



**Wound
Ostomy and
Continence
Nurses
Society**

Steve Dare, ARM, ALCM
Dare Insurance Agency
7474 Creedmoor Rd., #281
Raleigh, NC 27613

Dear Mr. Dare,

I'm writing to inform you of our preliminary claim on our Event Cancellation Insurance Policy. After careful consideration, the Southeast Region WOCN decided to hold our Annual Conference as planned after the unfortunate attack on the United States last week. Many of our attendees were able to make alternate travel arrangements due to the closure of the airlines but we had 20 attendees and 10 vendors cancel due to this issue.

Our preliminary claim breakdown as follows:

Attendee/Participant Cancellations:	\$3505.00
Vendor Cancellations:	\$5780.00
Additional Copies Necessary Due to Speaker Changes:	\$ 380.10
Total Preliminary Claim	\$9665.10

Please feel free to contact me at 770-973-8507, or our meeting planner, Cathy Womack, at 919-518-0963.

Thank You,

Vi Poteete, RN, BSN, CWOCN
President, Southeast Region Wound, Ostomy and Continence Nurses

THOMAS T. NORTH, INC.
Est. 1911

GENEVA, ILLINOIS

230 EAST STATE STREET
GENEVA
IL 60134

(630) 262-8735
(630) 262-8644 (FAX)

October 9, 2001

Vi Poteete
Southeast Region Wound, Ostomy
& Continence Nurses Society
Fax: 919-844-8119

RE: Showstoppers Claim
 Date of Loss: September 11, 2001
 Our File No.: GCC 55027

Dear Ms. Poteete:

We are the independent claims administrators acting on behalf of Gulf Insurance Company, your Showstoppers insurer. This letter will acknowledge receipt of the claim, which you tendered to Gulf. At the present time, we are seeking to determine the circumstances of your claim. For this reason, please be advised that Gulf Insurance Company is undertaking an investigation of this claim to determine whether it falls within the coverage provided by your Policy No. GA 0675267.

Please be advised that Gulf Insurance Company is undertaking this investigation under a full and complete reservation of all rights to deny the claim if it is determined that it does not fall within the coverage afforded by the subject policy, or that coverage is otherwise prevented by the terms, conditions or exclusions of this policy. Under the present circumstances, you should act as if you are uninsured with regard to loss mitigation.

Nothing in this letter, or any other communication from our company, should be construed as a waiver of any of the terms, conditions or exclusions of the subject policy of insurance or defenses available under the law with regard to this claim.

The policy sets forth two methods of calculating a loss. These are set forth in policy Section VI. Calculation of Loss. These are as follows:

1. In respect of loss covered under Section I, the greater of :
 - a. Total of Expenses Incurred
(+) Plus Loss From Insured Commitments
(-) Less Any Recoverable Expenses
(-) Less Retained Gross Revenue
 - b. Loss of Gross Revenue
(+) Plus Loss From Commitments
(-) Less Recovered Expenses
(-) Less Necessary Expenses Not Incurred

To either calculation can be added item c., the necessary cost of remedial action to minimize the extent of a loss. This is of particular importance in case of rescheduling the event.

Please provide the following information:

- 1.) Breakdown by category of budgeted and actual gross revenue.
- 2.) Breakdown by category of budgeted and actual expenses.
- 3.) Breakdown of "commitments," (room block charges, meal guarantees, etc.), copies of contracts concerning same and the status of each.
- 4.) Copies of specimen registration forms for exhibitors and pre-registrants.
- 5.) Lists of exhibitors and pre-registrants including the amount paid by each and proposed amounts of refunds.
- 6.) If on-site registration is an element of any gross revenue loss, please provide a five-year history of on-site registration.
- 7.) Any other information which you feel may be of assistance in resolving this claim.

Kind regards,


J. Geoffrey McGowan

SouthEast Region Wound, Ostomy and Continence Nurses
 2001 Annual Conference Budget
 Greenville, South Carolina
 Revised Budget

