



# MEMORANDUM OF CLUB LIABILITY INSURANCE

<b>Coverage is provided in the: HANOVER INSURANCE COMPANY</b>				
POLICY NUMBER	POLICY PERIOD			AGENCY CODE
	FROM	TO		
RSC13248	8/14/2019	8/14/2020	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN BELOW.	
NAMED INSURED AND MAILING ADDRESS			AGENT	
Red River Valley Amateur Radio Club P.O. Box 6103 Paris TX, 75461			RISK STRATEGIES COMPANY 333 W. WACKER DRIVE SUITE 1200 CHICAGO, IL 60606	

<b>Form of Business:</b> <b>AMERICAN RADIO RELAY LEAGUE- RADIO CLUB LIABILITY</b>														
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.														
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right; width: 20%;"><b>PREMIUM</b></th> </tr> </thead> <tbody> <tr> <td>Commercial Property Coverage Part</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Commercial General Liability Coverage Part</td> <td style="text-align: right;">\$ 200.00</td> </tr> <tr> <td>Commercial Crime Coverage Part</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Commercial Inland Marine Coverage Part</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Boiler and Machinery coverage part</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Commercial Auto Coverage Part</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>		<b>PREMIUM</b>	Commercial Property Coverage Part	\$ _____	Commercial General Liability Coverage Part	\$ 200.00	Commercial Crime Coverage Part	\$ _____	Commercial Inland Marine Coverage Part	\$ _____	Boiler and Machinery coverage part	\$ _____	Commercial Auto Coverage Part	\$ _____
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<b>PREMIUM</b> The total premium of \$ <b>200.00</b> is due at inception														
Form(s) and Endorsement(s) applicable to all Coverage Part(s) and made a part of this policy at time of issue: 401-1127 01/08, 401-1135 01/08, IL 0003 09/08, IL0017 11/98, IL0022 05/87, IL0140 11/05, IL0260 09/07, SIG1100 08/14														

<b>LIMITS OF INSURANCE</b>	
General Aggregate Limit (Other Than Products Completed Operations)	\$ 2,000,000
Products Completed Operations Aggregate Limit	\$ 2,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Fire Damage Limit (Any One Fire)	\$ 100,000
Medical Expense Limit (Any One Person)	\$ 10,000

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.