

**MONUMENT BUILDERS**



**OF NORTH AMERICA**

**2009-10 MBNA MEMORIAL PROTECTION PROGRAM**

**ELIGIBILITY**

- Participants must be MBNA Retailer Members in good standing with MBNA and must maintain membership from the time the certificate is offered to a customer to the time a claim is made under the program in order for the claim to be settled under the terms of the trust.
- Participants **may not** sell the certificates to their customers. They may provide the certificate of coverage to their customers when the monument is set.
- Certificates may be offered on selected sales. It is not required that all sales be provided with a certificate.

**COVERAGE**

- Coverage is offered for an act of vandalism or theft that damages or otherwise causes a monument to require replacement or repair. It is also offered for natural defects such as cracking or flaking which damages or otherwise causes a monument to need replacement.
- Coverage is **not** offered for loss arising from ceramic or porcelain photographs, stained glass or foundations, discoloration, acts of God, damage caused by cemetery personnel, vases, lights or similar adornments.
- There is a \$100 deductible fee for each occurrence that is paid by the MBNA Member – not the customer.
- Certificates are valid for 10 years from the date of installation of the monument.
- The limit of coverage for any one claim is \$10,000, in connection with any form or type of eligible restoration or replacement work.

**PARTICIPATION**

- Certificates are purchased at the rate of \$350 USD per 100 certificates and may be distributed to customers during the period of July 1, 2009 and June 30, 2010. Any unused certificates expire on June 30, 2010.
- Members may purchase additional sets of 100 certificates at anytime during the period, but these also expire on June 30, 2010.
- Subsequent year certificates purchases are dependent upon continued membership in MBNA.
- Certificates are activated upon receipt by MBNA.

**Please enroll my firm in the MBNA Memorial Protection Program. Enclosed is my payment in the amount of \$350 USD for the first 100 certificates of coverage. I will receive the certificates and full instructions by return mail.**

My check is enclosed.       Please charge my Visa, MasterCard or American Express

Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ Signature: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Return to:

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