

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

January 3, 2025

Association of Fundraising Professionals
Attn: Members

Re: Commercial General Liability Insurance
Effective: January 1, 2025-2026

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
4200 WILSON BLVD, SUITE 480
ARLINGTON, VA 22203-4416

SUMMARY OF COVERAGES
JANUARY 1, 2025 TO JANUARY 1, 2026

COMMERCIAL GENERAL LIABILITY

Philadelphia Insurance Policy# PHPK2632139-006

\$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, 5th Floor
Washington, DC 20005
Attn: Emily Van Oudenaren
E-mail: 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
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