			
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.			
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.			
COVERAGE PARTS	PREMIUM		
DEPOSIT PI	REMIUM		
Inland Marine Terrorism Risk Insurance Extension Act Broker Fee	\$ \$ PREMIUM \$	1,620.00 Excluded 35.00 1,655.00	
TOTAL POLICY PREMIUM \$ 1,655.00 CANCELLATION MINIMUM EARNED PREMIUM IS 25.0% OF TOTAL POLICY PREMIUM.			
Surplus Lines Taxes Stamping Fee Other Taxes or Fees	\$	82.75 N/A N/A	
Stamping Fee		N/A	
Stamping Fee Other Taxes or Fees TOTA	L \$	N/A N/A 1,737.75 JRER IN THE	

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