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
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

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

- Managers or Lessors of Premises as Additional Insured
- 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

**Producer:** Rust Insurance Agency, LLC  
1510 H Street NW  
5th Floor  
Washington, DC 20005

**Contact:** William Simons IV  
PHONE: [xxx] xxx-xxxx  
E-MAIL: wsimons@rustinsurance.com

**Insured:**  
Young Marines National Headquarters  
National Headquarters  
17739 Main Street, Suite 250  
Dunfries, VA 22026-0735

**Certifier Number:** PHPK1948933  
**Certificate Number:** PHUB666478

### Coverages

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Eff. Date</th>
<th>Policy Exp. Date</th>
<th>Limits</th>
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<tbody>
<tr>
<td>Commercial General Liability</td>
<td>PHPK1948933</td>
<td>3/13/2019</td>
<td>3/13/2020</td>
<td>$1,000,000</td>
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<tr>
<td>Umbrella Liability</td>
<td>PHUB666478</td>
<td>3/13/2019</td>
<td>3/13/2020</td>
<td>$2,000,000</td>
</tr>
</tbody>
</table>

**Description of Operations / Locations / Vehicles:**

- Subject to policy terms, conditions and exclusions

### Certificate Holder

- Young Marines National Headquarters Regiments and Units

### Cancellation

**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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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 COVERAGE 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.

03/2019
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