

# *U.S. NAVAL SEA CADET CORPS*

2300 Wilson Boulevard Arlington, VA 22201-3308 (703) 243-6910//Fax (703) 243-3985

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12 February 2004

## **NSCC INFORMATION LETTER 6-04**

From: Executive Director, Naval Sea Cadet Corps

To: DISTRIBUTION

Subj: NSCC/NLCC Liability Insurance Policies

Encl: (1) NSCC Liability Insurance Policy with Cincinnati Insurance Co.

1. **Purpose.** To forward the terms/limits of NSCC renewed liability coverage.
2. **Background.** The NSCC liability insurance has been renewed with Cincinnati Insurance Co. for the period of 2 February 2004 through 1 February 2007.
3. **Discussion.** Enclosure (1) contains the most current summary of the terms and limits for the NSCC general liability insurance policy. This insurance policy does not include watercraft owned by NSCC units. The unit owning the craft must obtain coverage for this. Please note the coverage for "additional insured" is anywhere the NSCC meets for drills. It is requested NSCC units use enclosure (1) to appraise organizations requesting information of the NSCC liability insurance coverage.
4. **Cancellation.** This letter is cancelled 1 February 2005.



M. D. FORD

Distribution:  
National Chairman/President  
FRs, RDs, ARDs  
Unit Commanding Officers

***THE ADVENTURE OF A LIFETIME***  
***WWW.SEACADETS.ORG***

NAVASEA

<b>ACORD™ INSURANCE BINDER</b>			DATE 01/30/04
THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.			
PRODUCER Wachovia Insurance Services 1753 Pinnacle Drive Eighth Floor, VA2005 Mc Lean, VA 22102-4099	PHONE (A/C, No, Ext): 703-760-6006 FAX (A/C, No): 7037606015	COMPANY Cincinnati Insurance Com	BINDER # CPP0661098
EFFECTIVE DATE: 02/01/04 TIME: 12:01		EXPIRATION DATE: 02/01/05 TIME: 12:01 AM	
CODE: 1098		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
AGENCY CUSTOMER ID: 1098		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	
INSURED: U. S. Naval Sea Cadet Corps & Affiliated Councils 2300 Clarendon Boulevard, Suite Arlington, VA 22201		Loc#1: 2300 Clarendon Boulevard, Arlington, VA 22201	

COVERAGES	LIMITS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC Personal Property Business Income & Extra Expense EDP Hardware See Spec. Conditions/Other Coverages		500	80	\$60,000 \$50,000 \$20,000
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Employee Benefits Liability \$100,000/ \$300,000 RETRO DATE FOR CLAIMS MADE:				EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$2,000,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
<b>AUTO PHYSICAL DAMAGE DEDUCTIBLE</b> <input checked="" type="checkbox"/> COLLISION: 250 <input checked="" type="checkbox"/> OTHER THAN COL: 100 <input checked="" type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES HIRED AUTOS ONLY				ACTUAL CASH VALUE <input checked="" type="checkbox"/> STATED AMOUNT \$25,000 OTHER
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:				EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 SELF-INSURED RETENTION \$0 <input checked="" type="checkbox"/> WC STATUTORY LIMITS
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b> U. S. Naval Sea Cadet Corps & Affiliated Councils within the USA and Its Territories or Possessions (See attached Spec Conditions/Other Covs page.)				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

<b>NAME &amp; ADDRESS</b>		<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
Club Members & Volunteers Anywhere in USA and its territories or possessions Any City, US		<input type="checkbox"/> LOSS PAYEE	
		LOAN #	
		AUTHORIZED REPRESENTATIVE FOR WIS BY: <i>Quida J Anderson</i>	

ENCLOSURE (1)

**SCHEDULE OF YOUR CURRENT INSURANCE**

01/30/04

**INSURED**

U. S. Naval Sea Cadet Corps  
 2300 Clarendon Boulevard, Suite 905  
 Arlington, VA 22201

**PREPARED BY**

Wachovia Insurance Services  
 1753 Pinnacle Drive  
 Eighth Floor, VA2005  
 McLean, Virginia 22102-4099

**GENERAL LIABILITY COVERAGE**

COVERAGE	LIMITS OF LIABILITY
General Aggregate	NONE
Products/Completed Operations Aggregate	\$2,000,000
Each Occurrence	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Fire Damage Legal Liability	\$500,000
Medical Expense	\$10,000

Coverage written on an Occurrence Basis: Y Claims Made Basis: N

ADDITIONAL COVERAGE	LIMIT 1	DEDUCTIBLE 1	LIMIT 2	DEDUCTIBLE 2
CGL broadening Incl endorsement				
Employee Benefit Liability	\$100,000	\$1,000	\$300,000	
BI & On Premises exceptions to pollutant exclusion	\$1,000,000			
Voluntary Property Damage	\$1,000	\$250		

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Coverage	Effective Date	Expiration Date	Company	Policy Number
Umbrella - Commercial	02/01/2004	02/01/2005	The Cincinnati Insurance Company	CCC4374376

ANNUAL PREMIUM: \$5,975

**COMMERCIAL UMBRELLA COVERAGE**

Coverage	Limits of Liability
Per Occurrence	\$5,000,000
Aggregate	\$5,000,000
Retention	\$0

**UNDERLYING POLICIES**

COMPANY	COVERAGES	AMOUNTS / LIMITS	POLICY NUMBER	EXPIRATION DATES
Cincinnati Insurance	Auto Liability Combined Single Limit	\$1,000,000	CPP0661098	02/01/2004
Cincinnati Casualty	Employers Liability Bodily Injury by Accident / Each Accident Bodily Injury by Disease / Policy Limit Bodily Injury by Disease / Each Employee	\$100,000 \$500,000 \$100,000	WC894982508	02/01/2003
Cincinnati Insurance	General Liability Each Occurrence General Aggregate Personal & Advertising Injury Products & Completed Operations Aggregate	\$1,000,000 \$2,000,000 \$1,000,000 \$2,000,000	CPP0661098	02/01/2004
Cincinnati Insurance	Employee Benefits Liability Ea Claim Aggregate	\$100,000 \$300,000	CPP0661098	02/01/2004

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**COMMERCIAL AUTO COVERAGE**

<b>COVERAGE</b>	<b>LIMITS</b>	<b>DEDUCTIBLE AMOUNT</b>
<b>Non-Owned &amp; Hired Auto Liability</b>	\$1,000,000	
<b>Comprehensive - Hired</b>	\$25,000	\$100
<b>Collision - Hired</b>	\$25,000	\$250