

# ***U.S. NAVAL SEA CADET CORPS***

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

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9 February 2005

## **NSCC INFORMATION LETTER 5-04**

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 with Cincinnati Insurance Co. continues for the period through 1 February 2007. Our present policies are three year policies which began on February 1, 2004 and run through 1 February 2007.
3. **Discussion.** Enclosure (1) contains the 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 on the NSCC liability insurance coverage.
4. **Cancellation.** This letter is cancelled 1 February 2007.



M. D. FORD

Distribution:

NSCC National Chairman/President

FRs, RDs, ARDs

Unit Commanding Officers

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

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 01/31/05
<b>PRODUCER</b> Wachovia Insurance Serv-Mc, VA 1753 Pinnacle Drive Eighth Floor, VA2005 Mc Lean, VA 22102-4099	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.	
<b>INSURED</b> U. S. Naval Sea Cadet Corps & Affiliated Councils w/in US & Terr/Poss 2300 Clarendon Boulevard, Ste 905 Arlington, VA 22201	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: <b>Cincinnati Insurance Company</b>	<b>10677</b>
	INSURER B: <b>Cincinnati Indemnity Company</b>	<b>23280</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	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CAP5811995	02/01/04	02/01/07	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$500,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$10,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$NONE</td></tr> <tr><td>PRODUCTS - COMPROP AGG</td><td style="text-align: right;">\$2,000,000</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000	MED EXP (Any one person)	\$10,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$NONE	PRODUCTS - COMPROP AGG	\$2,000,000		
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PRODUCTS - COMPROP AGG	\$2,000,000																		
A	AUTOMOBILE LIABILITY <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 _____	CAP5811995	02/01/04	02/01/07	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>AUTO ONLY - EA ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td style="text-align: right;">\$</td></tr> <tr><td>AGG</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$
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A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	CCC4374376	02/01/04	02/01/07	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$5,000,000	AGGREGATE	\$5,000,000		\$		\$		\$				
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	\$																		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC182902103	02/01/05	02/01/06	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATU-TORY LIMITS</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$100,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$100,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$500,000</td></tr> </table>	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$100,000	E.L. DISEASE - EA EMPLOYEE		\$100,000	E.L. DISEASE - POLICY LIMIT		\$500,000		
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

\*10 days notice of cancellation for non-payment of premium.  
 RE: Drilling/Meeting/Training Location. Certificate holder is additional insured (lessor of premises) on general liability coverage.

**CERTIFICATE HOLDER**

**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  
 FOR WIS BY: *Jinda S Anderson*

# THE CINCINNATI INSURANCE COMPANY

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496  
(513) 870-2000

CPP 066 10 98

A Stock Insurance Company

Previous Policy No.

## COMMON POLICY DECLARATIONS

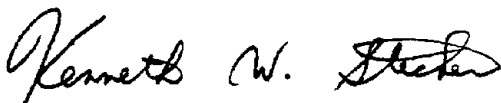
RENEWAL

DECLARATIONS	POLICY NUMBER	CAP 581 19 95
<b>NAMED INSURED US NAVAL SEA CADET CORPS &amp; AFFILIATED COUNCILS WITHIN THE USA AND IT'S TERRITORIES OR POSSESSIONS</b>		
<b>ADDRESS</b> (Number & Street, Town, County, State & Zip No.)	<b>2300 CLARENDON BOULEVARD SUITE 905 ARLINGTON, VA 22201</b>	
<b>Policy Period:</b> At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE		
<b>All coverages except Automobile and/or Garage</b> Policy number: <b>CAP 581 19 95</b> FROM: <b>02-01-2004</b> TO: <b>02-01-2007</b>		
<b>Automobile and/or Garage</b> Policy number: <b>CAA 581 19 95</b> FROM: <b>02-01-2004</b> TO: <b>02-01-2005</b>		
Agency <b>FIRST UNION INSURANCE GROUP 45-071</b> City <b>MCLEAN, VA</b>		
<b>Legal Entity/Business Description</b> <b>ASSOCIATION</b>		
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.  FORMS APPLICABLE TO ALL COVERAGE PARTS: (show numbers)  <b>REFER TO IA901</b>		

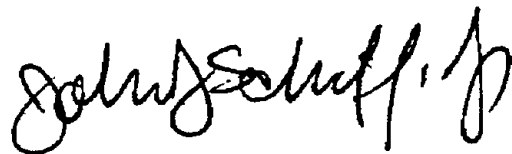
RJ7 ARD  
01-14-2004

Countersigned \_\_\_\_\_ (Date) By \_\_\_\_\_ (Authorized Representative)

IN WITNESS WHEREOF, this policy has been signed by our President and Secretary in the City of Fairfield, Ohio, but this policy shall not be binding upon us unless countersigned by an authorized representative of ours. This provision does not apply in Arizona, Virginia and Wisconsin.



