



Waterford Township Schools
Distinction with Pride.

BOARD OF EDUCATION RESOLUTION HONORING CONSTANCE MC CUSKER

JUNE 15, 2016

WHEREAS, Mrs. Constance McCusker has served the schools in Waterford Township since 1985, and;

WHEREAS, Mrs. McCusker has been a clerk in our school libraries, a focal point to all schools, and;

WHEREAS, Mrs. McCusker has been professional, courteous, and supportive to students and staff during her career, and;

WHEREAS, Mrs. McCusker has logged in over 32,400 hours of time in the library and has checked out over 12,600 books per year, and has re-shelved over 378,000 books in her career, and;

WHEREAS, the Board appreciates all of the time, talent, and professional services that Mrs. McCusker has contributed to our students and staff, and;

THEREFORE, as President of the Board of Education, I, Terri Chiddenton, hereby commend and thank Mrs. McCusker for her superior service to the Waterford Township School District.

Terri Chiddenton
President, Board of Education

Jason M. Eitner
Superintendent of Schools

Hardenbergh

INSURANCE GROUP

Post Office Box 8000 · 8000 Sagamore Drive · Suite 8101 · Marlton, New Jersey 08053
856.489.9100 · 856.489.9101 Fax · www.hig.net

June 9, 2016

Mr. Daniel Fox, Business Administrator
Waterford Township School District
1106 Old White Horse Pike
Waterford, NJ 08089

Re: **July 1, 2016 to July 1, 2017 Property and Casualty Insurance Renewal**

Dear Dan:

Hardenbergh Insurance Group is pleased to provide you with the renewal proposals (copies attached) for the above captioned coverage. Our agency protocol is to solicit proposals every three years unless market conditions dictate otherwise. The District's Membership in NJSIG expires 7/1/2018.

Below is a summary of the proposal:

Coverage	Carrier	Expiring	Renewal	Change (%)
Workers' Compensation	NJSIG	\$116,874	\$110,392	-5.5%
Package	NJSIG	\$ 54,971	\$ 51,813	-5.7
School Leaders Liability	NJSIG	\$ 22,892	\$ 21,970	-4%
Student Accident (effective 7/20)	Zurich	\$ 5,200	\$ 5,304	2%
TOTAL		\$199,397	\$189,479	-5%

Please note:

- If the District would like to purchase the workers' compensation supplemental indemnity coverage the annual premium would be \$2,348. This pays 30% wage reimbursement that is not covered by the workers' compensation statute but requires the District to pay the employee pursuant to Title 18A.
- Auto ID cards, Workers' Compensation Posting Notices will be sent under separate cover by NJSIG. If you do not receive them by 6/22/16, please contact me.
- NJSIG will continue to issue all invoices including renewals and endorsements directly to the Board of Education. All payments must be mailed to NJSIG. The invoices will be mailed approximately 45-60 days after coverage is bound. The Board of Education can continue to pay for the workers' compensation premium in monthly installments. The WC invoices will be mailed to you along with a monthly statement.

Serving Families and Businesses of the Delaware Valley since 1954

Gibbstown
618 E. Broad Street
Gibbstown, NJ 08027

Main Office
8000 Sagamore Drive, Suite 8101
Marlton, NJ 08053

Philadelphia
PO Box 40901
Philadelphia, PA 19107

Hardenbergh

INSURANCE GROUP

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856.489.9100 · 856.489.9101 Fax · www.hig.net

Please notify me in writing, the District's desire by checking the applicable box below, signing where indicated and emailing this form back to me at heleng@hig.net:

- Yes, please renew coverage as quoted effective 7/1/2016.
- No, please non-renew coverage effective 7/1/2016.

Signature

Date

If you have any questions or want to discuss further, please do not hesitate to contact me.

Thank you for allowing Hardenbergh Insurance Group to meet the insurance needs of the District.

Sincerely,

Helen Goodwin

Helen Goodwin

Account Manager – Public Entity Division

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618 E. Broad Street
Gibbstown, NJ 08027

Main Office
8000 Sagemore Drive, Suite 8101
Marlton, NJ 08053

Philadelphia
PO Box 40901
Philadelphia, PA 19107

Burlington and Camden County Educators Insurance Consortium



Waterford Township Board of Education

July 1, 2016 to July 1, 2017

Presented By
Hardenbergh Insurance Group
P.O. Box 8000
Marlton, NJ 08053-8099

Note that if the General Liability discount indicated on this Proposal is utilized we must be provided with a copy of the 2016-2017 Student Accident Declarations page or Binder within 30 days of binding. Failure to submit proper documentation will result in revocation of the credit and an invoice will follow accordingly.

