

RUST
INSURANCE AGENCY, LLC
1510 H STREET, NW, 5TH FLOOR
WASHINGTON, DC 20005
Tel: 202 776-5000
Fax: 202 776-5035

June 2024

United States Submarine Veterans, Inc.
Attn: Members

Re: Commercial General Liability Insurance
Effective: June 10, 2024-2025

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 <http://www.rustinsurance.com/ussvi.pdf>. 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.*

This general liability 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.

Should you have any questions, please give us a call at **1-800-235-1889, ext. 5037**. It is always a pleasure to be of service.

Sincerely,

Emily

Emily Van Oudenaren, CLCS

EVO/nh
Enclosures

UNITED STATES SUBMARINE VETERANS, INC.
P.O. Box 1063
GROTON, CT 06340

SUMMARY OF COVERAGES
JUNE 10, 2024 TO JUNE 10, 2025

COMMERCIAL GENERAL LIABILITY

Philadelphia Indemnity Insurance Company Policy #PHPK2690279

\$2,000,000. General Aggregate Limit
\$2,000,000. Products-Completed Operations Aggregate
\$1,000,000. Personal and Advertising Injury Limit
\$1,000,000. Each Occurrence Limit
\$1,000,000. Fire Damage Limit (any one fire)
\$ 20,000. Medical Expense Limit (any one person)

Including:

- *Members as Additional Insured*
- *Volunteers as Additional Insured*

- *Managers or Lessors of Premises
as Additional Insured*
- *Temporary Landlord as Additional Insured*

Excluding:

- *Injury to Participants/Auto Liability*
- *Camps or Campgrounds*
- *Athletic or Sport Participants*
- *Fireworks Display/Aircraft & Balloons (including Balloons Rides)*

- *Lead Exclusion/Punitive Damage/Asbestos*
- *Pollution/Nuclear Energy Liability*
- *Parade/Watercraft & Water Related Activities*
- *Auto/Motorcycle Races/Biking Events*

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 requires underwriting approval.*

NOTES:

1. **THE LIMIT OF LIABILITY IS SHARED BY ALL UNITS, REGIMENTS AND THE NATIONAL HEADQUARTERS.**
2. Medical Expense coverage does not extend to Members and Volunteers nor does Members and Volunteers as Additional Insureds cover bodily injury to these individuals.
3. Certificate of Insurance should be obtained from anyone providing services to you (caterers, bus charters, contractors and professional service providers). **Have the USSVI listed as an Additional Insured.**
4. **NO** business contents or property coverage is provided to the USSVI Clubs/Chapters.
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. Activities and Special Events are **NOT** automatically covered. There will be varying charges based on size and duration of events. Please complete questionnaire on page 4 for coverage can be generated.

FOR QUESTIONS OR ASSISTANCE, PLEASE CONTACT:

RUST INSURANCE AGENCY, LLC
1510 H Street, 5th Floor
Washington, DC 20005
Attn: Emily Van Oudenaren
E-mail: emily@rustinsurance.com
Tel: (202) 776-5037
Toll Free: 1-800-235-1889, ext. 5037
Fax: (202) 776-5035



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2024

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: Nikki Hounngmany PHONE (A/C, No, Ext): (202) 776-5048 E-MAIL ADDRESS: nikki@rustinsurance.com		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED United States Submarine Veterans, Inc. P.O. Box 1063 Groton, CT 06340	INSURER A : Philadelphia Insurance Companies		18058
	INSURER B :		
	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:			PHPK2690279	6/10/2024	6/10/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<input type="checkbox"/> 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)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 INCLUDED AS ADDITIONAL INSURED

-subject to policy terms, conditions and exclusions

CERTIFICATE HOLDER

CANCELLATION

USSVI of:

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

**UNITED STATES SUBMARINE VETERANS, INC.
SPECIAL EVENT QUESTIONNAIRE
(CERTIFICATE OF INSURANCE REQUEST FORM)**

CLUBS/CHAPTERS: _____
MAILING ADDRESS: _____

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

1. Describe Event: _____
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, have 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. Describe refreshments planned: _____
14. Are they complimentary or purchased? _____
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 up four weeks for processing.
- ◆ Activities and Special Events are **NOT** automatically covered. There will be varying charges based on size and duration of events. Please complete questionnaire on page 4 for coverage can be generated.

PLEASE RETURN COMPLETED QUESTIONNAIRE TO: RUST INSURANCE AGENCY, LLC
1510 H Street, 5th Floor
Washington, DC 20005

Attn: Emily Van Oudenaren
E-mail: emily@rustinsurance.com
Fax: (202) 776-5035
Tel: (202) 776-5037
Toll Free: 1-800-235-1889, ext. 5037