

## Memorandum

**Date:** 12/2/2021

**To:** Chapter Officers

**CC:** Delta Sigma Theta Sorority, Inc. Leadership

**From:** Emily Baker, Client Service Consultant  
Richard Jungman, Practice Leader, Fraternal

### RE: Event Insurance Program

Effective December 1, 2021, Holmes Murphy & Associates will become the Sorority's insurance broker. Our Fraternal Practice has focused on serving Greek letter organizations since our founding in 1991. Our website is full of resources to help your Chapter provide a safe and healthy experience for your members and the guests at their event. You can find our educational resources here: <https://www.holmesmurphy.com/fraternal/resources/resources-sororities-fraternities/>.

We are excited to help you and your Chapter plan and prepare for your events that require liability insurance. For the most part, the only change to the current process is who you contact for your event's insurance needs. For any event that will occur on or after December 1, 2021, your request can be made through the following channels:

Email: [DSTTeam@holmesmurphy.com](mailto:DSTTeam@holmesmurphy.com)

Fax: 800-328-0522

Online: <https://www.holmesmurphy.com/fraternal/forms/additional-insured-request/>

If the request is made through our website, you will need to upload the Application for Organization Insurance Form. Applications are not required for normal chapter operations such as regularly scheduled chapter meetings, installation of officers, events attended only by members, and regularly scheduled Delta youth initiatives. Applications are required for all other chapter events to obtain coverage. The fee schedule below is based upon the anticipated attendance.

Number of Attendees	No Alcohol	With Alcohol
0 to 250	\$100.00 <input type="checkbox"/>	\$200.00 <input type="checkbox"/>
251 to 500	\$200.00 <input type="checkbox"/>	\$300.00 <input type="checkbox"/>
501 to 750	\$300.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>
751 to 1000	\$400.00 <input type="checkbox"/>	\$500.00 <input type="checkbox"/>
1001+	Charge subject to complete underwriting	

The fee provides your Chapter with General Liability coverage with limits of \$1,000,000 per occurrence and \$2,000,000 annual aggregate for your event. If you require limits higher than \$1,000,000 per occurrence and \$2,000,000 annual aggregate, we will work with you to place an event policy providing the required higher limits.

To obtain coverage for your event, your request needs to be submitted at least sixty (60) days prior to the scheduled activity. The chapter is responsible for the direct payment of the additional cost to Holmes Murphy. If a Certificate of Insurance or an Additional Insured needs to be added to the policy, please complete the Certificate Request form for each Certificate or Additional Insured and submit it with your Application for Organization Insurance Form.

Payment must be received prior to the approval of your application and the issuance of any certificates needed. Provided below are detailed payment instructions. For the quickest turnaround, we recommend making payment via the Online ACH Bill Pay option. There is a \$5.00 convenience fee associated with the ACH option. **If you mail a check to the lockbox, please include a copy of your completed Application for Organizational Insurance Form.**

MAIL TO OUR LOCKBOX	ONLINE ACH BILL PAY
<p>Holmes Murphy &amp; Associates 39561 Treasury Center Chicago, IL 60694-9500</p> <p><b>Ref: Client 9999 and your Chapter name (re: Alpha Chapter of DST)</b></p>	<ol style="list-style-type: none"> <li>1. Go to <a href="http://www.HolmesMurphyFraternal.com">www.HolmesMurphyFraternal.com</a></li> <li>2. Click on the Online Bill Pay link in the middle of our Home Page</li> <li>3. Enter the Client Number: <b>9999</b></li> <li>4. Enter the Insured Name: <b>Your Chapter Name of DST (re: Alpha Chapter of DST)</b></li> <li>5. Click on Continue and follow the instructions to complete the transaction</li> <li>6. You will receive an e-mail confirmation once the transaction has been completed.</li> </ol>

We look forward to working with you. If you have any questions, please contact Emily Baker at [ebaker@holmesmurphy.com](mailto:ebaker@holmesmurphy.com) or by phone at 402-697-4745. Thank you!

## Application for Organizational Insurance

Date: \_\_\_\_\_ Organization: \_\_\_\_\_  
Chapter Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Chapter Mailing Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
Venue Address: \_\_\_\_\_  
Venue Contact  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Is the event co-sponsored? Yes      No  
Co-sponsoring Organization: \_\_\_\_\_  
Will there be alcohol at the event? Yes      No  
Number of non-members attending the event: \_\_\_\_\_  
Description of Event: \_\_\_\_\_

### Fees for \$1M/\$2M Limit

<i>Number of Attendees</i>	<i>No Alcohol</i>	<i>With Alcohol</i>
0-250	\$100	\$200
251-500	\$200	\$300
501-750	\$300	\$400
751-1,000*	\$400	\$500

\*Events exceeding 1,000 participants will require a complete Underwriting Submission. Please contact Emily Baker at [ebaker@holmesmurphy.com](mailto:ebaker@holmesmurphy.com)

**Payment must be received prior to the approval of your application and the issuance of any certificates needed.**

## Application for Organizational Insurance

For the quickest turnaround, we recommend making payment via the Online ACH Bill Pay option. There is a \$5.00 convenience fee associated with the ACH option. **If you mail a check to the lockbox, please include a copy of your completed Application for Organizational Insurance Form.**

Detailed payment instructions can be found below:

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## Application for Organizational Insurance

### REQUEST FOR CERTIFICATE OF INSURANCE

Name of Certificate Holder:

Contact Information for Certificate Holder

Street: City: State: ZIP:

Email: Phone Number:

Description of Good or Service Being Provided by Certificate Holder:

Limits Required

Per Occurrence: Policy Aggregate:

Additional Insured Certificate

Yes No

Written Contract

Yes No

If the certificate is required to be provided under a written contract, please provide a complete description of insurance requirements with the applicable contract or attach a copy of the contract: