



AMERICAN ROSE SOCIETY

Since 1892

P.O. Box 30,000 • Shreveport, Louisiana 71130-0030
8877 Jefferson Paige Road • Shreveport, Louisiana 71119-8817
Phone: 318-938-5402 • Fax: 318-938-5405 • www.ars.org

DATE: January 5, 2012
TO: ARS Chapters and Affiliated Societies
FROM: Laura Pfender, Director of Membership
RE: **2012 Event Liability Insurance Program**

One of the many benefits of affiliation with the American Rose Society is the availability of low-cost group Event Liability Insurance to help protect your local society. Our goal is to provide the best, most economical coverage available. Your participation will help keep everyone's fees affordable. We urge you to take advantage of this protection. **There has been a small increase in the per member fees for the 2012 year. There has been NO increase in the certificate fees.**

The Event Liability Insurance purchased through the American Rose Society covers approved activities of your group within the policy limits from January 1, 2012 through December 31, 2012. This insurance is always secondary to any other insurance in force. The policy provides up to \$1,000,000 per occurrence and \$2,000,000 general aggregate liability. The policy is owned by the American Rose Society and your group becomes an additional insured upon approval and payment of fees.

ALL APPLICATIONS, LETTERS OF UNDERSTANDING, AND PARTICIPATION FEES for the Event Liability Insurance Program should be received by the ARS office no later than February 29, 2012.

If you will not be able to purchase the insurance by this date, please inform Laura Pfender.

The group liability insurance participation fees are based on the number of members in your society:

PARTICIPATION FEES FOR 2012: \$3.00 per Member

Each member on your roster must be counted. Please provide a copy of your current roster along with your application for event liability insurance (REQUIRED).

There is an additional Certificate of Insurance issuance fee of \$10 per individual Certificate of Insurance issued. Please include this amount with each request form, at the time the Certificate of Insurance is requested.

In the event of a claim against the policy, the local society named on the Certificate of Insurance shall be liable for any deductible amount that may become due as a result of said claim.

Certificates of Insurance/Additional Insured: The master liability insurance policy is owned solely by the American Rose Society, Inc. Local societies may be covered under the master policy because of their affiliation with ARS, and will be so named on the Certificate of Insurance when issued.

Insurance certificates are NOT automatically issued to local societies: Societies must apply and specific events must meet all criteria set by the insurer and the American Rose Society in order to be eligible for Event Liability Insurance under this policy. Certificates of Event Liability Insurance for facilities at which the group holds events (malls, gardens, banks, schools, etc.) are mailed directly to the facility. A copy is also emailed to the local society representative. Emailed documents are sent in an Adobe .pdf format.

All insurance questions should be directed to the appropriate person at ARS Headquarters. **Do NOT contact the insurance company directly.**

All requests for insurance certificates must be received in the ARS Membership Office at least 14-days in advance of an event. We apologize that NO EXCEPTIONS can be allowed to this rule, due to processing time.

FREQUENTLY ASKED QUESTIONS

How do we determine our membership for calculation of fees? At the time of fee payment, use the number of members your society currently has on file. Each member on your roster must be counted; family or joint members must be counted individually. A copy of your membership roster listing names **must** be enclosed with your application; **NO EXCEPTIONS.** Rosters can be sent via email in an Excel or Word format, or printed and mailed.

If we cannot meet the fee deadline, does this prevent our society from obtaining Event Liability Insurance coverage? No, other arrangements can be made after the payment deadline. However, every effort should be made to submit applications by the February 29, 2012 deadline. Contact Laura Pfender for more information.

How do we know if we received coverage? Your designated representative will receive a copy of the Certificate of Insurance for each event, sent via email.

What is a Certificate of Insurance? It is documentation that your society is covered for a specific event, the limits of coverage, and additional parties who are covered under the policy (i.e. event facilities).

Does ARS automatically send a Certificate of Insurance? No. You must request one using the request form attached here. All requests must be in our office at least 14-days in advance of your event. **No exceptions.** Your certificate request will be processed within two weeks of receipt.

For what events should we get Certificates of Insurance? Generally, any event at which the public may attend should be covered. You may also include events/meetings at a member's home.

Who should be listed as the additional insured? Many public venues require that their official corporate entity be listed as an additional insured. Please check with your facility to determine their requirements.

What is the cost of a Certificate of Insurance? In addition to the initial participation fees, our insurance requires that we charge a \$10 certificate issuance fee to any society who is in good standing (dues paid). These fees are paid by ARS to the insurance company and are not kept by ARS.

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

May we submit all Certificate of Insurance requests at one time for a given year? You may submit certificate requests at any time. It is completely acceptable to submit all requests at one time. Payment must be included with all certificate requests at the time submitted.

How do we obtain additional Certificate of Insurance request forms? The form included in this packet may be copied. If you need another original, please contact ARS (see below).

How do I correct a Certificate of Insurance after it is issued? Any corrections must be sent to the ARS Membership Department immediately. We cannot be responsible for any changes after an event has occurred.

Does a Certificate of Insurance cover society owned property (i.e. gardens, trophies)? No. This coverage is strictly for liability related to approved, specific events for which a Certificate of Insurance may be issued.

