



### **Vietnam Veterans of America – event information**

Attached is an evidence of liability insurance certificate to utilize when you are requested to show proof of liability insurance.

Please complete the attached VVA Event Application if any of the following apply:

- You are asked to list an entity as a certificate holder
- You are asked to list an entity as an additional insured on the policy.
- You are coordinating and sponsoring a parade
- If the event includes shooting activities
- If the event includes fireworks
- If you are sponsoring mechanical rides at the event
- If the event includes a hip-hop or rap concert
- If the event includes contact sports
- If you are sponsoring a rodeo
- If the event is a political rally
- If the event will have greater than 2,500 people at any one time
- If you are selling liquor at the event
- If you are required to provide a liquor license for the event

If you have questions, please contact:

Evan Lemire: [elemire@hayscompanies.com](mailto:elemire@hayscompanies.com)

Mikaela Richert: [mrichert@hayscompanies.com](mailto:mrichert@hayscompanies.com)

Jamie Drugg: [jdrugg@hayscompanies.com](mailto:jdrugg@hayscompanies.com)

Hays Companies:

ATTN: Jamie Drugg

80 S 8<sup>th</sup> Street

Suite 700

Minneapolis, MN 55402

Phone: 612 333. 3323

Fax: 612.373.7270



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/01/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |                                      |
|--|--|--------------------------------------|
| <b>PRODUCER</b><br>Hays Companies Inc.<br>80 South 8th Street<br>Suite #700<br>Minneapolis MN 55402                                      | <b>CONTACT NAME:</b> Mikaela Richert or Luke Sahlstrom<br><b>PHONE (A/C, No, Ext):</b> (612) 333-3323<br><b>E-MAIL ADDRESS:</b> lsahlstrom@hayscompanies.com | <b>FAX (A/C, No):</b> (612) 373-7270 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                      |
| <b>INSURED</b><br>Vietnam Veterans of America<br>Chapters and State Councils<br>8719 Colesville Rd., Suite 100<br>Silver Spring MD 20910 | <b>INSURER A:</b> Philadelphia Indemnity Insurance Company<br><b>NAIC #:</b> 18058   |                                      |
|  | <b>INSURER B:</b> ACE Property & Casualty Insurance Co<br><b>NAIC #:</b> 20699C  |                                      |
|  | <b>INSURER C:</b>  |                                      |
|  | <b>INSURER D:</b>  |                                      |
|  | <b>INSURER E:</b>  |                                      |
|  | <b>INSURER F:</b>  |                                      |

**COVERAGES**

CERTIFICATE NUMBER: 21-22

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | PHPK2242344   | 03/01/2021              | 03/01/2022              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                     |           |          | PHPK2242344   | 03/01/2021              | 03/01/2022              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | PHUB757855    | 03/01/2021              | 03/01/2022              | EACH OCCURRENCE \$ 6,000,000<br>AGGREGATE \$ 6,000,000  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      |               |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



## ADDITIONAL REMARKS SCHEDULE

|                                      |                           |   |  |
|--------------------------------------|---------------------------|---|--|
| <b>AGENCY</b><br>Hays Companies Inc. |                           | <b>NAMED INSURED</b><br>Vietnam Veterans of America |  |
| <b>POLICY NUMBER</b><br>_____        |                           | <b>EFFECTIVE DATE:</b><br>_____                     |  |
| <b>CARRIER</b><br>_____              | <b>NAIC CODE</b><br>_____ |   |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

General Liability Coverage Part:  
 Special Raising Events Endorsement - PI-SE-001 (07/18)

This insurance applies to bodily injury, property damage, and personal and advertising injury arising out of all of your special events with the following exceptions:

- Parades sponsored by the Insured
- Shooting activities
- Fireworks
- Carnivals and fairs with mechanical rides sponsored by the Insured
- Hip-Hop or Rap concerts
- Events including contact sports
- Rodeos sponsored by the Insured
- Political Rallies
- Any event with greater than 2,500 people at any one time (including otherwise acceptable events)
- Any event with liquor provided by the Insured if a license is required for such activity.

\*\* If Special Event falls under the exclusion provisions outlined above, it must be underwritten and specifically scheduled on the policy.



All. Together. Certain.

CHAPTER GENERAL LIABILITY INSURANCE
REQUEST FOR CERTIFICATE OF INSURANCE

- 1. Chapter name:
2. Chapter Address:
3. Person completing this form:
4. Email address:
5. Phone number: Fax #:
6. Date(s) of Event:
7. Event Description:
8. Location/Address of Event:
9. Expected number of attendees at the event:
10. Will your Chapter be selling liquor at this event?
11. Party (Certificate Holder) requesting the certificate:
12. Attn:
13. Address:
14. Fax #: Email Address:
15. Is this event sponsored by your group?
16. Is the Certificate Holder requesting to be named as an additional insured?
17. Have you entered into any signed agreement or contract with the Certificate Holder?

Please return completed form to:

Evan Lemire: elemire@hayscompanies.com
Mikaela Richert: mrichert@hayscompanies.com
Jamie Drugg: jdrugg@hayscompanies.com

Hays Companies:
ATTN: Jamie Drugg
80 S 8th Street, Suite 700
Minneapolis, MN 55402
Phone: 612 333. 3323 Fax: 612.373.7270