



September 2016

**Marine Corps League
Marine Corps League Auxiliary
Military Order of Devil Dogs and Devil Dog Fleas
Attn: Departments & Detachments**

Re: Commercial General Liability Insurance
Effective: September 1, 2016-17

Dear Members:

We are pleased to enclose your Certificate of Insurance along with a Summary of Coverages.

The Certificate of Insurance should be retained in your files permanently. If you are required to provide evidence of insurance and/or add another party as an "Additional Insured", please complete the *Special Event Questionnaire (Certificate of Insurance Request Form)* and return to Rust Insurance Agency. Alternatively, you can complete the questionnaire online at **RustMCL.com** (it's not case sensitive) . Any contract that you sign should be reviewed for insurance requirement – adding an Additional Insured requires underwriting approval.

It is important that the exclusions and restrictions listed in the summary be noted. *If a planned event falls into any of these areas, please notify us immediately.* The policy also excludes any injury to participants in athletic events or other sports nature activities.

This insurance is designed to protect you against claims alleging negligence that cause injuries to third parties (persons other than members) – it does not cover suits brought against a member by another. This is not and was never intended to be an accident policy for the members.

Please take special note #6 of the Summary of Coverages regarding Coverage Territory.

Should you have any questions, please give us a call at **1-800-235-1889, ext. 5013**. It is always a pleasure to be of service.

Sincerely,

Billy

William P. Simons, IV
President
E-mail: wsimons@rustinsurance.com

WS4/smp
Enclosures

**MARINE CORPS LEAGUE, INC.
MARINE CORPS LEAGUE AUXILIARY, INC.
MILITARY ORDER OF DEVIL DOGS AND DEVIL DOG FLEAS
NATIONAL HEADQUARTERS, DEPARTMENTS AND DETACHMENTS**

SUMMARY OF COVERAGES

SEPTEMBER 1, 2016 TO SEPTEMBER 1, 2017

COMMERCIAL GENERAL LIABILITY

Travelers Insurance Company, Policy No.660918X5830

\$2,000,000. General Aggregate (Other than Products/Completed Operations)

\$2,000,000. Products/Completed Operations Aggregate Limit

\$1,000,000. Personal and Advertising Injury Limit

\$1,000,000. Each Occurrence Limit

\$ 500,000. Fire Damage Limit (any one fire)

\$ 5,000. Medical Expense Limit (any one person)

Including:

- Host Liquor Liability
- Convention/Meeting Liability
- Members & Volunteers as Additional Insured
- Temporary Landlord as Additional Insured

Excluding:

- Professional Liability
- Liquor Liability/Parades
- Abuse or Molestation
- Contractual Liability
- Sports/Athletic Contests or Exhibitions
- Mechanically Operated Amusement Devices
- Nuclear Energy/Pollution/Asbestos
- Bike-a-Thons/Fairs/Carnivals/Concerts/Guns
- Employment Related Practices
- Workers' Compensation
- Automobile Liability
- Water Activities

IMPORTANT: *The Certificate of Insurance issued to you should be retained permanently in your files as evidence of your coverage. If you are required to provide evidence of insurance and/or add another party as "Additional Insured" in the policy, please complete the "Special Event Questionnaire/Certificate of Insurance Request Form" and return to Rust Insurance Agency. Any contracts you sign must be reviewed for their insurance requirement – adding an Additional Insured require underwriting approval.*

NOTES:

1. The limit of liability is shared by all departments, detachments and the National Headquarters.
2. Medical Expense coverage does not extend to members and volunteers nor does Members and Volunteers as Additional Insureds covers bodily injury to these individuals.
3. Certificate of Insurance should be obtained from anyone providing services to you (caterers, bus charters, contractors and other professional service providers). **Request that the Marine Corps League is listed as an Additional Insured.**
4. **NO** business contents or property coverage is provided to the departments & detachments.
5. This is a summary of the coverages provided. The actual coverage descriptions, conditions, and exclusions are in the original policy on file at the National Headquarters.
6. **Coverage Territory:** *The United States of America (including its territories and possessions), Puerto Rico and Canada.*
7. **As a new guideline, if you solely host the following special events and have 150 or more attendees, there is an additional charge to the departments/Detachments:** Examples are Art/Craft Show, Fairs/Antique Show, Birthday Ball/Dinner Dances, Picnics, Car Washes, Golf Tournament, Casino Night and Auction/Wine Tasting, etc.

FOR QUESTIONS OR ASSISTANCE, PLEASE CONTACT:

RUST INSURANCE AGENCY, LLC
1510 H Street, NW, 5th Floor
Washington, DC 20005
Attn: William P. Simons, IV
E-mail: billy@rustinsurance.com
Fax: (202) 776-1286 or (202) 776-1282
Tel: (202) 776-5000
Toll Free: 1-800-235-1889, ext. 5013

MARINE CORPS LEAGUE, ETAL SPECIAL EVENT QUESTIONNAIRE (CERTIFICATE OF INSURANCE REQUEST FORM)

DEPARTMENT/DETACHMENT: _____
MAILING ADDRESS: _____

CONTACT PERSON: _____
E-MAIL ADDRESS: _____
DAYTIME PHONE #: () _____ FAX NUMBER: () _____

1. Describe Event: _____
(Meeting/Convention/Seminar, Booth, Reception, Picnic, etc.)
2. Are you the sponsor? If NO, name of main sponsor: _____
3. Date(s) of event: _____
4. Address of event: _____
5. Estimated attendance: _____ No. of Exhibitors: _____
6. Admission to be charged: \$ _____ Expected gross receipts: \$ _____
7. Will event be held indoors or outdoors? _____
8. Have you conducted similar events in the past? _____ If YES, has there been any claims/losses? _____
9. Describe past claims/losses, if any: _____
10. Describe security to be provided: _____
11. Describe first aid to be provided: _____
12. Will there be amusement rides or fireworks? _____
13. Will alcohol be served: _____
14. Are they complimentary or purchased by guests? _____
15. Are you serving the alcohol or contracting the service out? _____
16. Describe any cooking to be done: _____
17. Does another party need a Certificate of Insurance other than what you already have? ___ If Yes, list name:
 Name: _____
 Attn: _____
 Address: _____

 Tel No: () _____ Fax: () _____
18. Does the other party require "ADDITIONAL INSURED" wording? ___ If YES, describe their interest: *(landlord, owner of premises, lessor, event sponsor, etc.)* _____
19. Have you agreed to "HOLD HARMLESS" the other party? ___ *(attach a copy of your contract, permit, or agreement)*

Signed: _____ Date: _____

NOTES:

- ◆ If a contract, permit or agreement has been signed, please attach a copy for review.
- ◆ If possible, please allow four weeks for processing.
- ◆ As a new guideline, if you solely host the following special events and have 150 or more attendees, there is an additional charge to the departments/Detachments: Art/Craft, Fairs/Antique Show, Birthday Ball/Dinner Dances, Picnics, Car Washes, Golf Tournament, Casino Night and Auction/Wine Tasting.

PLEASE RETURN COMPLETED QUESTIONNAIRE TO: RUST INSURANCE AGENCY, LLC
 1510 H Street, NW, 5th Floor
 Washington, DC 20005
 Attn: William P. Simons, IV
 E-mail: wsimons@rustinsurance.com
 Fax: (202) 776-1286 or 1282 Tel: (202) 776-5000
 Toll Free: 1-800-235-1889, ext. 5013