

September 2011

**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, 2011-12

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](mailto: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, 2011 TO SEPTEMBER 1, 2012

**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   | - 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 Fairs/Antique Show, Birthday Ball/Dinner Dances, Fashion show, Picnics, Car Washes, Golf Tournament, Casino Night and Auction/Wine Tasting, etc.

**FOR QUESTIONS OR ASSISTANCE, PLEASE CONTACT:**

**RUST INSURANCE AGENCY, LLC**  
910 17<sup>th</sup> St. NW, Washington, DC 20006  
Attn: William P. Simons, IV  
E-mail: [wsimons@rustinsurance.com](mailto:wsimons@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. 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 150 or more 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 17<sup>th</sup> St., NW, Washington, DC 20006  
 Attn: William P. Simons, IV  
 E-mail: [wsimons@rustinsurance.com](mailto:wsimons@rustinsurance.com)  
 Fax: (202) 776-1286 or (202) 776-1282  
 Tel: (202) 776-5000  
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