

# DELTA TAU DELTA

## 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: \_\_\_\_\_

Limits Requested by Additional Insured: \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Description: \_\_\_\_\_

Fax, Mail or Email the completed form to: Delta Tau Delta Fraternity, Attn: Accounting, Fax: (317)284-0214, 10000 Allisonville Rd, Fishers, IN 46038, candice.mcquitty@delts.net.

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
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3. Is the fraternity named as an additional insured on all certificates from vendors?
 

	Yes	No	Not Applicable
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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?
 

	Yes	No	Not Applicable
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- 6) Have you received any correspondence requesting proof of insurance for the event?
 

	Yes	No	Not Applicable
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**Please utilize the back side of this form if you should run short of room.**

