

U.S. NAVAL SEA CADET CORPS

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

March 1, 2006

NSCC INFORMATION LETTER 5-06

From: Executive Director, Naval Sea Cadet Corps

To: DISTRIBUTION

Subj: NSCC/NLCC Liability Insurance Policies

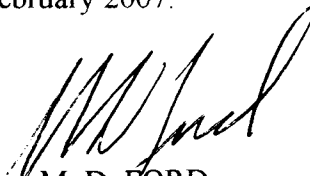
Encl: (1) NSCC Liability Insurance Policies with Cincinnati Insurance Co
(2) Sample Certificate of Insurance

Purpose. To forward the terms/limits of NSCC liability insurance coverage.

Background. The NSCC liability insurance with Cincinnati Insurance Co. (CIC) continues for the period through 1 January 2007. Our present policies are three year policies which began on February 1, 2004 and run through January 2007.

Discussion. Enclosure (1) contains the summary of the terms and limits for the NSCC general liability insurance policies. These insurance policies do 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. If a Certificate of Insurance, enclosure (2), is still required by an organization, please contact NSCC HQ for this document. HQ will need point of contact information as to where the certificate is to be sent/faxed. CIC / HQ need several days to process this requirement, so make the request with sufficient time to process the request before it is needed.

Cancellation. This letter is cancelled 1 February 2007.



M. D. FORD

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

SCHEDULE OF YOUR CURRENT INSURANCE

02/02/06

INSURED:

U. S. Naval Sea Cadet Corps
 2300 Wilson Boulevard, Suite 200
 Arlington, VA 22201

PREPARED BY:

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

Coverage	Effective Date	Expiration Date	Company	Policy Number
Package-Commercial	02/01/2004	02/01/2007	The Cincinnati Insurance Company	CAP5811995

ANNUAL PREMIUM: \$12,151.

COMMERCIAL PROPERTY COVERAGE**Schedule of Locations**

Loc. #	Address	City	State	Zip
1	2300 Wilson Boulevard, # 200	Arlington	VA	22201

Commercial Property Location Level Coverages**Location# 1**

Bldg.#	Building Description	Subject of Insurance	Limit	Deductible	Cause of Loss	Coinsurance	Valuation
1	Office.	Personal Property	\$60,000	\$500	Special (Incl Theft And Eq Bkdwn))		R
1	Office.	EDP Hardware	\$20,000	\$250	Special (Including Theft)		R
1	Office.	EDP Software	\$60,000	\$250	Special (Including Theft)		R
1	Office.	EDP Extra Expense & Loss of Income	\$60,000	\$0	Special (Including Theft)		L

ENCLOSURE (1)

SCHEDULE OF YOUR CURRENT INSURANCE

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

Coverage	Effective Date	Expiration Date	Company	Policy Number
Umbrella - Commercial	02/01/2004	02/01/2007	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	02/01/2005
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	02/01/2005
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	02/01/2005
Cincinnati Insurance	Employee Benefits Liability Ea Claim Aggregate	\$100,000 \$300,000	CPP0661098	02/01/2005

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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 endorsement	Incl			
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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COMMERCIAL AUTO COVERAGE

COVERAGE	LIMITS	DEDUCTIBLE AMOUNT
Non-Owned & Hired Auto Liability	\$1,000,000	
Comprehensive - Hired	\$25,000	\$100
Collision - Hired	\$25,000	\$250

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/31/06

PRODUCER
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.

INSURED
U. S. Naval Sea Cadet Corps &
Affiliated Councils w/in US & Terr/Poss
2300 Clarendon Boulevard, Ste 905
Arlington, VA 22201

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Cincinnati Insurance Company	10677
INSURER B:	Cincinnati Indemnity Company	23280
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	PROD	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	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 - COM/PROP 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	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						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	\$
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	EACH OCCURRENCE	\$5,000,000
						AGGREGATE	\$5,000,000
							\$
							\$
							\$
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	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$100,000
						E.L. DISEASE - EA EMPLOYEE	\$100,000
						E.L. DISEASE - POLICY LIMIT	\$500,000

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: *Andra S Anderson*