

CALIFORNIA SOCIETY OF THE SONS OF AMERICAN REVOLUTION

CASSAR Annual Meeting – April 20-21, 2018

SAR Chapter Insurance Information

Question: Can the CASSAR purchase a joint insurance policy for General Liability (GL) and Directors and Officers Liability (D&O) for the state society and the chapters combined?

Response: Each SAR chapter in California has separate tax ID #, so the State Society cannot purchase a joint policy for the state and the chapters combined. Each chapter must purchase its own policy.

If a chapter wishes to purchase GL and D&O liability insurance, there are a number of insurance carriers who provide insurance policies to non-profit organizations.

The CASSAR has purchased a GL policy from the Nonprofits Insurance Alliance of California (NIAC), and plans to purchase its D&O policy from them when the current policy expires in 2018. The NIAC specializes in non-profit insurance and the premiums are lower than other carriers CASSAR contacted.

The Nonprofit Insurance Alliance Group is a group of nonprofit insurance cooperatives that serve only 501(c)(3) nonprofit organizations. The Group is rated A (Excellent) VIII by A.M. Best and currently operates in 32 states and the District of Columbia, insuring more than 17,000 nonprofits.

The Nonprofits Insurance Alliance Group is comprised of four nonprofit organizations:

- Nonprofits Insurance Alliance of California (NIAC), which provides liability insurance to nonprofits in California;
- Alliance of Nonprofits for Insurance, Risk Retention Group (ANI), which provides liability insurance to nonprofits outside of California;
- National Alliance of Nonprofits for Insurance (NANI), which provides property reinsurance, and;
- Alliance Member Services (AMS), which provides staff, services and support to the other three companies.

You can review their website for more information: <https://insurancefornonprofits.org/>

CASSAR was referred to the following agent by the national organization of NIAG):

Sal Crivello
Springbrook Insurance Agency
10650 Treena Street, #105
San Diego, CA 92131
Email: sal.crivello@springbrookins.com
Phone: (858) 391-3001 x102

Springbrook Insurance Agency
10650 Treena St., #105 • San Diego , CA 92131
8583913001
0F30763

NONPROFIT ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: California Society of the Sons of the American Revolution Date: 12/04/2017
Proposed Coverage Date: 1/1/2018 Client ID#: 1262130

POLICY INFORMATION	LIMIT	COST
1. Liability Plus	\$1,000,000/\$2,000,000	\$ 136.00
RVNA, Inc. Administration Charge		\$ 129.00
RVNA, Inc. Unlimited Additional Insured Charge		\$ 50.00
2. Bonding Plus	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
3. Directors & Officers Liability Plus	\$1,000,000	\$ 150.00
RVNA, Inc. Administration Charge		\$ 112.50
4. Accident Medical Plus	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
5. Property Plus	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
RVNA, Inc. Loss Payee Charge		\$ 0.00
State Guarantee Fund		\$ 0.00
Broker Fee		\$ 50.00
TOTAL		\$ 627.50

NOTES

- This is a quotation only. Prices are subject to change without notice.
- It is the insureds responsibility to read the policy. Request a sample policy online at protectyournonprofit.com.
- Policy is underwritten by an A+ rated insurance carrier.



California Society of the Sor
33 Bethany Drive
Irvine, CA 92603

Specialty Insurance Products

Insurance Policy Number: NAAO00032539

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

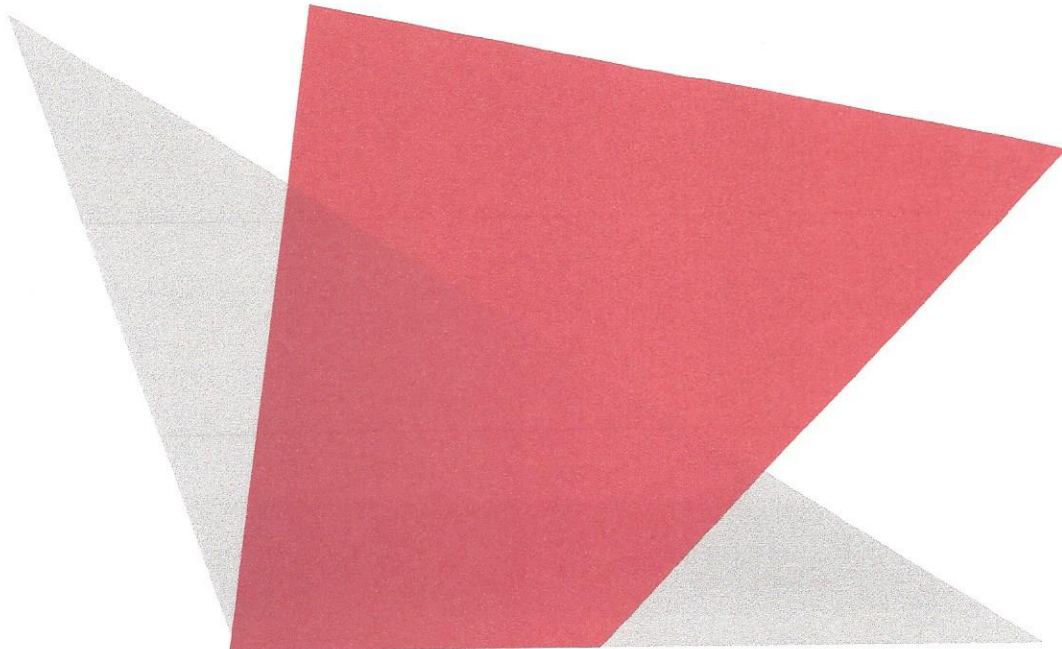
Office 10148 Riverside Drive
Toluca Lake, CA 91602

