

RUST

Insurance Agency, LLC
Providing Protection Since 1889
1510 H Street, NW, 5th Floor
Washington, DC 20005
Tel: (202) 776-5000 Fax: (202) 776-5035

March 2014

CHADD, Inc.

Attn: Chapters

Re: Commercial General Liability Insurance
Effective: March 30, 2014 to March 30, 2015

Dear Chapter Coordinator:

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

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

It is important that the exclusions and restrictions pertaining to this insurance must be noted (please refer to the enclosed Summary). *If a planned event falls into one of these areas, please notify us as soon as possible in order to arrange coverage.*

Please note that this insurance is designed to protect the members, volunteers, directors, officers and the National Office for claims alleging negligence that cause injuries to third parties (persons other than members). The policy will not respond to suits brought against one member by another. This policy 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. 5013. It is always a pleasure to be of service.

Sincerely,

Billy Simons

William P. Simons, IV

President

E-mail: billy@rustinsurance.com

WS4/smp

Enclosures

CHADD, INC.

(Children and Adults with Attention-Deficit/Hyperactivity Disorder)

Summary of Coverages for CHADD Chapters

Continental Insurance Company
Package Policy No. 2083060433
March 30, 2014 to March 30, 2015

COMMERCIAL GENERAL LIABILITY (Chapter Liability)

\$2,000,000	General Aggregate (Other than Products/Completed Operations)
\$2,000,000	Products/Completed Operations Aggregate Limit
EXCLUDED	Personal and Advertising Injury Limit
\$1,000,000	Each Occurrence Limit
\$ 300,000	Fire Damage Limit (any one fire)
\$ 5,000	Medical Expense Limit (any one person)

Including:

- Chapters as Additional Named Insureds
- Volunteers as Additional Insureds
- Temporary Landlords as Additional Insureds
- Convention & Meeting Liability

Excluding:

- Contests or Exhibitions or any Athletic or Sports Nature Activity
- Mechanically Operated Amusement Devices; Fireworks Display, Musical Concerts
- Watercraft/ Water-related Activities, Aircraft and Balloons (including Balloon Rides)
- Workers' Compensation and Employer's Liability
- Automobile Liability
- Professional Liability; Setting of Standards, Warnings
- Employment Related Practices/Discrimination
- Pollution, Asbestos, Nuclear Energy, Mold,

COMMERCIAL UMBRELLA LIABILITY POLICY #2083060447

- Liability protection over and above the Commercial General Liability

\$1,000,000	Each Occurrence Limit - Bodily Injury and Property Damage
\$1,000,000	General Aggregate
\$10,000	Self Insured Retention

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 "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. Medical Expense coverage does not extend to employees and volunteers nor does VOLUNTEERS AS ADDITIONAL INSUREDS cover bodily injury to these individuals.
2. Certificates of Insurance should be obtained from anyone providing services to you. This includes caterers, bus charters, and professional service providers (doctors, accountants, dentists, optometrists, etc.).
3. **NO** business contents or property coverage is provided to the Chapters.
4. This is a summary of the coverages provided. The actual coverage descriptions, conditions, and exclusions are in the actual policy on file at the CHADD National Office in Landover, MD.

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

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

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 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 202 776-5000	CONTACT NAME: Billy Simons PHONE (A/C, No, Ext): 202 776-5013 FAX (A/C, No): 202 776-1286 E-MAIL ADDRESS: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : CNA/Continental Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : CNA/Continental Insurance Co.		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED **CHADD-Children & Adults with Attention-Deficit/Hyperactivity Disorder**
 4601 President Drive
 Lanham, MD 20706

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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			2083060433	03/30/2014	03/30/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$EXCLUDED GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000			2083060447	03/30/2014	03/30/2015	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 WC STATUTORY LIMITS <input type="checkbox"/> <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDER IS ADDITIONAL NAMED INSURED
 - Subject to policy term, conditions and exclusions

CERTIFICATE HOLDER CHADD Chapter: _____ Address: _____	CANCELLATION 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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CERTIFICATE OF INSURANCE REQUEST FORM
CHADD (Children & Adults with Attention-Deficit/Hyperactivity Disorder)

Date of Request: _____

Person Completing this Form: _____

CHADD Chapter: _____

Address: _____

E-Mail: _____

Fax No. () **Tel. No.**()

Describe Event: _____

Date/s: _____ **Est. # of Attendees:** _____

Location/Address: _____

Party Requesting Certificate: _____

Attn: _____

Address: _____

Fax No.: () **Tel. No.**()

Please describe interest of the party requesting the Certificate of Insurance: _____

ADDITIONAL INSURED - this box should only be checked if required by the party requesting the Certificate of Insurance from you (i.e., Certificate Holder)

Yes No Have you entered into any agreement, contract or permit that contains assumption of liability, indemnification or hold-harmless language?
If YES, please forward a copy of the document with this request form.

Yes No Do you want original certificate mailed directly to Certificate Holder?
If NO, certificate will be mailed to your chapter for you to forward.

Yes No Do you want a copy faxed to the Certificate Holder?

Yes No Do you want a copy faxed to you?

PLEASE COMPLETE AND RETURN TO:

Rust Insurance Agency, LLC.
1510 H Street, NW, 5th Floor
Washington, D.C. 20005

Attn: William P. Simons, IV
E-mail: billy@rustinsurance.com

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