R142AH-01

06/01/2016

A Fund Administered by New Jersey Schools Insurance Group
6000 Midlantic Drive, Suite 300, Mount Laurel, New Jersey 08054
ph: 609.386.6060 - fx: 609.386.8877

Serviced by Conner Strong Insurance Services



Burlington and Camden County Educators Insurance Consortium

Waterford Township Board of Education

Quote Number R142AH-01 July 1, 2016 to July 1, 2017

Coverage Type	Package Options Limits	Deductibles	Premiums
Property	\$31,911,333	\$5,000	\$24,824
Environmental	\$1,000,000	\$25,000	Included
Underground Storage Tanks	Not Quoted	Not Quoted	Not Covered
Crisis Management	\$1,000,000	Various	Included
Beazley Breach Response Services	\$1,000,000	Various	Included
Extra Expense	\$50,000,000	\$5,000	Included
Valuable Papers	\$10,000,000	\$5,000	Included
Loss of Rents	Not Quoted	Not Quoted	Not Covered
Business Income/Tuition	\$1,000,000	\$5,000	Included
Limited Builders Risk	\$5,000,000	\$5,000	Included
EDP	\$800,000	\$1,000	\$2,222
Equipment Breakdown	\$100,000,000	\$5,000	\$1,582
Crime & Bonds:			
Faithful Performance	\$250,000	\$1,000	\$670
Forgery & Alteration	\$25,000	\$500	\$81
Money & Securities	\$25,000	\$500	\$277
Money Orders/Counterfeit	\$25,000	\$500	\$27
Computer Fraud	\$25,000	\$500	\$1
General Liability	\$16,000,000	Not Applicable	\$14,358
General Liability with SA discount	\$16,000,000	Not Applicable	\$13,782
Automobile Liability	\$16,000,000	\$0	\$7,641
Auto Physical Damage	ACV Basis	\$1,000	\$439
Auto Physical Damage	*Replacement Cost on Qualifying Buses	Not Quoted	Not Covered

Workers' Compensation and Supplemental Indemnity Options

BACCEIC

Professional Payroll	\$8,551,000	
Non-Professional Payroll	\$75,000	
Workers' Compensation	Part 1: Statutory/ Part 2: \$2,000,000	\$110,392
Experience Modifier	0.9920	
Supplemental Indemnity (Waiting Period)	7 Days	\$2,348

Quote Number R142AH-01 July 1, 2016 to July 1, 2017

School Leaders Errors and Omissions Liability

Retro Date Cov A	July 1, 1986			
Retro Date Cov B	July 1, 1986			
Coverage A Limits	Coverage B Limits	Deductible	Premium	
\$6,000,000	\$100,000/\$300,000	\$10,000	\$21,970	

Binding higher limits of Auto and General Liability – includes School Leaders Errors & Omissions Liability Coverage in excess of a minimum of \$6,000,000 underlying limits.



Burlington and Camden County Educators Insurance Consortium

Waterford Township Board of Education

Quote Number R142AH-01 July 1, 2016 to July 1, 2017

Coverage Type	Commission Percentage	Commission Dollars
Property (Deductible \$5,000)	15.00%	\$3,724
Underground Storage Tanks	Not Quoted	Not Quoted
EDP	15.00%	\$333
Equipment Breakdown	15.00%	\$237
Crime & Bonds		
Faithful Performance	15.00%	\$101
Depositors' Forgery	15.00%	\$12
Money & Securities	15.00%	\$42
Money Orders/Counterfeit	15.00%	\$42
Computer Fraud	15.00%	\$3
General Liability	15.00%	\$2,154
General Liability with SA discount	15.00%	\$2,067
Automobile Liability	15.00%	\$1,146
Automobile Physical Damage	15.00%	\$66
Workers' Compensation	6.00%	\$6,624
Supplemental Indemnity	10.00%	\$235
Errors & Omissions	15.00%	\$3,296



Burlington and Camden County Educators Insurance Consortium

Waterford Township Board of Education

Quote Number R142AH-01 July 1, 2016 to July 1, 2017

Special Conditions: Premiums are based upon the purchase of Property, General Liability, Automobile Liability, Auto Physical Damage and Workers' Compensation. Any deviation in the purchase of the reference lines of insurance will result in a premium recalculation.

