



*Aon Association Services Division
1120 20th Street, NW, Ste 600
Washington, DC 20036
(202) 862-5333 (800) 424-8830
Fax (202) 429-8584*

01/29/2014

Ian Cordes
Southeast Region Wound, Ostomy and Continence
Nurses Society
c/o Corecare Associates
400 Executive Center Drive, Suite 208
West Palm Beach, FL 33401

Phone # (561) 689-6321
Fax # (561) 689-6324

Re: Showstoppers Insurance
Policy Number: CR0307458
Policy Period: 01/27/2014 - 09/17/2015

Dear Ian Cordes:

We are pleased to enclose your Showstoppers event cancellation insurance policy which provides the convention cancellation coverage.

The limit of indemnity is based on your submitted information. You may apply for an increase in limits before the event begins in order to have full protection. Please inform us if any changes to the policy are necessary.

Should you become aware of any circumstances that could give rise to a claim under the Showstoppers policy, please contact our office immediately. Our toll-free number is (800) 424-8830.

Best wishes to you and your organization for a very successful event!

Sincerely,

Eileen Hoffman
Assistant Vice President
(202) 862-5333
eileen.hoffman@aon.com

P.S. In order to get a head start on your next event, we have enclosed an application and return envelope. We look forward to working with you in the future.

SHOWSTOPPERS POLICY DECLARATIONS

This Policy Declarations Page is attached to and forms part of certificate provisions (Form SLC-3 USA).

Previous No. NONE **Authority Ref. No.** B0823H01300680 **Certificate No.** CR0307458

Policy Type: Showstoppers Policy – Event Cancellation Insurance

Insured: Southeast Region Wound, Ostomy and Continence Nurses Society

Address: c/o Corecare Associates
400 Executive Center Drive, Suite 208

Effective from: West Palm Beach, FL 33401
01/27/2014 to: 09/17/2015

Both days at 12:01am standard time

Insurance is effective with certain Percentage 100%

UNDERWRITERS AT LLOYD'S, LONDON.

DESCRIPTION OF COVERAGES PROVIDED

Limits of Indemnity:

Coverage A: \$248,000
Coverage B: \$200,000
Coverage C: \$200,000
Coverage D: \$100,000 / \$25,000

Perils: All Risk As Per Forms Attached

Coverage: Event Cancellation - As Per Forms Attached

Special Conditions and Attachments:

See attached Schedule of Events and Showstoppers Policy Form
See Attached Schedule of Endorsements

Premium: \$1,364

Service of Suit may be made upon: Mendes and Mount, 750 Seventh Avenue, New York, NY 10019

Dated: 01/29/2014

by Sharon P. Fine
Correspondent

SHOWSTOPPERS INSURANCE - SCHEDULE OF EVENTS

Named Insured: Southeast Region Wound, Ostomy and Continence Nurses Society

The following is a listing of the events and venues covered by this policy. Changes made after issuance will be endorsed herein.

<u>Event Name and Venue</u>	<u>Event Cancellation Limit of Indemnity</u>	<u>Event Dates From To</u>
SER WOCN's 2014 Annual Conference Renaissance Montgomery Hotel & Spa Montgomery, AL	\$124,000	09/17/2014 to 09/20/2014
SER WOCN's 2015 Annual Conference Rosen Centre Hotel Orlando, FL	\$124,000	09/08/2015 to 09/12/2015

DECLARATIONS - SCHEDULE OF ENDORSEMENTS AND FORMS

Forms, endorsements and schedules made a part of this policy at inception are those which numbers are entered below:

Form #

Title

Endorsement 01 – TRIA Endorsement with TRIA Notice

Endorsement 02 – Full Terrorism with Threat

Endorsement – TRIA Notice

ENDORSEMENT NUMBER: 01

Attaching to and forming part of Lloyd's, London Certificate No.: CR0307458
Insured Name: Southeast Region Wound, Ostomy and Continence Nurses Society

It is hereby noted and agreed that:

The attached "Terrorism Risk Insurance Act" form attaches to and forms part of this Insurance.

All other terms and conditions remain unchanged.

Additional Premium:	N/A
Return Premium:	N/A
Policy Effective Date:	01/27/2014
Date of Issue:	01/29/2014

Signature for Company

Affinity Insurance Services, Inc.

By Sharon P. Fine
TRIA Notice Endorsement



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is already included in the policy (including any quotation for insurance) to which this notice applies. You should know that, under the policy, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurer providing the coverage. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The Terrorism Risk Insurance Act, as amended, contains a USD100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds USD100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed USD100 billion, your coverage may be reduced.

The portion of your premium that is attributable to coverage for certified acts of terrorism as defined under the TRIA - Terrorism Risk Insurance Act is: USD \$74.40 Option C on Order Form.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT OF 2002, AS AMENDED, ANY LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE WILL BE PARTIALLY REIMBURSED BY THE UNITED STATES, SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE AMOUNT OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Patricia Haberer
Policyholder/Applicant's
Signature

Patricia Haberer
Print Name
1-24-14
Date

Syndicate on behalf of certain
Lloyd's underwriters

Southeast Region Wound,
Ostomy and Continence Nurses
Society
Assured

CRO307458
Policy Number

Endorsement – Full Terrorism with Threat

ENDORSEMENT NUMBER 02

Attaching to and forming part of Lloyd's, London Certificate No.: CR0307458

Insured Name: Southeast Region Wound, Ostomy and Continence Nurses Society

It is hereby noted and agreed that:

Exclusion 3 of Section 7 General Exclusions is deleted in its entirety.

