

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@alphasigmaphi.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		
our Address				
Phone ()Email Ad	ldress			
Additional Insured's Name			_	
Address	C	ity, State, Zip		
Phone ()Email Ad				
imits Requested by Additional Insured				
Description				
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Send the request with the information r	needed to Alpha S	Sigma Phi Frater	nity, Attn: President by fax (31	.7) 843-2966 or
email <u>tbtm@alphasigmaphi.org</u> .				
Please answer the below questions and	l if any anawar is	"Voo" plagagin	aluda tha dagumantatian with	thic request:
1. Are Certificates of Insurance obtained	•	ies piease in	cidde the documentation with	tilis request,
A. Liquor Legal Liability	Yes	No	Not Applicable	
, ,			Not Applicable	
B. General Liability	Yes	No	Not Applicable	
2. Has vendor(s) provided proof of liquo				
	Yes	No	Not Applicable	
3. Is the fraternity named as an addition				
	Yes	No	Not Applicable	
Have applicable permits and permiss	sion been obtaine	ed from authorit	ies:	
A. College/University	Yes	No	Not Applicable	
B. Fund Raiser	Yes	No	Not Applicable	
5. Has any written contract or agreeme	nt been signed fo	or any part of thi	s special event?	
	Yes	No	Not Applicable	