



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



YOUNMAR-01

SPRAK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/4/2019

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 |
| INSURED Young Marines National Headquarters National Headquarters 17739 Main Street, Suite 250 Dumfries, VA 22026-0735 | INSURER A : Philadelphia Insurance Companies NAIC # 18058 |
| | INSURER B : ACE (USA) American Insurance Company 22667 |
| | INSURER C : |
| | INSURER D : |
| | INSURER E : |
| | INSURER F : |

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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B | Group Accident | | PTPN00719936 | 10/1/2019 | 10/1/2020 | AD&D Limit 20,000 |
| B | Group Accident | | PTPN00719936 | 10/1/2019 | 10/1/2020 | Med Expense/\$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 .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  |
|---|---|

GROUP ACCIDENT POLICY

Insured: YOUNG MARINES
Address: 17739 Main Street, Suite 250
Dumfries, VA 22026
Policy #: PTPN00719936
Effective Date: October 1, 2019 to October 1, 2020
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