Proposal Terms and Conditions: This proposal is for the purpose of highlighting certain aspects of coverage. Nothing contained herein is to be construed as replacing the actual policy language. This quote is valid up to the effective date. Coverage cannot be bound without a dated authorized signature (below). Coverage cannot be bound verbally. Coverage is bound only when acknowledged with a binder letter, issued by NJSIG.

Payment Terms: All premiums are payable in full with the exception of Workers' Compensation, which may be paid in twelve equal installments. All premiums are payable on or before the invoice due date.

Please note, the New Jersey Schools Insurance Group (NJSIG) welcomes the submission of monoline new business applications for package (auto, general liability, property) and workers' compensation coverage; however, continued membership in NJSIG is contingent upon the renewal of all lines currently placed with NJSIG.

*If purchased, please note Replacement Cost applies to buses that are not older than ten years at inception and seat over 17 passengers.

Authorized Signature

Agency Name _____

Authorized Signature _____

Print Full Name _____

Workers' Compensation Payment Plan Annual _____ Semi-Annual _____
(Must be completed) Monthly _____ Quarterly _____

Member District's Tax ID Number (New business only) _____

Please do not invoice your client from quote proposal(s). Invoicing to member districts should be derived from an official invoice from NJSIG. These standard operating procedures will assist in managing any unforeseen binding order anomalies, changes or billing cycle requirements.

*Bollinger Specialty Group
Student Accident Insurance Renewal Proposal
Designed Especially for*

Waterford Township Board of Education

Bollinger Contact:	Lawrence E. Shoemaker	Proposal Type:	Renewal
Phone Number:	1-800-350-8005, Ext. 8086	Proposal #:	033039
Carrier:	Zurich	Plan Year:	2016-2017
Supplies Sent To:	NA	Policy #:	MCB5858735
Broker Name:	Hardenbergh Insurance Group	Effective Date:	7/20/2016
Broker Commission:	10.00%	Expiration Date:	7/19/2017

Student Coverage Excluding Interscholastic Athletics					
Coverage	Plan Options	Maximum Benefit	Benefit Period	Payment Basis	Deductible
All Students	Standard Plan - See Attached for Benefit Summary	\$1,000,000	2 Year	Full Excess	\$0

Optional Student Coverages				
Coverage	Maximum Benefit	Benefit Period	Payment Basis	Deductible
Volunteers	\$25,000	1 Year	Full Excess	\$0
Covers non-employee volunteers while participating in student related school sponsored and supervised activities.				
The premium for the Optional Coverages listed above is included in the total Annual Premium quoted.				

Annual Premium: \$5,304.00

We thank you for the opportunity to provide a proposal for your insurance needs. Please feel free to call your sales representative if you have any questions about this proposal.

Accepted: _____ **Title:** Business Administrator **Date:** _____

To renew coverage, this form must be signed and returned prior to the effective date. Please mail this form to the address listed below or email to Larry_Shoemaker@ajg.com.

quote letter provides a summary of the coverage to be provided and is not intended to substitute for or duplicate policy provisions. It is subject to the provisions of the policy of insurance to be issued by Zurich American Insurance Company. You will need to contact us for exact policy language, as well as for any limitations and restrictions that may be applicable. The policy is the only contract between the Policyholder and us. It contains the actual terms, conditions and limits of the coverage to be provided. If there is any conflict between this quote and the policy, the policy will govern in all cases. Acceptance of this quote is contingent upon and subject to the actual terms and conditions of the policy as issued.

Bollinger Specialty Group
Student Accident Contact and Enrollment Information Form

Waterford Township Board of Education

Contact Information

This form must be signed and returned with your signed acceptance.

School

Contact Name Dan Fox
Address 1106 Old White Horse Pike
City, State, Zip Waterford, NJ 08089
Phone # 856-768-1473
Email Address dfox@wtsd.org

Broker

Contact Name Helen Goodwin
Address PO Box 8000
City, State, Zip Marlton, NJ 08053
Phone # 856-489-9100
Email Address helena@hia.net

Enrollment Information

Please verify that enrollment information is correct. Indicate changes where necessary. This enrollment information is used for underwriting purposes. Thank you for your cooperation.

