

ALPHA PHI ALPHA FRATERNITY, INC.
ADDITIONAL INSURED REQUEST FORM

Chapter Name: _____
Your Name: _____
Your Address: _____
City, State, Zip: _____
Phone: _____ E-Mail Address: _____ Fax (if available): _____
Additional Insured's Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ E-Mail Address: _____
Date and Time of Event: _____
Description: _____

Fax or Mail completed from with the Special Event Checklist to:

Alpha Phi Alpha Fraternity, Inc.
Attn: Membership Department
2313 St. Paul Street
Baltimore, MD 21218 - 5234
Phone: 410-554-0040; Fax: 410-554-0054; email: insurance@apa1906.net

A charge of \$100 will be assessed for all special event additional insured certificates that are not processed according to the proscribed rules and must be received by the Corporate Headquarters before the additional insureds status is granted.

The following questions are taken from the second page of the Special Event Checklist. Please answer the below questions and if any answer is "Yes" please include the documentation with this request;

- 1) Are Certificates of Insurance obtained from vendors?
 - A. Liquor Legal Liability Yes No Not Applicable
 - B. General Liability Yes No Not Applicable
- 2) Has vendor(s) provided proof of liquor license and temporary license to see on premises?
 - Yes No Not Applicable
- 3) Is the fraternity named as an additional insured on all certificates from vendors?
 - Yes No Not Applicable
- 4) Have applicable permits and permission been obtained from authorities:
 - A. College/University Yes No Not Applicable
 - B. Fund Raiser Yes No Not Applicable
- 5) Has any written contract or agreement been signed for any part of this special event?*
- 6) Have you received any correspondence requesting proof of insurance for the event?

Please utilize the back side of this form if you should run short of room.

Please select method of payment. This form must be sent in with full payment

- Certified check** **Money Order** **Credit Card**

Credit Card
(Visa, AMEX, Mastercard accepted)
Type: _____
Number: _____
Expiration Date: _____
Name: _____
Signature: _____
Date: _____