Revenue	Budget	Actual	Difference
Registration/Pre-Conference	\$ 33,000	\$ 32,070	\$ (930)
Vendor/Sponsorships	\$ 34,000	\$ 37,465	\$ 3,465 (includes 500 entertainment and 500 Steadman sponsor)
Fundraiser	\$ 1,500	\$ 1,370	\$ (130)
Insurance Reimbursement			
Total Revenue	\$ 68,500	\$ 70,905	\$ 2,405
Expense			
Refunds	\$ 600	\$ 120	\$ 480
Participant Disaster Refunds		\$ 3,505	\$ (3,505)
Vendor Disaster Refunds		\$ 4,450	\$ (4,450)
Vendor Refunds		\$ 1,170	\$ (1,170)
Entertainment/Decorating	\$ 500	\$ 890	\$ 110 (\$500 reimbursed by KCI)
Speaker	\$ 4,000	\$ 4,009	\$ (9)
Printing	\$ 2,500	\$ 3,493	\$ (993) (\$380.10 due to speaker changes - disaster)
Postage	\$ 600	\$ 596	\$ 4
Supplies	\$ 450	\$ 100	\$ 350 (pre-conference supplies)
Exhibitor	\$ 2,800	\$ 3,854	\$ (1,054) (extra due to more exhibitors than normal)
AV	\$ 3,000	\$ 3,568	\$ (568)
Meals/Breaks	\$ 30,199	\$ 30,009	\$ 190
Miscellaneous	\$ 1,500	\$ 814	\$ 686
Custom Association Management	\$ 9,200	\$ 9,200	
Total Expense	\$ 55,349	\$ 65,778	
Total Profit	\$ 13,151	\$ 5,127	

Total with 13082.00 Disaster Refunds add back

still have 2 vendors to pay total with those paid

\$14382.00

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Est. 1911

GENEVA, ILLINOIS

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GENEVA
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PLEASE HAND DELIVER

November 28, 2001

TO: Vi Poteete

Attention: Cathy Womack
~~Council of American Survey Research Foundation~~
Fax: 919-844-8119

RE: Policy No.: GA 0675267
Date of Loss: September 11, 2001
Our File No.: GCC 55027

Dear Ms. Womack:

We have been authorized by your insurer, Gulf Insurance Company, to settle the above-noted claim in the net amount of **\$10,015.10** regarding the loss claimed as the result of the reduced/minimal attendance and cancelled seminars on or about September 13-16, 2001.

Enclosed please find your proof of loss statement. It must be signed in the presence of a notary public and returned to this office. You may fax one copy back to this office and upon receipt, we will request a check from your insurance company. Please return the properly executed proof of loss to this office. Please note that the checks will not be released without the proof bearing your original signature and original notary, so please drop that copy in the mail as follows: Attention J. Geoffrey McGowan, c/o Thomas T. North, Inc., 230 East State Street, Geneva, Illinois 60134.

Please feel free to call if you have any questions. Also note that your check is not issued from our offices, but rather will be mailed directly from the insurance company. Kindly allow ample time for your check to be processed.

Kind regards,


J. Geoffrey McGowan

PROOF OF LOSS TO THE GULF INSURANCE COMPANY BY YOUR POLICY OF INSURANCE DESCRIBED BELOW, YOU INSURED SE REGION WOUND, OSTOMY & CONTINENCE NURSES SOCIETY (GCC 55027 according to the terms and conditions contained therein, as follows:

Policy Number: GA 0675267
Limit of Liability: \$68,500.00
Date of Loss: SEPTEMBER 13-16, 2001
Expiration: SEPTEMBER 16, 2001
Property Insured: ANNUAL CONFERENCE HYATT REGENCY GREENVILLE GREENVILLE, SC
Perils Insured: SHOWSTOPPERS EVENT CANCELLATION
Cause of Loss: REDUCED/MINIMAL ATTENDANCE AND CANCELLED SEMINARS DUE TO THE TERRORIST ACTIVITIES

The actual cash value of the property described by aforesaid policy, the actual amount of loss or damage, the total insurance thereon at the time of said loss and damage by annexed schedule, amount named in this policy, and the claim under this policy are as follows:

Table with 2 columns: Description and Amount. Rows include Whole Loss (\$10,015.10), Whole Insurance (\$68,500.00), Amount Named In This Policy (\$68,500.00), and Amount Claimed In This Policy (\$10,015.10).

I hereby make claim upon the insurer hereunder in the sum of \$10,015.10 in satisfaction and final compromise, settlement of loss and damage referred to and hereby authorize AON to collect this claim and agree that settlement in account with them and by them with Thomas T. North, Inc. shall be a sufficient discharge to the Gulf Insurance Company and AON.

In consideration of the payment to be made hereunder I hereby subrogate to said insurers all my rights, title and interest in and to the property for which claim is being made hereunder, and agree to immediately notify Thomas T. North, Inc. (for account of the Gulf Insurance Co.) in case of any recovery of the property for which claim is being made hereunder.

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT THE FURNISHING OF THE BLANK TO THE INSURED OR THE PREPARING OF PROOFS BY AN ADJUSTER, OR ANY AGENT OF THE INSURERS NAMED IN THIS POLICY IS NOT A WAIVER OF ANY RIGHTS OF SAID INSURERS.

WITNESS hand at

This day of 20 / Signature of Insured

State of S.S. County of Personally appeared before me the day and Date

written above signer of the foregoing statements, who made solemn oath to the truth of same, and that no material fact is withheld of which said Insurers should be advised.

