

ADS INSURANCE REQUESTS

3/15/25-3/14/26

Society name _____

Authorized Officer Name and title _____

Officer Mailing Address _____

Email Address _____

Phone Number _____

To All Participating and Affiliated Societies in the US and Canada:

The ADS will offer a General Liability Insurance Program for the 2025-2026 year.

Your cost is determined by society membership with no additional charge for Certificates of Insurance as may be required to cover show sites (malls, shopping centers, etc.)

Cost will be as follows: (All fees in US dollars)

- ☐ Class 0 For new societies or those with less than 9 members \$30.00
- ☐ Class 1 – from 10 to 50 total members – \$45.00
- ☐ Class 2 – from 51 to 75 total members – \$90.00
- ☐ Class 3 – from 76 to 100 members – \$115.00
- ☐ Class 4- from 101 to 150 members- \$135.00
- ☐ Class 5- from 151 to 250 members- \$160.00
- ☐ Class 6- from 251 members and greater- \$175.00

Please list how many of your members are paid ADS members and how many are paid local society members each, (couples are considered two members). **Please Note:** Because societies have different membership years to fill in the membership numbers below use the largest number of active ADS and Non ADS members in the last 12 months.

ADS Members _____

Non ADS members _____

Total Members _____

This total number of members are used to determine the Class of payment for your Society.

Class Number _____

Payment to be made \$ _____

Coverage will be as follows:

General Liability and Products Completed Operations Limits both with . Limits for each occurrence at \$2,000,000

General Liability \$4,000,000 in separate aggregate

Products - Completed Operations \$4,000,000 in separate aggregate

Personal Injury & Advertising Injury \$2,000,000

Damage to Premises Rented to You \$1,000,000

Medical Expense \$20,000

Signature of Authorized Officer _____

Date of signing _____

The coverage is for activities of the Society, effective from the date you subscribe but no earlier than March 15,2025 to March 14, 2026.

Send a check payable to the ADS for the applicable amount and return it with a completed application form. This application must be on file before coverage can be effective. To assure a prompt and timely response, we must have receipt of the completed form with payment at least 20 days prior to your event for any form to be processed in a timely manner. Since you are applying by mail you will be sent a COI form and instructions by return e-mail once your coverage is processed. This process will be speeded up by two weeks if you choose the online application and payment method on the ADS Website.

Mel Epstein
401 646-2007
Insurance@Dahlia.org

Return to:
American Dahlia Society
Insurance
c/o Mel Epstein
411 Poppasquash Rd
Bristol RI 02809