

## ***GENERAL LIABILITY INSURANCE FOR MTNA-AFFILIATED STATE AND LOCAL ASSOCIATIONS***

MTNA offers general liability insurance coverage for every MTNA-affiliated State and Local Association. **Every** State and Local Association is covered under this policy **for an unlimited number of events** at no cost to any individual association. MTNA has agreed to pay the cost of this premium.

### **1. What does this mean for my association?**

If your association is sponsoring an event (convention, competition, festival, workshop, etc.), your association is insured against claims arising from bodily injury and property damage that might occur at this event.

**NOTE:** Coverage is for associations only. Individual members of associations are not covered under this policy.

### **2. What if my association already has this coverage?**

If you have coverage, your association must make the decision whether or not to drop that coverage. The MTNA insurance agent will examine your policy and compare its coverages to the MTNA policy. Regardless of your decision, you still are covered under the MTNA policy. As with all insurance, double coverage does not imply double payment for a claim. Both insurance companies would share the payment.

### **3. What if my association is asked to provide proof of this coverage by the facility or institution where we are holding the event?**

In that case, you must complete a *Request for Certificate of Insurance* form. Once completed, the form may be submitted online or printed and mailed to: MTNA Senior Deputy Executive Director, General Liability Insurance, 600 Vine St., Ste. 1710, Cincinnati, OH, 45202. This form then will be forwarded to the insurance agent who will prepare the *Certificate of Insurance* and send it directly to the facility or institution, or to the designated association member. The **Request for Certificate of Insurance** form may be copied for multiple use.

### **4. What other coverage is included in this policy?**

Local associations are covered for the commercial general liability as described in the following Summary of Coverage (No. 3.) In addition, state associations have coverage against property loss/damage (property owned by the state association), property loss/damage (property owned, rented, leased or borrowed at an event site), bodily injury and property damage resulting from an accident in a non-owned or hired automobile and loss of association funds due to dishonesty of the state treasurer.

This information is for your association records. You will not receive a copy of the policy, which will remain at MTNA National Headquarters. Please remember that this coverage may be requested for an unlimited number of events. Every association, both state and local, has a limit of \$1,000,000 per occurrence. In addition, MTNA provides an additional \$2,000,000 per occurrence of umbrella insurance, for a total per occurrence of \$3,000,000 in coverage. If you need a Certificate of Insurance for more than one facility or institution in one year, these certificates will be sent to you upon request.

This coverage is written by the Cincinnati Insurance Company.

Agency: Clark-Theders Insurance Agency, Inc.  
Rick Theders  
P.O. Box 62386  
Cincinnati, OH 45262  
(888) 779-2800

### SUMMARY OF COVERAGE

#### 1. Property

- A. **Limit: \$10,000 Unnamed Locations - Each Location**
- B. **Deductible: \$500 Per Occurrence**

Coverage to be written on “**Special Causes of Loss**” form.  
Valuation for property is Replacement Cost.

#### C. Coverage Extensions:

Valuable Papers and Records, Including Electronic or Magnetic Media  
Cost to Research and Replace: **Limit: \$15,000**

Property Off Premises - Covers Personal Property Away from the  
Affiliate’s Office and In Transit: **Limit: \$15,000**

Cost of Preparing Inventory - Covers Cost of Filing a Claim for a  
Covered Loss: **Limit: \$5,000**

#### 2. Inland Marine

- A. **Exhibition Floater: Limit: \$40,000**
- B. **Deductible: \$500 Per Occurrence**

Coverage applies to owned, rented, leased or borrowed property for use at Affiliate-sponsored events. Coverage to be written on “**Direct Physical Loss**” form. Valuation for property is Replacement Cost.

### 3. Commercial General Liability

<b>A.</b>	<b>General Aggregate Limit</b>	<b>Unlimited</b>
<b>B.</b>	<b>Products/Completed Operations Limit</b>	<b>\$3,000,000</b>
<b>C.</b>	<b>Each Occurrence Limit</b>	<b>\$1,000,000</b>
<b>D.</b>	<b>Personal and Advertising Injury</b>	<b>\$1,000,000</b>
<b>E.</b>	<b>Fire Damage (Any One Fire)</b>	<b>\$ 500,000</b>
<b>F.</b>	<b>Medical Payments (Any One Person)</b>	<b>\$ 10,000</b>
<b>G.</b>	<b>Umbrella</b>	<b>\$2,000,000</b>

Policy covers Bodily Injury and Property Damage including Premises/Operations, Products/Completed Operations, Blanket Contractual, Host Liquor, Broad Form Property Damage, Incidental Malpractice, Non-Owned Watercraft (under 26 feet).

### 4. Non-Owned and Hired Automobiles

<b>A.</b>	<b>Each Accident</b>	<b>\$1,000,000</b>
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Policy covers Bodily Injury and Property Damage arising from the use of non-owned and hired automobiles.

### 5. Crime

<b>A.</b>	<b>Employee Dishonesty - State Treasurers</b>	<b>\$5,000</b>
<b>B.</b>	<b>Deductible:</b>	<b>\$500 Per Occurrence</b>

Coverage protects the Affiliate from loss due to dishonesty of State Treasurers.

# ***MTNA REQUEST FOR CERTIFICATE OF INSURANCE***

*Please allow 2 weeks for processing.*

Name of State or Local Association: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Name of Entity Requesting Evidence (**Individuals May Not Be Named**): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please Send Certificate of Insurance to:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Person Completing This Form:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return this form to: Music Teachers National Association, General Liability, 600 Vine St., Ste. 1710, Cincinnati, OH 45202 or fax it to: (513) 421-2503. ***Please allow 2 weeks for processing.***