



DATE: December 21, 2007
TO: ARS Chapters and Affiliated Societies
FROM: Laura Pfender, Membership Director
RE: **Local Society Liability Insurance**

One of the benefits of affiliation with the American Rose Society is the availability of low-cost group liability insurance to protect your society and your officers. Our goal is to provide the best, economical coverage available. Your participation will help keep everyone's rates affordable. I urge you to take advantage of this protection.

Insurance purchased by your society covers actions and activities of your group within the policy limits from January 1 2008 through December 31, 2008. The Insurance Carrier will pay those sums that the insured becomes legally obligated to pay as damages from a third party, because of "bodily injury" or "property damage" to which this insurance applies. The policy provides up to \$1,000,000 per occurrence and \$2,000,000 General Aggregate, with a \$5,000 deductible per occurrence.

ALL APPLICATIONS AND PREMIUMS for this liability insurance should be received by the ARS office no later than February 29th, 2008. If it is not possible to meet this deadline, please contact Laura Pfender to make arrangements. The group rates are based on the number of members in your Society:

PREMIUM	1 – 249	Members @ \$2.50 per Member
RATES	250 – 499	Members @ \$2.25 per Member
FOR 2007:	500 – 999	Members @ \$2.00 per Member
	1000 or more	Members @ \$1.75 per Member

You may use your current membership count to determine the total amount due for your 2008 Liability Insurance. **Each member on your roster must be counted.** This liability policy is issued to the American Rose Society, so some variance in membership (up or down) at the local level will not affect the coverage or premium.

New this year there will be an additional charge of \$5 per certificate issued. Please include this amount with each request form.

Certificates of Insurance/Additional Insured: Certificates are NOT automatically issued. Societies needing Certificates of Insurance for facilities at which the group holds events (malls, gardens, banks, schools, etc.) may make a request to ARS Headquarters using copies of the enclosed form.

Please mail requests 30 days in advance of the event; or fax them two weeks in advance.

NO EXCEPTIONS.

SOME FACTS ABOUT THE LIABILITY INSURANCE

Broker: Kent, Kent & Tingle
Coverage: General Liability
Carrier: Zurich Insurance Company
Term: January 01, 2008 to December 31, 2008

Coverage: The Insurance Carrier will pay those sums that the insured becomes legally obligated to pay as damages from a third party, because of “bodily injury” or “property damage” to which this insurance applies. The amount the Insurance Company will pay for damages is limited as described in the GENERAL LIABILITY LIMITS OF INSURANCE.

Limits: \$2,000,000 General Aggregate
\$2,000,000 Products and Completed Operations
\$1,000,000 Each Occurrence Limit
\$1,000,000 Personal Injury and Advertising Injury Liability
\$ 100,000 Damage to rented premises.
\$ 5,000 Deductible per Occurrence, including loss allocated expenses and defense costs.

Important Exclusions within the General Liability policy form:

1. Bodily Injury or Property Damage expected or intended from the standpoint of the insured.
2. Liquor Liability if you are in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.
3. Workers Compensation / Employers Liability.
4. Bodily Injury or Property Damage arising out of actual, alleged or threatened discharge, seepage, migration, release or escape of pollutants.
5. Automobile Liability.
6. Property Damage to property in the care, custody or control of the insured.

Other exclusions exist; refer to the policy forms for the full scope of coverage.

FREQUENTLY ASKED QUESTIONS

How do we determine our membership for premium calculation? At the time of premium payment, use the number of memberships your society currently has on file. Each member on your roster must be counted.

If we can't meet the payment deadline, does this keep our society from obtaining liability insurance coverage? No, other arrangements can be made after the payment deadline. Contact Laura Pfender.

How do we know we received coverage? Your canceled check or credit card statement is considered to be your notice of receipt of coverage. Events, shows, and meetings are covered under the policy and the certificate is documentation of coverage. The certificate is mailed to the event facility.

