



An Insurance Proposal

Prepared For

**Appalacian Search And Rescue
Conference, Inc**

Presented By: Long & Foster Ins Agcy Inc
11351 Random Hills Rd Ste 225
Fairfax, VA 22030
703-273-3600

Prepared By: VFIS
P. O. Box 2726
York, PA 17405
800-233-1957

Date: May 8, 2003

This proposal is valid for 90 days

GENERAL INFORMATION

First Named Insured: Appalacian Search And Rescue Conference, Inc

Extended Named Insured(s):

Limitation Named Insured(s): Piedmont Search And Rescueshennandoah Mountain Rescue Group
tidewater Search And Rescuepotomac Valley Search And Rescueallegheyny Moutain Rescue Group
blue Ridge Mountain Rescue Groupsouth West Virginia Mountain Rescuegroupmountaineer Area Rescue Group

Mailing Address: P O Box 400440
Charlottesville, VA 22904

Contact: Peter Pennington, Secretary

Phone Number: 304-274-3935

Applicant Number: C26053

This proposal is prepared from information supplied to VFIS on the factfinder submitted by the insurance representative who requested the proposal. Your insurance representative requested the enclosed coverage limits and options.

This proposal is not a policy, nor is it intended as such. Actual coverage is provided only by the policy.

Please remember that your loss exposures change over time. It is necessary to keep your insurance representative informed about changes so your policies can be revised. We strongly recommend regular and frequent reviews of your operations and coverages with your insurance representative.

RISK CONTROL SERVICES

As a valuable service to you, we provide loss control recommendations as a means of preventing and/or reducing losses. We cannot eliminate all of your exposures to loss; however, we can reduce the number and/or the seriousness of these exposures through consistent and ongoing loss control efforts. We want to emphasize that we **have not** included loss prevention recommendations for all hazards facing your organization. Only those addressed by the factfinder are included here.

These are summaries only. Full details will be provided after your policies are issued. The resources available through VFIS can help you in implementing the recommendations.

Please Read Carefully

This document has been developed from written information provided by your organization to our company in connection with your application for insurance and is provided to increase your awareness of potential hazards. Neither our company nor any of our insurance companies, employees, representatives or agents have undertaken a loss control survey of your premises, equipment or operations in connection with your application. The recommendations enumerated in this document do not constitute a safety inspection and in no way supplant your duty to provide a safe place of employment or to establish safe methods of operation. Completion of all of the recommendations contained in this document does not assure that every hazard has been adequately controlled or that no other hazards exist. We do NOT warrant that any or all property, operations, workplaces, machinery or equipment are safe or in compliance with any law, rule, regulation or ordinance.

Appalacian Search And Rescue Conference, Inc (VA)

ID Number	Recommendation(s)
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PROPERTY

Coverage Not Requested

Schedule of Locations

Premises **Address**

Schedule of Limits

Premises **Buildings** **Contents**

Property Deductible:

Note: Losses resulting from earthquake, volcanic eruption or flooding are subject to a combined building and contents limit of \$500,000 per covered premises. A \$1,000 deductible applies. If a limit in excess of \$500,000 for earthquake or volcanic eruption is needed, please ask your insurance representative to obtain a quote.

PROPERTY COVERAGE EXTENSIONS

Deductible Waiver
Building Ordinance Coverage
Commandeered Property
Software
Loss of Income.....
Extra Expense
Valuable Papers and Records
Accounts Receivable.....
Money & Securities
Sirens, Towers, Antennas and Similar Equipment
Personal Effects

Trees, Shrubs, Plants and Lawns
Exterior Signs
Equipment Breakdown.....

FIDELITY BOND

Coverage Not Requested

<u>Bond Form</u>	<u>Covering</u>	<u>Amount of Coverage</u>
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Note that the following losses are not covered:

- Those caused by a person for whom similar coverage has been cancelled in the past and not reinstated, and
- Those caused by a person after your discovery of any dishonest act committed by that person.

PORTABLE EQUIPMENT

Coverage Not Requested

Blanket Portable Equipment Coverage

Covered For

Limit

Deductible

Coverage Extensions

Deductible Waiver

Valuable Papers and Records Actual Incurred Cost

Non-Owned Portable Equipment.....

Personal Effects

Watercraft

Personal Watercraft (jet skis, waverunners)

Trailers Used Primarily to Transport Covered PE.....

