# RUST

Insurance Agency, LLC 1510 H Street, NW, 5<sup>th</sup> 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,

Bílly
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 -Convention/Meeting Liability

Members & Volunteers as Additional Insured
 Temporary Landlord as Additional Insured

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Excluding:

- Professional Liability

Liquor Liability/ParadesAbuse or Molestation

- Contractual Liability

- Sports/Athletic Contests or Exhibitions

Mechanically Operated Amusement DevicesNuclear Energy/Pollution/Asbestos

- Bike-a-Thons/Fairs/Carnivals/Concerts/Firearms\*

- 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.
- Medical Expense coverage does not extend to members and volunteers nor does Members and Volunteers as Additional Insureds covers bodily injury to these individuals.
- Certificate of Insurance should be obtained from anyone providing services to you (caterers, bus charters, contractors and other professional service providers). <u>Request that the Marine Corps League is listed as an Additional Insured.</u>
- 4. NO business contents or property coverage is provided to the departments & detachments.
- 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.
- \*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

SPRAK



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/21/2024

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). CONTACT William Simons IV Rust Insurance Agency, LLC 1510 H Street NW PHONE (A/C, No, Ext): FAX (A/C, No): 5th Floor Washington, DC 20005 E-MAIL ADDRESS: wsimons@rustinsurance.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: The Travelers Indemnity Company of America 25666 INSURED INSURER B: Travelers Property Casualty Company of America 25674 Marine Corps League, Inc. INSURER C: 3619 Jefferson Davis Highway, Suite 115 INSURER D: Stafford, VA 22554 INSURER E:

			IN	SURER F :						
COVERAGES CER	RTIFICATE 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		DDL SUBR SD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS				
A X COMMERCIAL GENERAL LIABILITY	THE STATE OF THE S	*****		(WIWI/DD/1111)	(WINI/OD/1111)	EACH OCCURRENCE	s	1,000,000		
CLAIMS-MADE X OCCUR			660918X5830	7/1/2024	7/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	500,000		
						MED EXP (Any one person)	s	5,000		
						PERSONAL & ADV INJURY	s	1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s	2,000,000		
POLICY PRO-						PRODUCTS - COMP/OP AGG	s	2,000,000		
OTHER:							s			
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s			
ANY AUTO	1 1					BODILY INJURY (Per person)	s			
OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
HIRED ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	s			
							s			
B X UMBRELLA LIAB X OCCUR			MEAN CONTRACTOR CONTRACT CONTRACTOR CONTRACTOR	32.5 p. W.	175 - 115 OCT   176 OCT   175 OCT	EACH OCCURRENCE	s	5,000,000		
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DED X RETENTIONS 10,000							s			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	s			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	s			
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL CERTIFICATE HOLDER IS ADDITIONAL INS	LES (AC	CORD	101, Additional Remarks Schedule, n	nay be attached if more	e space is requir	ed)				
-Subject to policy terms, conditions and exc										
CERTIFICATE HOLDER CANCELLATION										
				SHOULD ANY OF T	HE ABOVE DE	ESCRIBED POLICIES BE CA	ANCELL	ED BEFORE		

CERTIFICATE HOLDER	CANCELLATION		
Marino Corpo League; Marine Gorpo League Auxiliary; Military Order of Devil Dogs & Devil Dog Fleas Dept./Detachment:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Address:	AUTHORIZED REPRESENTATIVE		
	Migues		
ACORD 25 (2016/03)	@ 1099 2015 A CORD CORDORATION All rights resorved		

## MARINE CORPS LEAGUE, ETAL SPECIAL EVENT QUESTIONNAIRE (CERTIFICATE OF INSURANCE REQUEST FORM)

DEP	ARTMENT/DETACHMEN MAILING ADDRESS								
	TACT PERSON: ALL ADDRESS:								
DAY	TIME PHONE #:	()	FAX NUMBER:	()					
1.	Describe Event:								
2	A		minar, Booth, Reception, F						
2.	Are you the sponsor?	If NO, name of main sponsor:_							
٥.	Address of event:								
4. 5	Estimated attendance		No. of Exhibitors	S:					
6	Admission to be charge		receted gross receipts:	\$					
7	Will the event he held	indoors or outdoors?	specieu gross receipis.	Ψ					
8	Have you conducted s	similar events in the nast?	If YES has then	e been any claims/losses?					
9	Describe past claims/	osses if any:	II 120, 1100 tilol						
10.	Describe the security	to be provided:							
11.	Describe first aid to be	provided:							
12.	Will there be amusem	ent rides or fireworks?							
14.	Are they complimenta	ry or purchased by guests?							
15.	Will alcohol be served: Are they complimentary or purchased by guests? 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	2. Describe any cooking to be done:								
18.	Does another party i	need a Certificate of Insurance	e other than what you	already have?If Yes, list name:					
	Name:								
	Attn:								
	Address:								
	/ tau 1000								
	Tel No:	)	Fax: (						
19.	Does the other party r	equire " <u>ADDITIONAL INSURED</u> " wo nt sponsor, etc.)	ording?If YES, desc	cribe their interest: (landlord, owner of					
20.	Have you agreed to "H	HOLD HARMLESS" the other party	?(attach a copy	of your contract. permit, or agreement)					
Sign	ned:			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:

RUST INSURANCE AGENCY, LLC 1510 H Street, NW, 5th Floor

Washington, DC 20005

Attn: William P. Simons, IV

E-mail: <u>wsimons@rustinsurance.com</u> Fax: (202) 776-5035 Tel: (202) 776-5000