

**RUST**  
**INSURANCE AGENCY, LLC**  
1510 H STREET, NW, 5<sup>TH</sup> FLOOR  
WASHINGTON, DC 20005  
Tel: 202 776-5000  
Fax: 202 776-5035

December 7, 2023

**Association of Fundraising Professionals**  
**Attn: Members**

Re: Commercial General Liability Insurance  
Effective: January 1, 2024-2025

Dear Members:

We are pleased to enclose your Certificate of Insurance along with a Summary of Coverages.

The Certificate of Insurance should be retained in your files permanently. If you are required to provide evidence of insurance and/or add another party as an “Additional Insured”, please complete the *Special Event Questionnaire (Certificate of Insurance Request Form)* and return to Rust Insurance Agency.

Alternatively, you can complete the questionnaire online at <http://www.rustinsurance.com/AFP.pdf>. Any contract that you sign should be reviewed for insurance requirement – adding an Additional Insured requires underwriting approval.

It is important that the exclusions and restrictions listed in the summary be noted. *If a planned event falls into any of these areas, please notify us immediately.*

This general liability insurance is designed to protect you against claims alleging negligence that cause injuries to third parties (persons other than members) – it does not cover suits brought against a member by another. This is not and was never intended to be an accident policy for the members.

Should you have any questions, please give us a call at **1-800-235-1889, ext. 5037**. It is always a pleasure to be of service.

Sincerely,

*Emily*

Emily Van Oudenaren, CLCS

EVO/nh  
Enclosures

**ASSOCIATION OF FUNDRAISING PROFESSIONALS**  
**4300 WILSON BLVD, SUITE 300**  
**ARLINGTON, VA22203-4179**

**SUMMARY OF COVERAGES**  
JANUARY 1, 2024 TO JANUARY 1, 2025

**COMMERCIAL GENERAL LIABILITY**

***Philadelphia Insurance Policy# PHPK2632139***

\$2,000,000. General Aggregate Limit  
\$2,000,000. Products-Completed Operations Aggregate  
\$1,000,000. Personal and Advertising Injury Limit  
\$1,000,000. Each Occurrence Limit  
\$1,000,000. Fire Damage Limit (any one fire)  
\$ 20,000. Medical Expense Limit (any one person)

**Including:**

- *Members as Additional Insured*  
- *Volunteers as Additional Insured*

- *Managers or Lessors of Premises  
as Additional Insured*  
- *Temporary Landlord as Additional Insured*

**Excluding:**

- *Injury to Participants/Auto Liability*  
- *Camps or Campgrounds*  
- *Athletic or Sport Participants*  
- *Fireworks Display/Aircraft & Balloons (including Balloons Rides)*

- *Lead Exclusion/Punitive Damage/Asbestos*  
- *Pollution/Nuclear Energy Liability*  
- *Parade/Watercraft & Water Related Activities*  
- *Auto/Motorcycle Races/Biking Events*

**IMPORTANT:** *The Certificate of Insurance issued to you should be retained permanently in your files as evidence of your coverage. If you are required to provide evidence of insurance and/or add another party as “Additional Insured” in the policy, please complete the “Special Event Questionnaire/Certificate of Insurance Request Form” and return to Rust Insurance Agency. Any contracts you sign must be reviewed for their insurance requirement – adding an Additional Insured requires underwriting approval.*

**NOTES:**

1. **THE LIMIT OF LIABILITY IS SHARED BY ALL CHAPTERS NATIONAL HEADQUARTERS.**
2. Medical Expense coverage does not extend to Members and Volunteers nor does Members and Volunteers as Additional Insureds cover bodily injury to these individuals.
3. Certificate of Insurance should be obtained from anyone providing services to you (caterers, bus charters, contractors and professional service providers). **Have AFP listed as an Additional Insured.**
4. **NO** business contents or property coverage is provided to the AFP Clubs/Chapters.
5. This is a summary of the coverages provided. The actual coverage descriptions, conditions, and exclusions are in the original policy on file at the National Headquarters.
6. Activities and Special Events are **NOT** automatically covered. There will be varying charges based on size and duration of events. Please complete questionnaire on page 4 for coverage can be generated.

**FOR QUESTIONS OR ASSISTANCE, PLEASE CONTACT:**

RUST INSURANCE AGENCY, LLC  
1510 H Street, 5<sup>th</sup> Floor  
Washington, DC 20005  
Attn: Emily Van Oudenaren  
E-mail: [emily@rustinsurance.com](mailto:emily@rustinsurance.com)  
Tel: (202) 776-5037  
Toll Free: 1-800-235-1889, ext. 5037  
Fax: (202) 776-5035



**Association of Fundraising Professionals  
SPECIAL EVENT QUESTIONNAIRE  
(CERTIFICATE OF INSURANCE REQUEST FORM)**

CLUBS/CHAPTERS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
DAYTIME PHONE #: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

1. Describe Event: \_\_\_\_\_
2. Are you the sponsor? \_\_\_\_ If NO, name of main sponsor: \_\_\_\_\_
3. Date(s) of event: \_\_\_\_\_
4. Address of event: \_\_\_\_\_
5. Estimated attendance: \_\_\_\_\_ No. of Exhibitors: \_\_\_\_\_
6. Admission to be charged: \$ \_\_\_\_\_ Expected gross receipts: \$ \_\_\_\_\_
7. Will event be held indoors or outdoors? OUTDOORS \_\_\_\_\_
8. Have you conducted similar events in the past? \_\_\_\_ If YES, have there been any claims/losses? \_\_\_\_\_
9. Describe past claims/losses, if any: \_\_\_\_\_
10. Describe security to be provided: \_\_\_\_\_
11. Describe first aid to be provided: \_\_\_\_\_
12. Will there be amusement rides or fireworks? \_\_\_\_\_
13. Describe refreshments planned: \_\_\_\_\_
14. Are they complimentary or purchased? \_\_\_\_\_
15. Are you serving the alcohol or contracting the service out? \_\_\_\_\_
16. Describe any cooking to be done: \_\_\_\_\_
17. Does another party need a Certificate of Insurance other than what you already have? NO \_\_\_\_  
If Yes, list name:  
Name: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Tel No: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_
18. Does the other party require "**ADDITIONAL INSURED**" wording? \_If YES, describe their interest: (landlord, owner of premises, lessor, event sponsor, etc.) \_\_\_\_\_
19. Have you agreed to "**HOLD HARMLESS**" the other party? \_\_\_\_\_ (attach a copy of your contract, permit, or agreement)

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

**NOTES:**

- ◆ If a contract, permit or agreement has been signed, please attach a copy for review.
- ◆ If possible, please allow up four weeks for processing.
- ◆ Activities and Special Events are **NOT** automatically covered. There will be varying charges based on size and duration of events. Please complete questionnaire on page 4 for coverage can be generated.

**PLEASE RETURN COMPLETED QUESTIONNAIRE TO:** RUST INSURANCE AGENCY, LLC  
1510 H Street, 5<sup>th</sup> Floor  
Washington, DC 20005  
Attn: Emily Van Oudenaren  
E-mail: [emily@rustinsurance.com](mailto:emily@rustinsurance.com)  
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