

September 2009

**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, 2009-10

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. 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
Senior Vice 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, 2009 TO SEPTEMBER 1, 2010

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
- 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 more than 150 attendees, there is an additional charge to the departments/Detachments:** Art/Craft Fairs/Antique Show, Birthday Ball/Dinner Dances, Fashion show, Picnics, Car Washes, Golf Tournament, Casino Night and Auction/Wine Tasting.

FOR QUESTIONS OR ASSISTANCE, PLEASE CONTACT: RUST INSURANCE AGENCY, LLC
910 17th St. NW, Washington, DC 20006

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

Fax: (202) 776-1286 or (202) 776-1282

Tel: (202) 776-5000

Toll Free: 1-800-235-1889, ext. 5013

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 08/25/2009
PRODUCER Rust Insurance Agency, LLC 910 17th Street, N.W. Washington, DC 20006 202 776-5000	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Marine Corps League, Inc. P.O. Box 3070 Merrifield, VA 22116	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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	660918X5830	09/01/09	09/01/10	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				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OT-H-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS


CERTIFICATE HOLDER IS ADDITIONAL NAMED INSURED

-Subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER

Marine Corps League; Marine Corps League Auxiliary; Military Order of Devil Dogs & Devil Dog Fleas
 Dept./Detachment: _____
 Address: _____

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE


IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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. Describe refreshments planned: _____
14. Are they complimentary or purchased by guests? _____
15. How will they be provided? (caterer): _____
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 more than 150 attendees, there is an additional charge to the departments/Detachments: Art/Craft Fairs/Antique Show, Birthday Ball/Dinner Dances, Fashion show, Picnics, Car Washes, Golf Tournament, Casino Night and Auction/Wine Tasting.

PLEASE RETURN COMPLETED QUESTIONNAIRE TO: **RUST INSURANCE AGENCY, LLC**
 910 17th St., NW, Washington, DC 20006
 Attn: William P. Simons, IV
 E-mail: wsimons@rustinsurance.com
 Fax: (202) 776-1286 or (202) 776-1282
 Tel: (202) 776-5000
 Toll Free: 1-800-235-1889, ext. 5013