Enrollment by School

<u>School Name</u>	<u>Enrollment</u>	<u>Indicate Changes</u>
Total District Enrollment:	875	<u>835</u>

Accepted: _____ *Title:* Business Administrator *Date:* _____

*Bollinger Specialty Group
Student Accident Insurance Renewal Proposal
Designed Especially for*

Waterford Township Board of Education

Bollinger Contact:	Lawrence E. Shoemaker	Proposal Type:	Renewal
Phone Number:	1-800-350-8005, Ext. 8086	Proposal #:	033040
Carrier:	Zurich	Plan Year:	2016-2017
Supplies Sent To:	NA	Policy #:	MCB5859640
Broker Name:	Hardenbergh Insurance Group	Effective Date:	7/20/2016
		Expiration Date:	7/19/2017

Extended Student 'Round-the-Clock Coverage					
Coverage	Plan Options	Maximum Benefit	Benefit Period	Payment Basis	Deductible
Voluntary Students	Plan 3	\$500,000	5 Year	Primary	\$0

The Extended 24 Hour 'Round-the-Clock Voluntary Plan is purchased on an individual basis by Students.

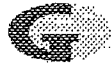
Voluntary Student Plan Rate is \$92.00

We thank you for the opportunity to provide a proposal for your insurance needs. Please feel free to call your sales representative if you have any questions about this proposal.

Accepted: _____ Title: Business Administrator Date: _____

To renew coverage, this form must be signed and returned prior to the effective date. Please mail this form to the address listed below or email to Larry_Shoemaker@ajg.com.

This quote letter provides a summary of the coverage to be provided and is not intended to substitute for or duplicate policy provisions. It is subject to the provisions of the policy of insurance to be issued by Zurich American Insurance Company. You will need to contact us for exact policy language, as well as for any limitations and restrictions that may be applicable. The policy is the only contract between the Policyholder and us. It contains the actual terms, conditions and limits of the coverage to be provided. If there is any conflict between this quote and the policy, the policy will govern in all cases. Acceptance of this quote is contingent upon and subject to the actual terms and conditions of the policy as issued.



Bollinger Specialty Group

BOLLINGER INC. A SUBSIDIARY OF
ARTHUR J. GALLAGHER & CO.

Zurich American Insurance Company Plan Coverage Summary – Plan 1

Covered Medical Benefits	2016-2017
Hospital Room / Boarding	100% U&C
Ancillary or Miscellaneous Inpatient Hospital	100% U&C
Medical Emergency Care	100% U&C
Outpatient Surgical Room (Includes Ambulatory Surgical Facility)	100% U&C
Outpatient Diagnostic X-Rays and Laboratory Test	100% U&C
Physician's non-surgical treatment	100% U&C
Physician's Surgical Procedures	100% U&C
Anesthesiologist	100% U&C
Registered Nurse	100% U&C
Physiotherapy	100% U&C
Non-Emergency Inpatient/Outpatient X-Rays	100% U&C
Diagnostic Imaging	100% U&C
Ambulance Expenses	100% U&C
Rehabilitative Limb Braces, Wheelchairs and other Medical Equipment/Appliances	100% U&C
Eyeglasses, Contacts or Hearing Aids	100% U&C
Prescription Drugs	100% U&C
Accident Dental	100% U&C

The Master Policy contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. If any discrepancy exists between this summary and the Master Policy, the Master Policy will govern and control the payment of claims.

Visit us on the web at www.BollingerSchools.com

AME Exclusions

EXCLUSIONS:

In addition to the General Exclusions stated in the **Policy**, **We** will not cover expenses under this additional benefit for:

1. Cosmetic, plastic or restorative surgery unless **Medically Necessary** for the treatment of the **Covered Injury**.
2. Any medical expenses related to pregnancy unless **Medically Necessary** for the treatment of the **Covered Injury**.
3. Any expenses for a **Pre-existing Condition** unless the **Pre-existing Condition** is indivisible from an **Accidental Covered Injury** occurring during coverage.
4. **Covered Injury** for which the **Insured** is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutory mandated coverage.
5. Personal comfort or convenience items, such as but not limited to **Hospital** telephone charges, television rental, or guest meals.
6. Treatment by any immediate family member or member of the **Insured's** household.
7. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless **Medically Necessary** for the treatment of the **Covered Injury**.
8. Expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless **Medically Necessary** for the treatment of the **Covered Injury**.
9. A hernia.
10. Routine physical examinations and related medical services, or elective treatment or surgery or experimental or investigative treatments or procedures.
11. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
12. Expenses which the **Insured** is not legally obligated to pay.
13. Expenses for **Custodial Services** or services provided by a private duty nurse unless such expenses are incurred as a result of a **Covered Injury**.
14. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the **Covered Injury** has caused further impairment of the underlying bodily condition.
15. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a **Covered Injury**.
16. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease.