For all questions regarding the ARS Event liability Insurance Program and local society updates/changes please contact:

ARS Membership Office
Laura Pfender, Director of Membership
P.O. Box 30000
Shreveport, LA 71130-0030
Phone: 318-938-5402 ext 226, Email: laura@ars-hq.org, Fax: 318-938-5405

**AMERICAN ROSE SOCIETY EVENT LIABILITY INSURANCE
CERTIFICATE OF INSURANCE/ADDITIONAL INSURED REQUEST FORM (2012)**

Please include \$10 Certificate of Insurance fee per request.

(EACH EVENT LIABILITY CERTIFICATE REQUIRES A SEPARATE REQUEST FORM. MAKE COPIES AS NEEDED)

SOCIETY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE ZIP: _____

DAYTIME PHONE#: _____ **FAX#:** _____

EMAIL ADDRESS: _____

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:** _____

USE ADDITIONAL PAPER IF NECESSARY

**Mail or fax to:
American Rose Society
P O Box 30,000 Shreveport, LA 71130-0030
Fax: 318-938-5405; E-mail: laura@ars-hq.org**

American Rose Society
Local Rose Society Event Liability Insurance Application
Coverage Period: January 1, 2012 – December 31, 2012

***This Participation Fee does not include the \$10 Fee for Each Certificate of Insurance.**
There is a \$10 charge per certificate.

Group Event Liability Insurance is a benefit of the American Rose Society for chapter and affiliated societies that are in good standing (dues paid). The American Rose Society reserves the right to refuse coverage to any chapter or affiliated society, at our discretion.

Society Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ **Fax#:** _____

Email: _____

YOUR PARTICIPATION FEE CALCULATION

Total # of Society Members _____ X \$3.00 per member = \$ _____

Certificates of Insurance requested at this time: _____ @ \$10 each = \$ _____

Total Enclosed \$ _____

Please return this application along with your fees. 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 Name: _____

Cardholder Address: _____

City, State, Zip: _____

Card Number: _____ Exp. Date: ____/____

V-Code(last 3# on back; 4# on front of AmEx) _____ Phone _____

Signature: _____ Email _____

Mail to: American Rose Society
Attn: Event Liability Insurance Program
P O Box 30000

Shreveport, LA 71130-0030

~ Fax: 318-938-5405 ~ E-mail: laura@ars-hq.org ~ Phone: 318-938-5402 ext. 226 ~



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Event Liability Insurance Program Letter of Understanding: 2012

Please read and sign this document to verify your understanding of, and agreement to, the following terms for participation in this affiliated local society benefit program. Participation is granted at the sole discretion of ARS. This document must be completed once at the beginning of each calendar year, and returned to ARS Headquarters at the address listed above. No representation nor guarantee of any insurance coverage is conveyed by this document.

1. The American Rose Society (ARS) allows affiliated local rose societies, in good standing, to participate in the Event Liability Insurance Program upon application and payment of a participation fee at the beginning of each calendar year, along with certificate issuance fees as required, payable to ARS.
2. ARS is the sole owner of the insurance policy. Local societies and their event venues become additional insureds, only for the specified event, when a Certificate of Insurance is issued.
3. Event liability Insurance is always secondary to any other insurance that may be in force at the time of the event.
4. Events must support and relate directly to the current, approved ARS Mission Statement.
5. Events must not be political in nature, nor be construed as such, and may not jeopardize the 501 (c)(3) status of ARS as granted by the Internal Revenue Service.
6. A reasonable risk assessment of all events should be conducted by the local society, along with an emergency plan of action. **Obvious potential risks must be communicated to ARS at the time a Certificate of Insurance is requested, including any planned use of alcohol.** Certificates of Insurance must be requested at least fourteen (14) days prior to the beginning date of an event. There will be **no exceptions** to this.
7. All incidents that may result in a claim must be reported to ARS within seven (7) days of the occurrence, or such time it is made known to the local society, and an incident report form filed.
8. All deductibles or fees related to a claim are the responsibility of the local society hosting the event and shall be made payable to ARS or its designee as required.
9. ARS reserves the right to deny a Certificate of Insurance for a specific event based on the direction of the insurance carrier, or if the event does not conform to the above stated guidelines. Should a Certificate of Insurance for a specific event be denied, any related fees for that Certificate of Insurance will be refunded to the local society.
10. ARS offers participation in the Event Liability Insurance Program as a benefit for affiliated local societies in good standing. Commercial event liability insurance is available from many other sources and may be purchased elsewhere at the discretion of the local society.

Society Name _____

Name of Authorized Officer _____ Phone _____

Signature _____ Title _____

Term of office _____ Email _____

Address _____

City, State, Zip _____ Date ____/____/____

Please make a copy of this form and retain for your local society records.

Local Rose Society Affiliates – Event Liability Insurance Incident Report

Any incident that occurs at one of your events should be recorded on this form **IMMEDIATELY**. Because some incidents for which you may be held accountable may not take the form of a lawsuit or legal action for several months, you can help protect yourself by writing down the important facts of the incident on this form immediately after they occur. **Use additional paper if necessary.**

Name of Rose Society_____

Person filling out report_____Title_____

Address_____

City, State, Zip_____

Phone_____Email_____

Other organization(s) involved with this incident_____

Date of Incident_____Time of Incident_____Incident Location_____

Names of those involved_____

Witnesses present (include address & phone number)_____

Describe Incident (use additional paper if necessary)_____

Signature_____Date_____

*****Make a copy of this report for your records*****

Mail original report and a copy of your Certificate of Insurance for the event to:

ARS
Attn: Event Liability InsuranceProgram
P O Box 30000
Shreveport, LA 71130-0030