



# AMERICAN ROSE SOCIETY

P.O. Box 30000 • Shreveport, Louisiana 71130-0030  
8877 Jefferson Paige Road • Shreveport, Louisiana 71119-8817  
Phone: 318-938-5402 • [www.rose.org](http://www.rose.org)

**Since 1892**

**DATE :** January 2026  
**TO:** ARS Chapter and Affiliated Societies  
**FROM:** Craig Dorschel President  
**RE:** **IMPORTANT INFORMATION: 2026 Insurance Program for Local Society Affiliates**

Thank you for your support of the American Rose Society as a local society. The insurance premiums that we offer our local societies will increase due to an increase from our insurance provider. This will make the premium \$5.70 per member for local societies for 2026.

**We are asking that if you elect NOT to purchase the insurance you send back Page 9 of this packet declining coverage.**

### **What does this mean for your Local Rose Society?**

The insurance policy does not only cover specific, named events. It is a comprehensive general liability policy that protects your local society. Your society is protected 24 hours a day for 365 days a year. This means that no matter what, your local society and members are protected.

**VERY IMPORTANT! Please read:** You are not required to have a certificate of insurance issued for each event you are holding, unless the facility requires it. The only need for a certificate of insurance is if the event entity asks to be named as an insured for the event. If you need a certificate of insurance the cost is \$11.50 and please complete page 7.

The insurance begins at midnight on January 1, 2026 and ends at midnight on December 31, 2026.

All local societies who purchase the comprehensive general liability insurance are named on the ARS insurance policy and provided with the following comprehensive coverage:

- \$2,000,000 general aggregate limit
- \$2,000,000 each occurrence limit
- \$100,000 fire damage legal liability limit
- \$1,000,000 liquor liability occurrence
- \$2,000,000 liquor liability aggregate
- There is no deductible associated with the ARS insurance

We urge you to take advantage of the protection provided by this comprehensive general liability coverage. This insurance is always secondary to any other insurance in force. The policy provides up to \$1,000,000 per occurrence and \$2,000,000 general aggregate liability. The policy is owned by the American Rose Society and your group becomes insured upon approval and payment of fees. You must notify us of your intention to participate or your local society will not be listed on the policy. **If you do not plan to participate, please sign and return Page 9 in this packet.**

**ALL APPLICATIONS, LETTERS OF UNDERSTANDING, AND PARTICIPATION FEES for the General Liability Insurance Program should be received by the ARS office no later than January 31, 2026. If you will not be able to purchase the insurance by this date, please inform us at [membership@rose.org](mailto:membership@rose.org).**

Our General Liability Insurance Program is competitively priced, but please feel free to shop around. Your state insurance commissioner will have a list of event and/or liability insurance companies for your specific area. Regardless of the plan you choose, I strongly advise you to purchase coverage. It is fiscally unwise to plan your events with no insurance coverage.

The group insurance participation fees are based on the number of members in your society:

<b>PARTICIPATION FEES FOR 2026:</b>	<b>\$5.70 per Member</b>
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**Each PAID member on your roster must be counted. Please provide a copy of your current roster along with your application for group insurance (REQUIRED).**

**There is an additional Certificate of Insurance issuance fee of \$11.50 per individual Certificate of Insurance issued (this fee has not increased). Please include this amount with each request form at the time the Certificate of Insurance is requested.**

**NOTE: A Certificate of Insurance is NOT REQUIRED for each event unless the facility requests it. Please check with the facility prior to requesting a Certificate of Insurance.**

**General Liability Insurance Policy:** The master insurance policy is owned solely by the American Rose Society, Inc. Local societies who are current in their dues and pay the required participation fees are fully covered under the master policy because of their affiliation with ARS, and will be so named on the Certificate of Insurance when issued (if required by your event facility).

**Insurance certificates are NOT automatically issued to local societies:** Societies must apply for a Certificate of Insurance and pay the fee of \$11.50. Certificates of Insurance for facilities at which the group holds events (malls, gardens, banks, schools, etc.) are mailed directly to the facility. A copy is also emailed to the local society representative. Emailed documents are sent in an Adobe .pdf format.