What is an insurance certificate? An insurance certificate is documentation that your society is covered, the limits of coverage, and additional parties who are covered under the policy (i.e. event facilities).

Do you automatically send a certificate of insurance? No, you must request one using the enclosed request form. Societies mailing their requests should mail them 30 days in advance of the event; societies faxing their requests should fax them two weeks in advance. Your certificate request will be processed as soon as it is received.

What events should we get certificates for? Any and all meetings, shows, and events where membership and/or the public attends. Those events/meetings held at the personal residences of members should also be included.

Who should be listed as the additional insured? This information should be obtained from the event facility, especially malls. This is where the owners/operators of malls are listed to be included in the insurance protection.

What is the cost of a certificate? Each certificate is \$5 to any society who is in good standing and their dues are paid.

Can we call in or fax in a society certificate request? To ensure accuracy, please make all certificate requests in writing. You may fax, mail, or e-mail certificate requests to ARS Headquarters. (contact information below)

Can we submit all insurance certificate requests at one time? You may submit certificate requests at any time. It is completely acceptable to submit all requests at one time. Even for future events in the coverage year. Payment must be included with all certificate requests.

How do we obtain additional certificate request forms? The form included in this packet should be used as an original to be copied. If you need another original, please contact Laura Pfender. (see below)

Help! I need a certificate immediately. Please contact Laura Pfender (below) as soon as possible to work out arrangements.

How do I correct an insurance certificate? Any corrections need to be sent to Laura Pfender (below) as soon as possible.

Does it cover society owned property (i.e. gardens, trophies)? No, this coverage is strictly for liability purposes in the event that someone is hurt or someone else's property is damaged at an event.

For all questions regarding liability insurance and local society updates/changes please contact:

Laura Pfender, Membership Director

Phone: 800-637-6534 ext 108, Email: laura@ars-hq.org, fax: 318-938-5405

Forms are also available on the website at www.ars.org.

**AMERICAN ROSE SOCIETY LIABILITY INSURANCE
CERTIFICATE OF INSURANCE/ADDITIONAL INSURED REQUEST FORM**

Please include \$5 per request.

(EACH CERTIFICATE WILL REQUIRE A SEPARATE REQUEST FORM. MAKE COPIES AS NEEDED)

SOCIETY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE ZIP: _____

DAYTIME PHONE: _____

FAX: _____

DATES OF EVENT: _____

NAME OF EVENT: _____

Please get the following information from the event facility:

**EVENT FACILITY
NAME:** _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE ZIP: _____

PHONE #: _____

FAX #: _____

**ADDITIONAL
INSUREDS
NAMES:** _____

American Rose Society
Local Rose Society Liability Insurance Application
Coverage Period: January 1, 2008 – December 31, 2008
***This Premium does not include all Certificates of Insurance.**
There is a \$5 charge per certificate.

Group liability insurance is a service of the American Rose Society for chapters and affiliated societies that are in good standing with the ARS.

Society Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Fax: _____

YOUR PREMIUM CALCULATION

Total # of Society Members _____ X \$ _____ per member = \$ _____

- 1 – 249 Members = \$2.50 per Member
- 250 – 499 Members = \$2.25 per Member
- 500 – 999 Members = \$2.00 per Member
- 1000 or more Members = \$1.75 per Member

Total Enclosed \$ _____

Please return this application with your payment. Make checks payable to: American Rose Society. Please provide the following information if you would like payment processed on your **Visa, MasterCard, Discover or American Express** charge card.

Cardholder: _____

Cardholder Address: _____

City, State, Zip: _____

Account Number: _____ Exp. Date: _____

Signature: _____ Phone Number _____

Mail to: American Rose Society
Attn: Liability Insurance
P O Box 30,000, Shreveport LA 71130-0030
Fax: 318-938-5405; E-mail: laura@ars-hq.org
Phone: 800-637-6534 EXT. 108