

**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**

SEPTEMBER 1, 2006 TO SEPTEMBER 1, 2007

**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

\$ 300,000. 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 |
| - Contractual Liability | - Temporary Landlord as Additional Insured   |                                |

**Excluding:**

- |                           |   |                                |
|---------------------------|---|--------------------------------|
| - Professional Liability  | - Sports/Athletic Contests or Exhibitions | - Employment Related Practices |
| - Liquor Liability/Parade | - Mechanically Operated Amusement Devices | - Workers' Compensation        |
| - Abuse or Molestation    | - Nuclear Energy/Pollution/Asbestos       | - Automobile 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 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. **Coverage Territory:** *The United States of America (including its territories and possessions), Puerto Rico and Canada.*

**FOR QUESTIONS OR ASSISTANCE, PLEASE CONTACT:** RUST INSURANCE AGENCY, LLC  
910 17<sup>th</sup> St. NW, Washington, DC 20006

Attn: William P. Simons, IV  
E-mail: [wsimons@rustinsurance.com](mailto:wsimons@rustinsurance.com)

Fax: (202) 776-5035 Tel: (202) 776-5000  
Toll Free: 1-800-235-1889, ext. 313

# 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 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 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 by guests? \_\_\_\_\_
15. How will they be provided? (caterer): \_\_\_\_\_
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 four weeks for processing.

**PLEASE RETURN COMPLETED QUESTIONNAIRE TO:** RUST INSURANCE AGENCY, LLC  
910 17<sup>th</sup> St., NW, Washington, DC 20006  
Attn: William P. Simons, IV  
E-mail: [wsimons@rustinsurance.com](mailto:wsimons@rustinsurance.com)  
Fax: (202) 776-5035 Tel: (202) 776-5000  
Toll Free: 1-800-235-1889, ext. 313

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
08/24/2006

**PRODUCER**  
Rust Insurance Agency, LLC  
910 17th Street, N.W.  
Washington, DC 20006  
202 776-5000

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
Marine Corps League, Inc.  
P.O. Box 3070  
Merrfield, VA 22116

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>Travelers Insurance</b>	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	660918X5830	09/01/06	09/01/07	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b> MED EXP (Any one person) <b>\$5,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b>
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER IS ADDITIONAL NAMED INSURED**  
- subject to policy terms, conditions and exclusions.

**CERTIFICATE HOLDER**

Marine Corps League; Marine Corps League Auxiliary; Military Order of Devil Dogs & Devil Dog Fleas  
Dept./Detachment: \_\_\_\_\_  
Address: \_\_\_\_\_

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE  
*[Signature]*

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.