

# 2023-2024 Management Liability Program for Participating Members of Ruritan National

## Policy Term

08/15/2023-  
08/15/2024

## Insurance Company

Great American E&S  
Insurance

## Premium

**\$475**  
(\$450 Premium  
+ \$25 National Processing Fee)

## Policy Details

Limit: \$1,000,000 + Retention: \$1,000 (each chapter would have its own limit & retention)  
Directors & Officers Liability including Employment Practices Liability  
Non-admitted Paper + Defense Costs not subject to the retention  
Policy will be addressed & billed to National- No Coverage for National

If you would like to obtain coverage, please complete & submit this form to Ruritan National along with payment.

## **Club Name**

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## **Club Address**

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## **Club Contact (Name, Phone # & Email Address)**

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## Warranty Statement

**(ONLY COMPLETE THIS SECTION IF THE FIRST TIME PURCHASING COVERAGE FOR YOUR CHAPTER OR MORE THAN 30 DAYS AFTER POLICY EFFECTIVE DATE.)**

1. Does the Organization or any proposed Insured have knowledge of any Federal, State or Local legal proceedings, investigations or claims against the Organization and/or any proposed Insured during the past three years? *If "Yes", please attach details.*  
 YES  NO

PERTAINING TO QUESTION 1, IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

2. Is the undersigned or any proposed Insured aware of any fact, circumstance or situation involving the Organization or its Subsidiaries or any proposed Insured which he or she has reason to believe might result in a future Claim? *If "Yes", please attach details.*  
 YES  NO

IT IS UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

3. Are the total assets of this Organization greater than \$1,000,000 or is the annual Salary Expense greater than \$250,000? *If "Yes", then you may not be eligible.*  
 YES  NO

If answered "Yes" to any of the above, then your organization will be reviewed on an individual basis.

By \_\_\_\_\_

Title \_\_\_\_\_

SIGNATURE OF PRESIDENT OR EXECUTIVE DIRECTOR

Date \_\_\_\_\_

**You will be sent a Certificate of Liability Insurance once your application has been processed.**

If you have any questions regarding this insurance policy, please feel free to contact our agent, Carol Rohde at AHT Insurance directly (703)-737-2248 or carol.rohde@ahtins.com

Please Mail Enrollment Form & Payment to: **Ruritan National**  
**Attn: Craig Whitt**  
**PO Box 487**  
**Dublin, VA 24084**