Multiple events held at the same location may be listed on one request form (list dates and names of events) and will be listed on one insurance certificate. Please check with your facility prior to requesting a certificate to see if they require one or not.

**Do not contact the insurance company directly.** All insurance questions should be directed to ARS Headquarters; (318) 938-5402, ext. 113 or [membership@rose.org](mailto:membership@rose.org).

**All required paperwork and payments must be received by ARS** prior to any Certificates of Insurance being issued.

**All requests for insurance certificates must be received in the ARS office at least 14 days in advance of an event. We apologize that NO EXCEPTIONS can be allowed to this rule.**

## **FREQUENTLY ASKED QUESTIONS**

**How do we determine our membership for calculation of fees?** At the time of fee payment, use the number of **paid members** your society currently has on file. Each paid member on your roster must be counted; family or joint members must be counted individually. You **MUST** submit a copy of your membership roster, listing, at a minimum, names. **NO EXCEPTIONS.** Rosters can be sent via email in an \*Excel or Word format (\*preferred format), or printed and mailed. We will **NEVER** contact members of your society. The insurance company requires a listing of all members in each society; this is kept on file and confidential. They understand that you will gain or lose members throughout the year.

**If we cannot meet the fee deadline, does this prevent our society from obtaining insurance coverage?** No, other arrangements can be made after the payment deadline. However, every effort should be made to submit applications and payment by the January 31 2026, deadline. Contact [membershio@rose.org](mailto:membershio@rose.org) as soon as possible to discuss alternate arrangements.

**Why is it important for local societies to have an insurance policy?** We are all aware that lawsuits are more and more common against businesses. It is a sad fact that some people are out to make a “quick buck” and oftentimes a business is an easy way to make this happen. All it takes is for someone to be injured, even slightly, and a lawsuit can be filed which can potentially cost thousands, even many thousands of dollars to the business. Your local society is a business and as such is liable should someone be injured at an event you are holding, or damage is caused at a facility where you are holding an event. This insurance policy protects your local society from lawsuits and damages. We strongly urge you to purchase this insurance protection.

**How do we know if we received coverage?** Your local society will be listed on the ARS Insurance policy once payment is received. All societies who pay the premium are fully protected and named under ARS Insurance policy.

**What is a Certificate of Insurance?** It is documentation for the facility where you are holding an event that your society is covered by an insurance policy, the limits of coverage, and additional parties who are covered under the policy (i.e. corporate officers). You only need a Certificate of Insurance if the facility where you are holding an event requests that you provide one. Typically, malls and city/government buildings will require a Certificate of Insurance listing additional insureds also.

**Does ARS automatically send a Certificate of Insurance?** No. You must request one using the request form included in this packet (page 7). All requests must be in our office at least 14 days in advance of your event. **No exceptions.** Your certificate request will be processed within two weeks of receipt.

**What is the cost of a Certificate of Insurance?** In addition to the initial participation fees, our insurance company requires that we charge an \$11.50 certificate issuance fee to any society who is in good standing (dues paid). These fees are paid by ARS to the insurance company and are not kept by ARS.

**May we call in or fax in a Certificate of Insurance request?** To ensure accuracy, please make all certificate requests in writing. You may fax, mail, or e-mail certificate requests to ARS (contact information below).

**May we submit all Certificate of Insurance requests at one time for a given year?** You may submit certificate requests at any time. It is completely acceptable to submit all requests at one time. Payment must be included with all certificate requests at the time submitted.

**How do we obtain additional Certificate of Insurance request forms?** The form included in this packet may be copied (page 7). If you need another original, please contact ARS (see below).

**How do I correct a Certificate of Insurance after it is issued?** Any corrections must be sent to the ARS Membership Department immediately. We cannot be responsible for any changes after an event has occurred. (There is no additional charge to have a certificate amended).

**Does a Certificate of Insurance cover society-owned property (i.e., gardens, trophies)?** The insurance policy does **NOT** cover the local society property, nor does it include automobile insurance for personal vehicles or hired/rented vehicles.