Notary Public

Southwest Region Wound, Ostomy and Continence Nurses
 2001 Annual Conference Budget
 Greenville, South Carolina
 Revised Budget

Revenue	Budget	Actual	Difference
Registration/Pre-Conference	\$ 33,000	\$ 32,070	\$ (930)
Vendor/Sponsorships	\$ 34,000	\$ 37,465	\$ 3,465 (includes 500 entertainment and 500 Steadman sponsor)
Fundraiser	\$ 1,500	\$ 1,370	\$ (130)
Insurance Reimbursement		\$ 10,015	
Total Revenue	\$ 68,500	\$ 80,920	\$ 2,405
Expense			
Refunds	\$ 600	\$ 120	\$ 480
Participant Disaster Refunds		\$ 3,855	\$ (3,855)
Vendor Disaster Refunds		\$ 5,780	\$ (5,780)
Vendor Refunds		\$ 1,170	\$ (1,170)
Entertainment/Decorating	\$ 500	\$ 890	\$ 110 (\$500 reimbursed by KCI)
Speaker	\$ 4,000	\$ 4,009	\$ (9)
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AV	\$ 3,000	\$ 3,568	\$ (568)
Meals/Breaks	\$ 30,199	\$ 30,107	\$ 92
Miscellaneous	\$ 1,500	\$ 814	\$ 686
Custom Association Management	\$ 9,200	\$ 9,200	
Total Expense	\$ 55,349	\$ 67,556	
Total Profit	\$ 13,151	\$ 13,364	

PROOF OF LOSS TO THE GULF INSURANCE COMPANY BY YOUR POLICY OF INSURANCE DESCRIBED BELOW, YOU INSURED SE REGION WOUND, OSTOMY & CONTINENCE NURSES SOCIETY (GCC 55027 according to the terms and conditions contained therein, as follows:

Policy Number: GA 0675267
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Property Insured: ANNUAL CONFERENCE HYATT REGENCY GREENVILLE GREENVILLE, SC
Perils Insured: SHOWSTOPPERS EVENT CANCELLATION
Cause of Loss: REDUCED/MINIMAL ATTENDANCE AND CANCELLED SEMINARS DUE TO THE TERRORIST ACTIVITIES

The actual cash value of the property described by aforesaid policy, the actual amount of loss or damage, the total insurance thereon at the time of said loss and damage by annexed schedule, amount named in this policy, and the claim under this policy are as follows:

Whole Loss: \$ 10,015.10
Whole Insurance: \$ 68,500.00
Amount Named In This Policy: \$ 68,500.00
Amount Claimed In This Policy: \$ 10,015.10

I hereby make claim upon the insurer hereunder in the sum of \$10,015.10 in satisfaction and final compromise, settlement of loss and damage referred to and hereby authorize AON to collect this claim and agree that settlement in account with them and by them with Thomas T. North, Inc. shall be a sufficient discharge to the Gulf Insurance Company and AON. Except as noted below the property described belonged at the time of said loss or damaged to said assured and no other person or persons had any interest therein; no assignment or transfer, or encumbrance of said property has been made and no change in the title, use, or possession of said property has occurred since the issuance of said policy, except

In consideration of the payment to be made hereunder I hereby subrogate to said insurers all my rights, title and interest in and to the property for which claim is being made hereunder, and agree to immediately notify Thomas T. North, Inc. (for account of the Gulf Insurance Co.) in case of any recovery of the property for which claim is being made hereunder. I also agree to turn over to said Thomas T. North, Inc. for account of the Insurers, any such recovery which may be made, or reimburse said Thomas T. North, Inc. to the extent of the payment for such property which may be recovered. The said loss or damage was not caused by any act, design or procurement on my part; nothing has been done by or with my privity or consent, to violate the conditions of the policy, or render it void, no property mentioned herein or in annexed schedules by such as were interested in the loss and insured under this policy, and belonged to me at the time of said loss or damage; no property saved has been in any manner concealed, and no attempt to deceive the said Insurers as to the extent of said loss, has in any manner been made. SPECIAL CONDITIONS: Any other information that may be required will be furnished on call, and considered a part of this proof of loss.

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT THE FURNISHING OF THE BLANK TO THE INSURED OR THE PREPARING OF PROOFS BY AN ADJUSTER, OR ANY AGENT OF THE INSURERS NAMED IN THIS POLICY IS NOT A WAIVER OF ANY RIGHTS OF SAID INSURERS.

WITNESS hand at

This 30th day of November, 2001, T. Poteete Signature of Insured

State of Georgia S.S. County of Cherokee Personally appeared before me the day and Date

written above V. Poteete signer of the foregoing statements, who made solemn oath to the truth of same, and that no material fact is withheld of which said Insurers should be advised.

Elaine Gay Notary Public

ELAINE GAY Notary Public, Cherokee County, Georgia My Commission Expires May 26, 2005