Your Insurance Policy

What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates Insurance Brokers, Inc. — We look forward to helping with your specialty insurance needs.



**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION
COMMERCIAL PACKAGE INSURANCE POLICY**

MEMORANDUM OF INSURANCE

Master Policy Number: XPK80990413	Memorandum Number: NAAO00032539
Issuing Company: The American Insurance Company 1465 N. McDowell Blvd Petaluma, California 94954 Nationwide Claims: 1-888-347-3428	National Program Administrator: R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602 Nationwide: 1-800-567-2685

01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)

- a. Memorandum Holder: California Society of the Sons of the American Revolutio
- b. Street Address: 33 Bethany Drive
- c. City: Irvine
- d. State: CA
- e. Zip Code: 92603

02. COVERAGE PERIOD

Inception Date 1/1/2019 12:01A.M. to Expiration Date 1/1/2020 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. BUSINESS TYPE

☐PTA ☐PTO ☐Booster Club ☐Educational Foundation ☒Nonprofit Organization

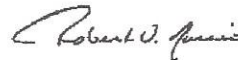
04. COVERAGE PART

	LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
a. INLAND MARINE PROPERTY COVERAGE PART			
Business Personal Property/Equipment	\$ Not Covered	\$ Not Covered	\$ 0.00
b. INLAND MARINE CRIME COVERAGE PART			
(01)Employee Dishonesty	\$ Not Covered	\$ Not Covered	
(02)Forgery Or Alteration	\$ Not Covered	\$ Not Covered	
(03)Theft, Disappearance And Destruction Of Money			
(a)Inside The Premises	\$ Not Covered	\$ Not Covered	
(b)Outside The Premises	\$ Not Covered	\$ Not Covered	
c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART			\$ 136.00
(01)General Aggregate	\$ 2,000,000	\$ 0	
(02)Products/Completed Operations Aggregate	\$ 2,000,000		
(03)Personal And Advertising Injury	\$ 1,000,000		
(04)Each Occurrence	\$ 1,000,000		
(05)Damage To Premises Rented To You	\$ 100,000		
(06)Medical Expense	\$ 5,000		
(07)Non-Owned And Hired Automobiles	\$ Not Covered		
		State Guarantee Fund	\$ 0.00
05. TOTAL PREMIUM Due At Inception			\$ 136.00

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued: 12/04/2018
Form Number:NPOUWS001

By



Robert V. Nuccio

**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION
DIRECTORS & OFFICERS LIABILITY INSURANCE POLICY**

MEMORANDUM OF INSURANCE

Master Policy Number: NDF32253080

Memorandum Number: NPODO0047213

Issuing Company:

The American Insurance Company

1465 N. McDowell Blvd

Petaluma, California 94954

Nationwide Claims: 1-888-347-3428

National Program Administrator:

R.V. Nuccio & Associates Insurance Brokers, Inc.

10148 Riverside Drive

Toluca Lake, CA 91602

Nationwide: 1-800-567-2685

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- d. State: CA
- e. Zip Code: 92603

02. COVERAGE PERIOD

Inception Date 1/1/2019 12:01A.M. to Expiration Date 1/1/2020 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. RETROSPECTIVE DATE: 1/1/2019

04. BUSINESS TYPE

☐ PTA

☐ PTO

☐ Booster Club

☐ Educational Foundation

☒ Nonprofit Organization

05. COVERAGE

LIMIT OF INSURANCE

RETENTION

PREMIUM

a. **DIRECTORS & OFFICERS LIABILITY**

- | | | | | |
|----------------------|----|-----------|----|---|
| 01. Each Occurrence | \$ | 1,000,000 | \$ | 0 |
| 02. Annual Aggregate | \$ | 1,000,000 | \$ | 0 |

- | | | | | |
|--|----|----------|----|----------|
| b. EMPLOYMENT PRACTICES LIABILITY | \$ | Excluded | \$ | Excluded |
|--|----|----------|----|----------|

State Guarantee Fund \$ 0.00

\$ 150.00

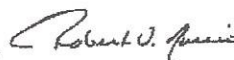
06. TOTAL PREMIUM Due At Inception

07. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued: 12/04/2018

Form Number: NPOUWS001

By



Robert V. Nuccio

3/20/2008

NPOUWS001

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**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION
ACCIDENT MEDICAL INSURANCE POLICY**

MEMORANDUM OF INSURANCE

Master Policy Number: 60271000013077001	Memorandum Number: NPOAM0035229
Issuing Company: Nationwide Life Insurance Company 1 Nationwide Plaza Columbus, OH 43215 Nationwide Claims: 1-800-567-2685	National Program Administrator: R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602 Nationwide: 1-800-567-2685

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02. COVERAGE PERIOD

Inception Date 1/1/2019 12:01A.M. to Expiration Date 1/1/2020 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. BUSINESS TYPE

☐ PTA ☐ PTO ☐ Booster Club ☐ Educational Foundation ☒ Nonprofit Organization

04. COVERAGE PART

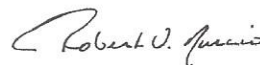
		BENEFIT	DEDUCTIBLE	PREMIUM
ACCIDENT MEDICAL INSURANCE				\$ 81.00
a. Accidental Death	\$	5,000	\$ 25	
b. Accidental Dismemberment	\$	5,000	\$ 25	
c. Accident Medical Expense	\$	25,000	\$ 25	
d. Dental Maximum	\$	250	\$ 25	
State Guarantee Fund				\$ 0.00
				\$ 81.00

05. TOTAL PREMIUM Due At Inception

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued: 12/04/2018
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By



Robert V. Nuccio

3/20/2008

NPOUWS001

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Applicant Information

Master Organization - NPO Chapters

Chapter Name

Contact First Name

Contact Last Name

Address

City

State

Zip Code

Phone

E-Mail

Website Address

Membership dues (Enter Dollar Amount)

Cash grants/gifts (Enter Dollar Amount)

Alcohol/Liquor Sales (Enter Dollar Amount)

Food/Non-Alcohol Beverage Sales (Enter Dollar Amount)

Bingo Games (Enter Dollar Amount)

Other Fund Raising Activities (Enter Dollar Amount)

Total Annual Revenues/Receipts

Sons of the American Revolution, Maryland Society

California Society of the Sons of the American Revolution

James

Klingler

33 Bethany Drive

Irvine

CA

92603

9498547698

klingler@sbcglobal.net

www.californiasar.org

50

8800

0

0

0

0

8850

Underwriting

Does your Chapter own or co-own any real property, building, structure, premises, facility, land, vacant land or acreage? No

Is your Chapter required by a written contract or agreement to manage the affairs and/or daily operations of any real property, building, structure, premises, facility, land, vacant land or acreage? No

Is your Chapter required by a written rental agreement or written lease agreement to clean, repair or maintain any real property, building, structure, premises, facility, land, vacant land or acreage? No

Does your Chapter have any activities, events or operations involving the use of live, popper or blank ammunition, guns, gun props, starter pistols or any other weapons of any type or kind? No

Does your Organization have any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities operating along with, attached to, subordinate to or under your Organization; or any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities over which you exercise any control and to which you might expect this insurance to also provide insurance coverage? No

Does your Chapter or Club have any activities, events or operations involving the use of Snakes or Snake Aversion Training? n/a

Does your Chapter or Club have any activities, events or operations involving Animal Rescue? n/a

Does your Chapter or Club have any activities, events or operations involving security dog training, protective dog training, attack dog training, guard dog training, police dog training or military dog training? n/a

How many days each year does your Chapter sponsor an activity or hold games, have meetings, gatherings or events of any type or kind? 12

Coverages

Effective Date

Liability Plus

1/1/2019

\$1,000,000/\$2,000,000



Damage to Premises Rented Limit

Bonding Plus

I understand and agree that no coverage will be provided unless we install and maintain the required accounting procedures at inception and throughout the coverage period.

Directors and Officers Liability Plus

Est. Gross Receipts

Would you like to add EPLI coverage to your Directors and Officers Liability coverage?

Accident Medical Plus

Property Plus

Do you understand and agree that if you misrepresent the Master Organization to which your local Auxiliary, Affiliate, Camp, Chapter, Club, Encampment, or Lodge belongs, it is a material misrepresentation which directly affects our decision to insure you, and that no coverage will be provided should a loss occur?

I agree that after diligent inquiry, neither I nor any of our Directors, Officers or Members are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance.

Do you understand and agree that any known or existing circumstances, conditions or situations which may give rise to a loss under this insurance will not be covered by the policy?

Do you understand and agree that if you select the Mail-in Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later?

I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance.

Name

Accepted Date

Expiration Date

Memorandum Number D&O

Memorandum Number

Memorandum Number AD&D

\$100,000

No, I do not want to purchase this coverage

n/a

Limit \$1,000,000

8850

No

Limit \$25,000

No, I do not want to purchase this coverage.

Yes

Yes

Yes

n/a

Yes

Salvatore Crivello

12/4/2018

1/1/2020

NPODO0047213

NAAO00032539

NPOAM0035229

Additional Insureds

of Additional Insureds

Total Number of LossPayees

0

0