

## **ADDING ADDITIONAL INSUREDS**

Additional Insureds may be added to our liability insurance policy. Such Additional Insureds may be your landlord, college, university, and/or proprietor from whom the chapter may be renting property for a special event.

Please submit this Additional Insured Request Form to tbtm@alphasig.org at least thirty (30) days prior to the date it is needed.

Upon review and approval of the Additional Insured request by Alpha Sigma Phi Fraternity and the insurance carrier, a certificate of insurance will be issued by Willis, with the original forwarded to the Additional Insured and a copy to the International Headquarters.

If you have an additional questions regarding adding additional insureds, please contact Alpha Sigma Phi Headquarters.

Chapter Name	Your	Name		
Your Address	City, S	State, Zip		
Phone () Email .	Address			
Additional Insured's Name				
Address	City, S	State, Zip	VIE E	
Phone ()Email .	Address			5
Limits Requested by Additional Insure	ed		Date/Time of Event	_
Description		<u>k// </u>		
Please answer the below questions an request:	nd if any answer is	"Yes" please in	clude the documentation with t	his
1. Are Certificates of Insurance obtair	ned from vendors?			
A. Liquor Legal Liability	Yes	No	Not Applicable	
B. General Liability	Yes	No	Not Applicable	
2. Has vendor(s) provided proof of liqued proo	uor license and tem	porary license	to see on premises?	
	Yes	No	Not Applicable	
3. Is the fraternity named as an addit	ional insured on all	certificates from	m vendors?	
	Yes	No	Not Applicable	
4. Have applicable permits and permi	ission been obtaine	d from authorit	ies:	
A. College/University	Yes	No	Not Applicable	
B. Fund Raiser	Yes	No	Not Applicable	
5. Has any written contract or agreem	nent been signed fo	r any part of thi	s special event?	
	Yes	No	Not Applicable	
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