

**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, 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 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: _____

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 17th St., NW, Washington, DC 20006
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. 313

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/13/08


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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Marine Corps League, Inc. P.O. Box 3070 Merrifield, VA 22116	INSURER A:	Travelers Insurance
	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	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC	660918X5830	09/01/08	09/01/09	EACH OCCURRENCE \$1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000
					MED EXP (Any one person) \$5,000
					PERSONAL & ADV INJURY \$1,000,000
					GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS 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 <u>30</u> 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 
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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.