

AHS Liability Insurance Information

The AHS insurance coverage is with Rooke, Johnson & Renslow Insurance which has the same coverage and limits as before. AHS holds a Commercial General Liability policy with limits of \$2,000,000 each occurrence with a General Aggregate of \$4,000,000, including a \$10,000 Medical Expense limit.

The main coverage provided by this policy to which Regions contribute, is for claims made against the American Hemerocallis Society, AHS regions, and any member of AHS (including clubs that are members) for a negligence action brought by a person who is not a member of AHS.

Each daylily society or club must become a member of AHS if it desires coverage. No membership, no coverage!

Another important point is that there is no coverage for an action brought by an AHS member against AHS. While this is potentially a gap in coverage, our understanding is that this coverage is difficult to obtain and that, if such coverage could be obtained, it would be prohibitively expensive. Clubs that are not incorporated may wish to consider incorporating, and individuals hosting tours would be wise to take out additional coverage on their own.

When dealing with malls, hotels, etc., please do not offer insurance coverage. If a mall requests proof of liability coverage, tell them you will furnish a Certificate of Insurance. If they require that they be named as an Additional Insured, offer that also. Please note that the "insurance year" begins on 1 November of a calendar year and ends on 1 November of the next calendar year.

To order a Certificate of Insurance, please complete the attached request form and list the dates of your activities/events to be held **at the same location**. Then, send the request form as an email attachment or mail it to the AHS Exhibitions Chairman at the address below and on the request form. There is no charge to a club or local society for a Certificate of Insurance; the fee for each certificate is paid by AHS. Please feel free to contact me if you have questions about insurance matters.

MaryAnn Duncan
AHS Exhibitions Chair
2885 Graig Court
Lexington KY 40503-2805

Telephone: 859-277-6446
Email: flowershows@daylilies.org
or
madunc859@gmail.com

Please see reverse side of this page or next page for the REQUEST FOR CERTIFICATE OF INSURANCE Form

REQUEST FOR CERTIFICATE OF INSURANCE

Insured: **American Hemerocallis Society, Inc.**

Date _____

Name and title/position of person requesting

Certificate: _____ Region _____

Phone _____ Email _____

Name of club or society _____

List the club/society function(s) and the dates at the same location for which the insurance certificate is requested:

Does your club/society hold AHS Membership? Yes ____ No ____

Certificate Holder Information (name of mall, botanic garden, arboretum, church, etc., where event will be held)

Name _____

Address _____

Attention of _____

Telephone _____ Email address: _____

Do you wish to name mall, botanic garden, etc. as an Additional Insured party? Yes ____ No ____

Please attach Certificate Holder's Contract pertaining to specific wording or to-be-added *Additional Insured Parties*.

Do you wish Certificate of Insurance to be:

Mailed to you ____ or sent as an attachment to an

E-mail: _____ (Please check one.)

Remarks _____

Please complete this request form and send to:

MaryAnn Duncan, AHS Exhibitions Chairman

2885 Graig Court

Lexington KY 40503-2805

Tel: 859-277-6446 Email: flowershows@daylilies.org or madunc859@gmail.com