

ADDITIONAL INSURED REQUEST FORM

If you are part of an inter/national fraternity insurance program, review of event procedures and approval of your headquarters office is required. Holmes Murphy Fraternal Practice will provide information and request approval on your behalf. In all cases, issuance of additional insured protection is at the full discretion of the underwriter. Submission of a request does not automatically grant the requested additional insured protection.

Please note that if this request is in regard to an event, we ask you complete the Event Details Checklist found on our website and return it with this form.

<http://www.holmesmurphy.com/fraternal/wp-content/uploads/sites/2/2016/11/Event-Planning-Guide-2017-Final-MCC.pdf>

Your Information

Fraternity Name*

Chapter Name*

Your Name

Your Title*

Your Email*

Is this for:

Special Event

Term Policy

If for a special event, what is the event?*

Date of the Event (If full policy term, use today's date)*

Venue of the Event

Number of Participants

Additional Insured Information

Name of Additional Insured*

Address*

Street Address

City

State/Province/Region

ZIP

Phone*

Email*

If required wording is needed, please state:

*REQUIRED FIELDS

Please remember to attach all contracts/agreements for the event