Secretary



President

ORIGINAL

# THE CINCINNATI INSURANCE COMPANY

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496  
A Stock Insurance Company

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: CAP 581 19 95 Effective Date: 02-01-2004

Named Insured: **IS THE SAME AS IT APPEARS ON THE COMMON POLICY DECLARATION**

**LIMITS OF INSURANCE**

EACH OCCURRENCE LIMIT \$ 1,000,000  
 PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT \$ 2,000,000  
 PERSONAL & ADVERTISING INJURY LIMIT \$ 1,000,000  
 FIRE OR EXPLOSION DAMAGE LIMIT \$ REFER TO GA210 ANY ONE FIRE OR EXPLOSION  
\$100,000 limit unless otherwise indicated herein:  
 MEDICAL EXPENSE LIMIT \$ REFER TO GA210 ANY ONE PERSON  
\$5,000 limit unless otherwise indicated herein:

CLASSIFICATION	CODE NO.	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			Products/ Completed Operations	ALL OTHER	Products/ Completed Operations	ALL OTHER
CAMPS-NOT FOR PROFIT INCL PROD AND/OR COMP OP	41422	E 32,000 EACH		0.289		9,248
CLUBS-CIVIC, SERVICE OR SOCIAL INCL PROD AND/OR COMP OP	41668	A 5,000		150.137		751
BROADENED COVERAGE	20290					75
VOLUNTARY PROPERTY DAMAGE	20225					104
ADDITIONAL INSUREDS	49950					274
BI EXCEPTIONS TO POLLUTANT EXCLUSION	20410					200

The General Liability Coverage Part is subject to an annual minimum premium.

**TOTAL ANNUAL PREMIUM \$10,652**

**FORMS AND/OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:**

GA101	04/92	GA416	02/87	CG2002	11/85	GA210	02/93
CG2011	11/85	CG2146	01/87	CG2239	11/85	CG2412	11/85
GA204	09/98	GA221	12/94	GA305	03/88	GA321	01/95
GA478	11/94						

**THE CINCINNATI INSURANCE COMPANY**  
**CINCINNATI, OHIO**  
**COMMERCIAL UMBRELLA LIABILITY POLICY**

RENEWAL OF **CCC 437 43 76**

This "Declarations Page--Part One" with "Policy Provisions--Part Two" completes the below numbered Policy.

Item	DECLARATIONS	POLICY NUMBER <b>CCC 437 43 76</b>
1.	<b>US NAVAL SEA CADET CORPS &amp; AFFILIATED COUNCILS WORLDWIDE AND THEIR SUPPORTING OR SPONSORING ORGANIZATION</b> 2300 WILSON BOULEVARD ARLINGTON, VA 22201	<b>NAMED INSURED ADDRESS</b> (Number & Street, Town, County, State & Zip No.)
2.	From: <b>02-01-2004</b> To: <b>02-01-2007</b>	Policy Period <small>12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN</small>
	<b>FIRST UNION INSURANCE GROUP 45-071</b> MCLEAN, VA	AGENCY
3.	LIMITS OF LIABILITY: (A) \$ <b>5,000,000</b> Each Occurrence (B) \$ <b>5,000,000</b> Aggregate	
4.	PREMIUM: Advance Premium \$ <b>5,975</b> 1st Anniversary \$ <b>5,975</b> 2nd Anniversary \$ <b>5,975</b> <b>PORTION OF TOTAL ANNUAL PREMIUM ATTRIBUTABLE TO TERRORISM COVERAGE \$0</b> Applicable to Premium if Box is Checked: <input checked="" type="checkbox"/> Three Year Policy--1st and 2nd Anniversary is subject to Annual Adjustment. <input type="checkbox"/> Premium is subject to audit (See Endorsement for Rating Basis)	
5.	Form Numbers of Endorsements forming a part of the policy at issue: <b>REFER TO MI1026F</b>	

**SCHEDULE A--SCHEDULE OF UNDERLYING POLICIES**

Insurer, Policy Number & Period	Type of Policy	Applicable Limits
(a) <b>CINCINNATI IND. CO.</b> 182 90 21 02-01-2004 TO 2005	Employers' Liability	Coverage B--Employers' Liability \$ <b>100,000</b> one accident
(b) <b>CINCINNATI INS. CO.</b> CAP 581 19 95 02-01-2004 TO 2007	Commercial General Liability including <input checked="" type="checkbox"/> products-completed operations coverage	Bodily Injury and Property Damage Liability \$ <b>1,000,000</b> each occurrence limit \$ <b>NONE</b> general aggregate limit (other than products-completed operations) \$ <b>2,000,000</b> products-completed operations aggregate limit \$ <b>1,000,000</b> Personal Injury and Advertising Injury Limit
(c) <b>SAME AS (b)</b>	Automobile Liability including <input type="checkbox"/> owned automobiles <input checked="" type="checkbox"/> non-owned automobiles <input checked="" type="checkbox"/> hired automobiles	Bodily Injury Liability \$ each person \$ each occurrence Property Damage Liability \$ each occurrence or Bodily Injury Liability and/or Property Damage Liability or Both Combined \$ <b>1,000,000</b> each occurrence

**RETURN THIS DECLARATION TO COMPANY IF CANCELLED**  
Countersigned by

\_\_\_\_\_  
Authorized representative

01-14-2004 ARD

ORIGINAL