Scheduled Portable Equipment Coverage

Coverage Not Requested

Description of Equipment

Deductible

Limit

AUTOMOBILE

Liability Limits

<u>Coverage</u>	<u>Limits</u>
Combined Single Limit For Bodily Injury and Property Damage (Each Accident)	\$500,000
“No Fault” or Statutory Personal Injury Protection.....	Not Included
Medical Payments (Each Person)	Not Included
Uninsured Motorists/Underinsured Motorists (Combined Single Limit Each Accident).....	Not Included
Non-Owned Vehicles.....	Included
Temporary Substitute Vehicles.....	Included
Fellow Member Liability	Not Included
Garage Liability	Not Included

Schedule of Covered Vehicles

<u>Veh.</u>	<u>No.</u>	<u>Year</u>	<u>Make</u>	<u>Classification</u>	<u>ACV</u>	<u>Agreed</u> <u>Value</u>	<u>Comp.</u> <u>Ded.</u>	<u>Coll.</u> <u>Ded.</u>
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AUTOMOBILE

OPTION 1

Liability Limits

<u>Coverage</u>	<u>Optional Limits</u>
Combined Single Limit For Bodily Injury and Property Damage (Each Accident)	\$1,000,000
“No Fault” or Statutory Personal Injury Protection.....	Not Included
Medical Payments (Each Person)	Not Included
Uninsured Motorists/Underinsured Motorists (Combined Single Limit Each Accident).....	Not Included
Non-Owned Vehicles.....	Included
Temporary Substitute Vehicles.....	Included
Fellow Member Liability	Not Included
Garage Liability	Not Included

Schedule of Covered Vehicles

<u>Veh.</u> <u>No.</u>	<u>Year</u>	<u>Make</u>	<u>Classification</u>	<u>ACV</u>	<u>Agreed</u> <u>Value</u>	<u>Comp.</u> <u>Ded.</u>	<u>Coll.</u> <u>Ded.</u>
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AUTOMOBILE COVERAGE EXTENSIONS

Liability

Volunteers/Employees as Insureds	Included
Hired/Borrowed Auto Liability (Excess).....	Included
Commandeered Auto Liability (Primary).....	Included
Blanket Additional Insured	Included

Physical Damage

Deductible Waiver	Not Included
Volunteer's or Employee's Personal Automobiles *	Not Included
Hired, Borrowed or Commandeered Vehicles (ACV/Primary).....	Not Included
Towing and Labor.....	Not Included
Full Glass Coverage.....	Not Included
Customized Vehicle Extension.....	Not Included
Freezing of Permanently Attached Special Equipment	Not Included
Garagekeepers Insurance	Not Included

* Coverage is provided for damage to an automobile owned or used by a volunteer or employee while enroute to, during, or returning directly from an emergency or other activity performed at the direction and knowledge of an officer of your organization. The damage must be a result of a covered loss, such as comprehensive or collision. The policy will pay up to the Actual Cash Value (ACV) of a member's vehicle if it is not otherwise covered for physical damage, or the amount of the deductible if it is covered for physical damage. (**In New York**, we'll pay the lesser of \$1,000 or the volunteer's/employee's deductible.)

GENERAL LIABILITY

<u>Coverage</u>	<u>Limits</u>	<u>Optional Limits</u>
General Aggregate Limit	\$1,000,000	\$2,000,000
Products/Completed Operations Aggregate Limit.....	\$1,000,000	\$2,000,000
Personal Injury and Advertising Injury Limit.....	\$500,000	\$1,000,000
Bodily Injury & Property Damage Each Occurrence Limit	\$500,000	\$1,000,000
Fire Damage Legal Liability Limit (Any One Fire)	\$500,000	\$1,000,000
Medical Expense Limit (Any One Person).....	\$5,000	\$5,000

Note: Coverage is included for activities both on and off the premises. The aggregate limit applies separately to each named insured and to each location occupied by the insured.