Furthermore this insurance does not cover any loss resulting from Terrorism or Threat of Terrorism unless You can demonstrate to Our satisfaction that Your decision to Cancel, Abandon, Curtail or Reschedule was necessary and justifiable and any Enforced Reduced Attendance was unavoidable.

Notwithstanding the foregoing it is understood and agreed that this insurance does not cover any loss, cost or expense directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with:

- (i) any fear of potential Terrorism.
- (ii) any Terrorism or Threat of Terrorism involving a nuclear weapon or device or the emission, discharge, dispersal, release or escape of any chemical or biological agent.

If We allege that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be You.

If any part of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

All other terms and conditions remain unchanged.

Additional Premium: N/A

Return Premium: N/A

Policy Effective Date: 01/27/2014

Date of Issue: 01/29/2014

Signature for Company

Affinity Insurance Services, Inc.

By Sharon P. Fine

Full Terrorism Endorsement



ASAE-Endorsed
Event Cancellation Insurance Application

Aon Association Services
1120 20th Street NW, Ste 600
Washington, DC 20036
(800) 424-8830, Fax (202) 429-8584
www.asae-aon.com



1. INSURED: (Association or Organization holding the Event)

Name: Southeast Region Wound, Ostomy & Continence Nurses Society c/o Ian Cordes, Corecare Associates, Inc.
Address: 400 Executive Center Drive, Suite 208
City: West Palm Beach State: FL Zip Code: 33401
Phone: 561-689-6321 Fax: 561-689-6324 Email: icordes@serwocn.org Website: www.serwocn.org
Are you a member of the American Society of Association Executive? (Not required for Insurance) Yes [] No []

2. EVENT TO BE INSURED: SER WOCN's 2014 Annual Conference

Full Name of Event: SER WOCN's 2014 Annual Conference
Facility Name & Address: Renaissance Montgomery Hotel & Spa at the Convention Center
City: Montgomery State: AL Zip Code: 36104 Open Dates of Event: From 09/17/2014 To 09/20/2014

*If you have multiple events, please complete the supplemental event application

3. FINANCIAL INFORMATION:

Budgeted Gross Revenue: \$124,000 Budgeted Expenses: \$ 84,000 Budgeted Net Income/Loss: \$ 40,000

4. Provide the percentage of gross revenue from: Attendees fee: 38% Exhibitor's fees: 57% Sponsorships: 4% Public Gate Receipts: 1%
**A copy of the budget is required with the application if the budgeted revenue or expenses exceeds \$1,000,000.

- 5. Does the financial information represent the entire gross revenue or expense of the event? Yes [] No []
6. Has this event been held before? Yes [] No []
7. Is coverage for non-appearance of any person required for the event? If yes, provide details Yes [] No []
8. Is your event going to utilize teleconferencing or satellite communications? If yes, provide details Yes [] No []
9. Is any part of the event to be held outdoors, in a tent, or in a temporary non-permanent structure? If yes, provide details Yes [] No []
10. Do written contracts exist between you and the facility? Yes [] No []
11. Have all the necessary arrangements essential to a satisfactory event been made? Yes [] No []
12. Is the facility under construction or major renovation? Yes [] No []
13. Do you have a contingency plan if your event is delayed or postponed? If yes, provide details Yes [] No []

14. FUTURE EVENT INFORMATION (BEYOND THE NEXT 12 MONTHS)

Has your organization decided where your events will be held in the future beyond what is provided above? Yes [] No []
If yes, provide details so that we may be able to provide an accurate quote in the future for these events.

15. FUTURE EVENT(S) TO BE INSURED (BEYOND THE NEXT 12 MONTHS):

Full Name of Event: SER WOCN's 2015 Annual Conference
Facility Name & Address: ROSEN CENTRE HOTEL, 9840 International Drive, Orlando, FL 32819 City: State: Zip:
Open Dates of Event: From 09/08/15 To 09/12/15 *If you have multiple future events, please complete the supplemental event application.

16. FINANCIAL INFORMATION (BEYOND THE NEXT 12 MONTHS):

Budgeted Gross Revenue: \$ 124,000 Budgeted Expenses: \$ 84,000 Budgeted Net Income/Loss: \$ 40,000

17. PRIOR CLAIMS & PRE-EXISTING POTENTIAL LOSS

Are you aware of any circumstances, currently existing or threatened that may possibly result in a claim under this insurance?
If yes, provide details. Yes [] No []
NOTE: If you become aware of any such circumstances after completing this application, and before the date insurance for the event commences, you must disclose the circumstances to the insurers immediately, as this may affect this insurance.

18. Have you at any time within the last 5 years had a loss, or circumstances, which could have led to a loss, which would have been covered by this insurance? If yes, please provide details. Yes [] No []

PLEASE READ AND SIGN BELOW:

Signing this application and declaration does not bind either the applicant or the underwriter to provide the insurance. In the event there is any material change in the answers to the questions herein prior to the issuance date of the policy, the application form would be considered inaccurate or incomplete. The applicant will notify the insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn. It is agreed that this application and declaration shall be attached to and form part of any policy which may subsequently be issued. The undersigned applicant represents that the statements set forth in this application and its attachments and other materials submitted to the insurer are true and correct.

Name: Ian Cordes Signature: [Signature]
Title: Association Management Company Date: December 27, 2013

All quotations are subject to the receipt and acceptable review of the application and other underwriting information by the underwriter.