



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](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, 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, 5<sup>th</sup> Floor Washington, DC 20005  
Attn: William P. Simons, IV  
E-mail: [billy@rustinsurance.com](mailto: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).

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

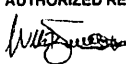
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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
	<b>AUTOMOBILE LIABILITY</b> <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"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <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
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N    N/A 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.

<b>CERTIFICATE HOLDER</b>  Marine Corps League; Marine Corps League Auxillary; Military Order of Devil Dogs & Devil Dog Fleas Dept./Detachment: _____ Address: _____	<b>CANCELLATION</b>  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:**

RUST INSURANCE AGENCY, LLC  
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Washington, DC 20005  
Attn: William P. Simons, IV  
E-mail: [wsimons@rustinsurance.com](mailto:wsimons@rustinsurance.com)  
Fax: (202) 776-5035 Tel: (202) 776-5000