<u>Automatic Extensions of Coverage</u>	<u>Included</u>
Volunteers/Employees As Insureds	Yes
Intentional Acts.....	Yes
Professional Health Care Liability.....	Yes
‘Good Samaritan’ Liability.....	Yes
Injury to Volunteers (if WC on volunteers is not carried or required)	Yes
Fellow Member Liability	Yes
Contractual Liability	Yes
Non-Owned Watercraft Liability	Yes
Owned Watercraft Liability (100 horsepower or less)	Yes
Personal Watercraft (jet skis, waverunners)	Yes
Blanket Additional Insureds	Yes
‘Host’ Liquor Liability.....	Yes

<u>Optional Extensions of Coverage</u>	<u>Included</u>
Employer’s (Stop Gap) Liability	No
Owned Watercraft Liability (exceeding 100 horsepower)	No
Liquor Law Liability.....	No
Operational Pollution Liability (Emergency Operations, Training, and Washdowns).....	No

**MANAGEMENT LIABILITY
("CLAIMS MADE")**

<u>Coverage</u>	<u>Limits</u>	<u>Optional Limits</u>
Each Wrongful Act	\$500,000	\$1,000,000
Annual Aggregate	\$1,000,000	\$2,000,000
Each Wrongful Act Deductible.....	None	None
Employment Related Practices Liability	Included	Included
Employee Benefits Liability	Included	Included
Outside Directorship Liability	Included	Included
Defense Expense For Injunctive Relief	\$5,000	\$5,000
Blanket Additional Insureds	Included	Included

UMBRELLA/EXCESS LIABILITY

Coverage Not Requested

Umbrella Liability provides your organization with three benefits:

1. It provides excess coverage over your primary liability insurance.
2. If your primary policy does not cover a particular exposure and the Umbrella policy does not specifically exclude it, then the Umbrella policy will act as your primary policy.
3. The Umbrella policy will automatically provide coverage for primary liability policies whose aggregate limits have been exhausted.

<u>Coverage</u>	<u>Limits</u>
Policy Type	
Each Occurrence	
Annual Aggregate	
Retained Limit on Uninsured/Self-Insured Exposures	
Blanket Additional Insured	

PREMIUM SUMMARY

	<u>Premium</u>	<u>Optional Version</u>
Property.....	Not Quoted	
Fidelity Bond	Not Quoted	
Portable Equipment.....	Not Quoted	
Automobile	Included	Increase of \$58
General Liability.....	Included	Increase of \$68
Management Liability.....	Included	Increase of \$14
Umbrella/Excess Liability	Not Quoted	
Total Estimated Annual Premium	\$1,182	

The total premium charge shown above does not include any state imposed taxes, surcharges, recoupment charges, etc.

Note: The premiums above may have been quoted on a package policy. If so, package credits may be included. Purchasing some coverages but not others could result in the loss of these credits.

Note: Management Liability coverage cannot be bound until a fully completed, signed and dated application (Supplement C) is forwarded to VFIS.

Note: In accordance with the Terrorism Risk Insurance Act of 2002, effective November 26, 2002 you are entitled to insurance coverage for losses arising out of acts of terrorism, as defined in the Act, subject to all other applicable provisions.

You should know that any covered losses caused by acts of terrorism will be partially reimbursed by the United States under a formula established by federal law. You will be receiving a formal disclosure notice directly from your insurance carrier outlining your options and the premium attributable to this coverage. At this time, we do not know what premium, if any, will be attributable to this coverage.

VFIS ORDER FORM

Appalacian Search And Rescue Conference, Inc (VA)

Coverage	Effective/ Expiration Dates	Accept <i>Initial to accept coverage</i>	Decline <i>Initial to decline coverage</i>	Premium Quoted
Property	_____	_____	_____	\$ _____
Fidelity Bond	_____	_____	_____	\$ _____
Portable Equipment	_____	_____	_____	\$ _____
Automobile	_____	_____	_____	\$ _____
General Liability	_____	_____	_____	\$ _____
Management Liability	_____	_____	_____	\$ _____
Umbrella/Excess	_____	_____	_____	\$ _____
Total	_____	_____	_____	\$ _____

Payment Plans

Installment Option	<input type="checkbox"/>	Semi-Annual (\$2,500 account minimum)
(no installment fee)	<input type="checkbox"/>	Quarterly (\$3,500 account minimum)
	<input type="checkbox"/>	Ten Pay (\$10,000 account minimum and 25% downpayment)

OR

Finance Option Yes, send a customized agreement.

Signature of Insured or Insurance Representative

Date

Agency Name/Address

Producer/Service Rep

Before you return this form, you must:

1. Provide the INSURED'S Federal ID#: _____
2. Identify all mortgagees, loss payees and (for Auto only) additional insureds/lessors (provide address).
3. Choose \$1,000,000 underlying limits when there is an Umbrella.

This is not a binder, nor should it be used as one. This form is solely for the purpose of ordering property and casualty insurance coverages for which VFIS has provided a valid quote.

Virginia Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.