**Warranty Statement**

ALL chapters must provide a warranty letter for the insurance company. This is a statement, signed by the Incoming Chapter President, which certifies that the chapter is not aware of any existing or potential situations that may give rise to a claim under the proposed coverage (electronic signatures acceptable).

**If you are aware of any known or potential claims situation, please notify Andrew Watt, FInstF, AFP President and CEO immediately.**

**NOTE**: This warranty statement is required from every chapter on an annual basis and is a legal document.

If you have chapter letterhead, please print this statement on the chapter letterhead. Otherwise use a plain white piece of paper.

DATE

Director, Chapter Administration

Association of Fundraising Professionals

4300 Wilson Blvd., Suite 300

Arlington, VA 22203-4168

On behalf of the Organization, I am not aware of any fact, circumstance or situation involving our Organization, its affiliates or its subsidiaries or the Directors/Trustees, Officers, Employees, Volunteers or Committee members of our Organization that may result in a future claim which would fall within the scope of the proposed insurance.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (President)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_