



March 2019

**Young Marines
Regiments & Units
Attn: Commanding Officer**

Re: Commercial General Liability Insurance
Group Accident Insurance
Effective: March 2019-2020

Dear Commanding Officer:

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.rustinsurance.com/ym.pdf. 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.*

This general liability 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 refer to the separate Accident Policy in place for the Young Marines.

PLEASE NOTE: ALL CLAIMS, INCLUDING ACCIDENT MEDICAL EXPENSES MUST BE REPORTED AND SUBMITTED TO THE YOUNG MARINES NATIONAL HEADQUARTERS. DO NOT SEND THEM TO RUST INSURANCE AGENCY.

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

WS4/smp
Enclosures

YOUNG MARINES
National Headquarters, Regiments and Units
17739 Main Street, Suite 250
Dumfries, VA 22026

SUMMARY OF COVERAGES
March 13, 2019 to March 13, 2020

COMMERCIAL GENERAL LIABILITY

Philadelphia Indemnity Insurance Company Policy #PHPK1948933

\$3,000,000. General Aggregate Limit
\$3,000,000. Products-Completed Operations Aggregate
\$1,000,000. Personal and Advertising Injury Limit
\$1,000,000. Each Occurrence Limit
\$ 100,000. Fire Damage Limit (any one fire)
\$ 5,000. Medical Expense Limit (any one person)

UMBRELLA LIABILITY

Philadelphia Indemnity Insurance Company Policy #PHUB666478

\$2,000,000. Each Occurrence
\$2,000,000. Products/Completed Operations
\$2,000,000. Aggregate Limit
\$ 10,000. Deductible

Including:

- *Members as Additional Insured*
- *Volunteers as Additional Insured*
- *Abuse or Molestation*

- *Managers or Lessors of Premises
as Additional Insured*

Excluding:

- *Injury to Participants*
- *Workers' Compensation/Camps or Campgrounds*
- *Automobile Liability*
- *Professional Liability*

- *Employers' Liability*
- *Employment Practices Liability*
- *Athletic or Sports Participants*
- *Lead Exclusion/Punitive Damage/Asbestos*
- *Pollution/Nuclear Energy Liability*

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 requires underwriting approval.*

NOTES:

1. The limit of liability is **shared** by units, battalions, regiments, divisions, and National Headquarters.
2. Medical Expense coverage does not extend to Members and Volunteers nor does Members and Volunteers as Additional Insureds cover bodily injury to these individuals.
3. The Young Marines has a separate Accident Policy in place for its Registered Adults.
4. Certificate of Insurance should be obtained from anyone providing services to you (caterers, bus charters, contractors and professional service providers). **Have the Young Marines listed as an Additional Insured.**
5. **NO** business contents or property coverage is provided to the units and regiments.
6. 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.

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: wsimons@rustinsurance.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2019

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).

PRODUCER Rust Insurance Agency, LLC 1510 H Street NW 5th Floor Washington, DC 20005	CONTACT NAME: William Simons IV	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS: wsimons@rustinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Philadelphia Insurance Companies		
INSURER B : ACE (USA) American Insurance Company		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED Young Marines National Headquarters National Headquarters 17739 Main Street, Suite 250 Dumfries, VA 22026-0735

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"/> 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 OTHER:	X		PHPK1948933	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <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) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB666478	3/13/2019	3/13/2020	EACH OCCURRENCE \$ 2,000,000
							AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Group Accident			PTPN00719936	10/1/2018	10/1/2019	AD&D 20,000
B	Group Accident			PTPN00719936	10/1/2018	10/1/2019	Med Exp/\$100 Ded. 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS NAMED INSURED
- Subject to policy terms, conditions and exclusions

CERTIFICATE HOLDER

CANCELLATION

YOUNG MARINES NATIONAL HEADQUARTERS REGIMENTS AND UNITS

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

GROUP ACCIDENT POLICY

Insured: YOUNG MARINES
Address: 17739 Main Street, Suite 250
Dumfries, VA 22026

Policy #: PTPN00719936
Effective Date: October 1, 2018 to October 1, 2019
Company: Chubb/ACE American Insurance Company

COVERAGE Applies to those Insured Persons included under Class I who are participating in policyholder's activity. Subject to all other terms of the policy, the insurance company will cover injury to the Insured while:

- taking part in a sponsored activity; or
- traveling directly to or from such activity.

INSURED PERSONS

Class I All dues-paying Members and Registered Adults whose names are on file and taking part in the activity sponsored and supervised by the Young Marines.

BENEFITS

Class I \$20,000. Accidental Death and Dismemberment
\$10,000. Medical Expense (\$100 Deductible)

Aggregate Limit of Liability in one accident: \$750,000.

THIS IS A SUMMARY OF THE COVERAGES PROVIDED. FOR ACTUAL TERMS, CONDITIONS AND EXCLUSIONS, PLEASE REFER TO THE POLICY ON FILE.

IMPORTANT NOTICE

TO FILE A CLAIM, PLEASE COMPLETE THE FOLLOWING FORMS:

- *Young Marine Injury Report Form*
- *Proof of Claim - Accident Medical Expense*
- *Attending Doctor's Statement*

PLEASE RETURN THE FORMS TO: Young Marines National Headquarters
Attn: Patricia Borka, Director of Administration
17739 Main Street, Suite 250
Dumfries, VA 22026

TO ENSURE PROMPT PAYMENT, COMPLETED FORMS MUST BE SUBMITTED WITHIN 30 DAYS OF ACCIDENT/INJURY. IF NOT YET AVAILABLE, ACTUAL HOSPITAL BILLS/STATEMENTS CAN BE FORWARDED SEPARATELY UPON RECEIPT.

**YOUNG MARINES
SPECIAL EVENT QUESTIONNAIRE
(CERTIFICATE OF INSURANCE REQUEST FORM)**

REGIMENT/UNIT: _____
MAILING ADDRESS: _____

CONTACT PERSON: _____
E-MAIL ADDRESS: _____
DAYTIME PHONE #: () _____
FAX NUMBER: () _____

1. Describe Event: _____
(Training/Drills, Meeting/Seminar, Encampment, 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, have 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? _____
15. Are you serving the alcohol or contracting the service out? _____
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 up four weeks for processing.

PLEASE RETURN COMPLETED QUESTIONNAIRE TO: RUST INSURANCE AGENCY, LLC
1510 H Street, NW, 5th Floor
Washington, DC 20005

Attn: William P. Simons, IV
E-mail: wsimons@rustinsurance.com
Fax: (202) 776-5035
Tel: (202) 776-5000
Toll Free: 1-800-235-1889, ext. 5013