SECTION IV – GENERAL EXCLUSIONS

A loss will not be a **Covered Loss** if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service.
4. illness or disease; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for **Accidental** ingestion of contaminated foods.
5. participation in the commission or attempted commission of any felony.
6. Parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
7. being intoxicated.
 - a. An **Insured** will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the **Insured's** intoxication.
8. being under the influence of any narcotic, unless administered or consumed on the advice of a **Physician**.
9. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
10. a cardiovascular event or stroke caused by exertion prior to or at the same time as an **Accident**.
11. participation in any team sport or any other athletic activity unless mentioned in the **Covered Activities**.
12. the **Insured** riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
13. any loss incurred while outside the United States, its territories or Canada.



Plan Coverage Summary – Plan 3 Zurich American Insurance Company

Covered Medical Benefits	2016-2017
Hospital Room / Boarding	100% U&C
Ancillary or Miscellaneous Inpatient Hospital	\$5,000
Medical Emergency Care	\$100
Outpatient Surgical Room (Includes Ambulatory Surgical Facility)	\$1,000
Outpatient Diagnostic X-Rays and Laboratory Test	\$750
Physician's non-surgical treatment	\$250
Physician's Surgical Procedures	\$5,000
Anesthesiologist	30% or Surgery
Registered Nurse	\$350
Physiotherapy	\$500; 10-visit max
Non-Emergency Inpatient/Outpatient X-Rays	\$200
Diagnostic Imaging	\$750
Ambulance Expenses	\$1,000
Rehabilitative Limb Braces, Wheelchairs and other Medical Equipment/Appliances	\$2,500
Eyeglasses, Contacts or Hearing Aids	\$1,000
Prescription Drugs	100% U&C
Accident Dental	\$4,000

The Master Policy contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. If any discrepancy exists between this summary and the Master Policy, the Master Policy will govern and control the payment of claims.

AME Exclusions

EXCLUSIONS:

In addition to the General Exclusions stated in the **Policy**, **We** will not cover expenses under this additional benefit for:

1. Fighting or brawling except in self-defense.
2. Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities Association, or any state equivalent.
3. Reinjury of the same body part within 6 months of the **Covered Accident** unless previously cleared by a **Physician** to practice or play
4. Cosmetic, plastic or restorative surgery unless **Medically Necessary** for the treatment of the **Covered Injury**.
5. Any medical expenses related to pregnancy unless **Medically Necessary** for the treatment of the **Covered Injury**.
6. Any expenses for a **Pre-existing Condition**.
7. **Covered Injury** for which the **Insured** is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutory mandated coverage.
8. Personal comfort or convenience items, such as but not limited to **Hospital** telephone charges, television rental, or guest meals.
9. Treatment by any immediate family member or member of the **Insured's** household.
10. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless **Medically Necessary** for the treatment of the **Covered Injury**.
11. Expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless **Medically Necessary** for the treatment of the **Covered Injury**.
12. A hernia.
13. Routine physical examinations and related medical services, or elective treatment or surgery or experimental or investigative treatments or procedures.
14. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
15. Expenses which the **Insured** is not legally obligated to pay.
16. Expenses for **Custodial Services** or services provided by a private duty nurse unless such expenses are incurred as a result of a **Covered Injury**.
17. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the **Covered Injury** has caused further impairment of the underlying bodily condition.
18. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a **Covered Injury**.
19. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease.

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2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service.
4. illness or disease; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for **Accidental** ingestion of contaminated foods.
5. participation in the commission or attempted commission of any felony.
6. Parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
7. being intoxicated.
 - a. An **Insured** will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the **Insured's** intoxication.
8. being under the influence of any narcotic, unless administered or consumed on the advice of a **Physician**.
9. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
10. a cardiovascular event or stroke caused by exertion prior to or at the same time as an **Accident**.
11. participation in any team sport or any other athletic activity unless mentioned in the **Covered Activities**.
12. the **Insured** riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
13. any loss incurred while outside the United States, its territories or Canada.