**For all questions regarding the ARS Insurance Program and local society updates/changes please contact:**

ARS Headquarters  
Membership  
8877 Jefferson Paige Road  
Shreveport, LA 71119-8817  
Email: [membership@rose.org](mailto:membership@rose.org)  
Phone: 318-938-5402 ext. 113

## CHECKLIST – 2026

To ensure there is no delay in processing your application please include all the following:

- Completed General Liability Insurance Application Form (Page 5).
- Check/money order/credit card payment in the amount of \$5.70 per member.
- Any insurance certificate request forms to be process, (check with your facility to see if a Certificate of Insurance is required) along with payment of \$11.50 each.
- Member roster:  Printed & enclosed       Emailed–Date\_\_\_\_\_ to [membership@rose.org](mailto:membership@rose.org)
- Signed Letter of Understanding (Page 7).
- Signed Waiver declining insurance coverage if you are electing **NOT** to participate in the 2026 Insurance program. (Page 9).

*Please note: Certificates of liability insurance will **NOT** be issued until all the required paperwork and payments are received at ARS headquarters.*

**American Rose Society**

**Local Rose Society General Liability Insurance Application**  
**Coverage Period: January 1, 2026 – December 31, 2026**

**\*This Participation Fee does not include the \$11.50 Fee for any Certificates of Insurance.**  
**There is an \$11.50 charge per certificate.**

Group Insurance is a benefit of the American Rose Society for chapter and affiliated societies that are in good standing (dues paid). The American Rose Society reserves the right to refuse coverage to any chapter or affiliated society, at our discretion.

**Society Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Email:**

**YOUR PARTICIPATION FEE CALCULATION**

Total # of Society Members \_\_\_\_\_ X \$5.70 per member = \$ \_\_\_\_\_

Certificates of Insurance requested at this time: \_\_\_\_\_ @ \$11.50 each = \_\_\_\_\_

\$

**Total Enclosed \$** \_\_\_\_\_

Please return this application along with your fees. Make checks payable to: American Rose Society. Please provide the following information if you would like payment processed on your **Visa, MasterCard, Discover, or American Express** charge card.

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

V-Code (last 3# on back; 4# on front of AmEx): \_\_\_\_\_

Phone:

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Mail to: American Rose Society  
Attn: Local Society Insurance Program

8877 Jefferson Paige Road  
Shreveport, LA 71119-8817

E-mail: [membership@rose.org](mailto:membership@rose.org)  
~ Phone: 318-938-5402 ext. 113

**AMERICAN ROSE SOCIETY INSURANCE  
CERTIFICATE OF INSURANCE/ADDITIONAL INSURED REQUEST FORM (2026)**

**Please include \$11.50 Certificate of Insurance fee per request.**

(EACH EVENT LIABILITY CERTIFICATE REQUIRES A SEPARATE REQUEST FORM. MAKE COPIES AS NEEDED)

**SOCIETY NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE ZIP:** \_\_\_\_\_

**DAYTIME PHONE#:** \_\_\_\_\_ **FAX#:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATES OF EVENT:** \_\_\_\_\_

**NAME OF EVENT:** \_\_\_\_\_

Please get the following information from the event facility:

**EVENT FACILITY**  
**NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX#:** \_\_\_\_\_

**ADDITIONAL  
INSUREDS  
NAMES:** \_\_\_\_\_  
\_\_\_\_\_

**USE ADDITIONAL PAPER IF NECESSARY**

**Mail:**

American Rose Society  
8877 Jefferson Paige Road, Shreveport, LA 71119-8817  
E-mail: [membership@rose.org](mailto:membership@rose.org)



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## ARS General Liability Insurance Program: Letter of Understanding 2026

*Please read and sign this document to verify your understanding of, and agreement to, the following terms for participation in this affiliated local society benefit program. Participation is granted at the sole discretion of the ARS. This document must be completed once at the beginning of each calendar year and returned to ARS Headquarters at the address listed above. No representation nor guarantee of any insurance coverage is conveyed by this document.*

