

PHI KAPPA SIGMA

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: Phi Kappa Sigma Fraternity, 2 Timber Drive, Chester Springs, PA 19425, Attn: Doug Maden, Executive Director, Fax # (610) 469-3286 or email to executivedirector@pks.org.

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.

