



September 2018

**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, 2018-19

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, 2018 TO SEPTEMBER 1, 2019**

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

Excluding:

- Professional Liability	- Sports/Athletic Contests or Exhibitions	- Employment Related Practices
- Liquor Liability/Parades	- Mechanically Operated Amusement Devices	- Workers' Compensation
- Abuse or Molestation	- Nuclear Energy/Pollution/Asbestos	- Automobile Liability
- Contractual Liability	- Bike-a-Thons/Fairs/Carnivals/Concerts/Guns	- 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. **Events Automatically covered up to 150 attendees:** *Birthdays Ball/Dinner Dances (1 per year per Detachment), Toys for Tots Collections, Member/Family Picnics, Selling food at ball games/stadiums, Golf Tournament (as long as the course is providing the alcohol), Art/Craft Shows, Fairs/Antique Show, Casino Night/Wine Tasting and events near the water.*

The following require additional Underwriting to determine eligibility/charge from Travelers - Events that exceed 150 Attendees:
Events where the MCL is serving alcohol to the public and Golf Tournament when MCL is providing alcohol.

EXCLUDED Events: *MCL Sponsored Parades, Motorcycle Rides, Athletic Events (except for Golf Tournament) and events involving guns/firearms, ammunition, etc. used for demonstrations, competitions, exhibition, or display. We can procure other insurance for these events for \$175 minimum premium.*

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) 776-5035
Tel: 202 776-5013
Toll Free: 1-800-235-1889, ext. 5013



MARICOR-01

SPRAK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/02/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Rust Insurance Agency, LLC 1510 H Street NW 5th Floor Washington, DC 20005	CONTACT NAME: William Simons IV	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS: wsimons@rustinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Ins Co		
INSURED Marine Corps League, Inc. 3619 Jefferson Davis Highway, Suite 115 Stafford, VA 22554	INSURER B: Travelers Indemnity Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

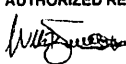
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			I660918X5830	09/01/2018	09/01/2019	EACH OCCURRENCE \$ 1,000,000			
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000								
		MED EXP (Any one person) \$ 5,000								
		PERSONAL & ADV INJURY \$ 1,000,000								
		GENERAL AGGREGATE \$ 2,000,000								
		PRODUCTS - COMP/OP AGG \$ 2,000,000								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$			
							BODILY INJURY (Per person) \$			
								BODILY INJURY (Per accident) \$		
								PROPERTY DAMAGE (Per accident) \$		
								\$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-4752W660-18-42	09/01/2018	09/01/2019	EACH OCCURRENCE \$ 5,000,000			
										AGGREGATE \$
										\$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER			
							E. L. EACH ACCIDENT \$			
							E. L. DISEASE - EA EMPLOYEE \$			
							E. L. DISEASE - POLICY LIMIT \$			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS ADDITIONAL INSURED
-Subject to policy terms, conditions and exclusion.

CERTIFICATE HOLDER

CANCELLATION

Marine Corps League; Marine Corps League Auxillary; Military Order of Devil Dogs & Devil Dog Fleas Dept./Detachment: _____ Address: _____	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**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. If serving alcohol, what controls are in place to prevent over and underage drinking? _____
17. Describe any cooking to be done: _____
18. Does another party need a Certificate of Insurance other than what you already have? If Yes, list name:
Name: _____
Attn: _____
Address: _____
Tel No: (____) _____ Fax: (____) _____
19. Does the other party require "ADDITIONAL INSURED" wording? If YES, describe their interest: *(landlord, owner of premises, lessor, event sponsor, etc.)* _____
20. 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.
- ◆ **Events Automatically covered up to 150 attendees:** Birthday Ball/Dinner Dances (1 per year per Detachment), Toys for Tots Collections, Member/Family Picnics, Selling food at ball games/stadiums, Golf Tournament (as long as the course is providing the alcohol), Art/Craft Shows, Fairs/Antique Shows and events near the water.

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PLEASE RETURN COMPLETED QUESTIONNAIRE TO:

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Washington, DC 20005
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E-mail: wsimons@rustinsurance.com
Fax: (202) 776-5035 Tel: (202) 776-5000