1. The American Rose Society (ARS) allows affiliated local rose societies, in good standing, to participate in the Insurance Program upon application and payment of a participation fee at the beginning of each calendar year, along with certificate issuance fees as required, all made payable to ARS.
2. ARS is the sole owner of the insurance policy. Local societies are fully covered under the policy at the time they notify ARS of their intent to participate and pay the participation fees.
3. The ARS insurance is always secondary to any other insurance that may be in force at the time of event. In the event of a claim against the policy, the local society will be liable for any deductible amount that may become due as a result of said claim. All deductibles or fees related to a claim, if any, are the responsibility of the local society hosting the event and shall be made payable to ARS or its designee as required.
4. Events must support and relate directly to the current, approved ARS Mission Statement.
5. Events must not be political in nature, nor be construed as such, and may not jeopardize the 501 (c)(3) status of ARS as granted by the Internal Revenue Service.
6. A reasonable risk assessment of all events should be conducted by the local society, along with an emergency plan of action. **Obvious potential risks must be communicated to ARS at the time a Certificate of Insurance is requested, including any planned use of alcohol.** Certificates of Insurance must be requested at least fourteen (14) days prior to the beginning date of an event. There will be **no exceptions** to this.
7. All incidents that may result in a claim must be reported to ARS within seven (7) days of the occurrence, or such time it is made known to the local society, and an incident report form filed. Please report **ALL** incidents that occur, whether or not you think a claim may or may not be filed.
8. ARS reserves the right to deny a Certificate of Insurance for a specific event based on the direction of the insurance carrier, or if the event does not conform to the above stated guidelines. Should a Certificate of Insurance for a specific event be denied, any related fees for that Certificate of Insurance will be refunded to the local society.
9. ARS offers participation in the Insurance Program as a benefit for local societies in good standing. Commercial event liability insurance is available from many other sources and may be purchased elsewhere at the discretion of the local society.

Society Name\_\_\_\_\_

Name of Authorized Officer\_\_\_\_\_ Phone\_\_\_\_\_

Signature\_\_\_\_\_ Title\_\_\_\_\_

Term of office\_\_\_\_\_ Email\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



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## **ARS Insurance Program: Waiver Declining Coverage**

NOTE – this form **MUST** be completed and returned if you are electing **NOT** to participate in the ARS Insurance Program.

We,  
(Society name)  
are declining the Comprehensive General Liability Insurance coverage offered by the American Rose Society.

Please check the appropriate box below and provide the necessary information:

We are declining coverage due to another policy in place for the year 2026.

Name of Insurance provider: \_\_\_\_\_

We are electing **NOT** to purchase Comprehensive General Liability Insurance offered by the American Rose Society and do **NOT** have an insurance policy through another provider.

We understand that by doing so the \_\_\_\_\_  
(Society Name) is solely liable in the event of a lawsuit being filed against us.

Society Name_____	
Name of Authorized Officer_____	Phone_____
Signature_____	Title_____
Term of office_____	Email_____
Address_____	
City, State, Zip_____	Date ____ / ____ / ____

Mail to: American Rose Society  
Attn: Local Society Insurance Program  
8877 Jefferson Paige Road  
Shreveport, LA 71119-9917

~ E-mail: [membership@rose.org](mailto:membership@rose.org) ~ Phone: 318-938-5402 ext. 113 ~

**Local Rose Society Affiliates – General Liability**  
**Insurance Incident Report**

**Any incident** that occurs at one of your events should be recorded on this form **IMMEDIATELY**. Because some incidents for which you may be held accountable may not take the form of a lawsuit or legal action for several months, you can help protect yourself by writing down the important facts of the incident on this form immediately after they occur. **Use additional paper if necessary.**

Name of Rose Society:

Person filling out report: \_\_\_\_\_

Title:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email:

Other organization(s) involved with this incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Witnesses present (include address & phone number): \_\_\_\_\_ Names of \_\_\_\_\_

Describe Incident (use additional paper if necessary): \_\_\_\_\_

Signature

Date \_\_\_\_\_

***Please make a copy of this form and retain for your local society records.***

Mail original report and a copy of your Certificate of Insurance for the event (if one was issued) to:

American Rose Society

Attn: Insurance Program

8877 Jefferson Paige Road

Shreveport, LA 71119-8817

**Local Rose Society Affiliates – General Liability Insurance**  
**Incident Report**