

RUST
Insurance Agency, LLC
1510 H Street, NW, 5th Floor
Washington, DC 20005
Tel: 202 776-5000
Fax: 202 776-5035

July 2024

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: July 1, 2024 to July 1, 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 WWW.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. This exclusion has always been on this notice, but we have again bringing it to your attention.

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

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

JULY 1, 2024 TO JULY 1, 2025

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/**Firearms*** - 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. ***Firearms Exclusion:** *Events involving guns/firearms, ammunition, etc. used for demonstrations, competitions, exhibitions, or display.*
7. **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 Tournaments (as long as the course is providing the alcohol), Art/Craft Shows, Fairs/Antique Shows, Casino Night/Wine Tasting and events near the water.

The following require additional Underwriting to determine eligibility/charge from Travelers - Events exceeding 150 Attendees: Events where the MCL serves 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 shooting events. We can procure other insurance for these events for a \$175 minimum premium.*

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
Fax: (202) 776-5035
Tel: 202 776-5013
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 the 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 the 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 Tournaments (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 THE COMPLETED QUESTIONNAIRE TO:

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