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

Excluding:

- Injury to Participants/Auto Liability
- -Camps or Campgrounds
- -Athletic or Sport Participants
- -Fireworks Display/Aircraft & Balloons (including Balloons Rides)
- Managers or Lessors of Premises as Additional Insured
- -Temporary Landlord as Additional Insured
- -Lead Exclusion/Punitive Damage/Asbestos
- -Pollution/Nuclear Energy Liability
- -Parade/Watercraft & Water Related Activities
- -Auto/Motorcycle Races/Biking Events

<u>IMPORTANT</u>: 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 "<u>Special Event Questionnaire/Certificate of Insurance Request Form</u>" 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. <u>Medical Expense</u> coverage does not extend to Members and Volunteers nor does <u>Members and Volunteers as Additional Insureds</u> 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 <u>NOT</u> 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





CERTIFICATE OF LIABILITY INSURANCE

NHOUNG

1/3/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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	DUCER					CONTA NAME:	CT Nikki Ho	ungmany				
Rust Insurance Agency, LLC 1510 H Street NW						PHONE (A/C, No, Ext): (202) 776-5048 FAX (A/C, No):						
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Was	shingto	n, DC 20005				ABBILL			RDING COVERAGE		NAIC#	
						INCLIDE					18058	
INSURED							INSURER A: Philadelphia Insurance Companies INSURER B: Hartford Accident & Indemnity Co.				22357	
Association of Fundraising Professional & AFP Foundation							INSURER C:					
		for Philanthropy										
4300 Wilson Boulevard, Suite 300 Arlington, VA 22203-4168						INSURER D:						
						INSURER E :						
						INSURE	RF:					
CO	VERAG	SES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
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		X CLAIMS-MADE OCCUR			PHPK2632139-006		1/1/2025	1/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	\square _								MED EXP (Any one person)	\$	20,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L A	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		DLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α		HER: OBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000	
^					DUDK0000400 000		4/4/2025	4/4/2020	(Ea accident)	\$.,,,,,,,,	
		IY AUTO SCHEDULED			PHPK2632139-006		1/1/2025	1/1/2026	BODILY INJURY (Per person)	\$		
		VNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	X HIF	RED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
_										\$		
Α	X um	IBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000	
	EX	CESS LIAB CLAIMS-MADE			PHUB892205-006		1/1/2025	1/1/2026	AGGREGATE	\$	5,000,000	
	DE	ED X RETENTION \$ 10,000								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				42WECAE7DJZ			1/1/2026	X PER OTH- STATUTE ER			
							1/1/2025		E.L. EACH ACCIDENT	\$	1,000,000	
									E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, de	scribe under PTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	ę.	1,000,000	
	DESCINI	FIION OF OFEIGHTONS BEIOW							L.L. DISLAGE - POLICI LIMIT	Ψ		
CEF	CRIPTION RTIFICAT	OF OPERATIONS / LOCATIONS / VEHIC FE HOLDER IS ADDITIONAL INS	LES (ACORI D	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)			
1		policy terms, conditions and exc										
L												
CE	RTIFICA	ATE HOLDER				CANO	ELLATION					
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
AFP Chapter of:							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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Click here to fill out this form electronically online.

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

	JBS/CHAPTERS: ILING ADDRESS:
CON	NTACT PERSON:
	AIL ADDRESS:
	TIME PHONE #:
FAX	(NUMBER:
	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: Admission to be charged: \$ Expected gross receipts: \$
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?
	Describe refreshments planned:
14.	Are they complimentary or purchased?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:
	Addition
	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.	owner of premises, lessor, event sponsor, etc.) Have you agreed to "Hold Harmless" the other party?(attach a copy of your contract. permit,
	or agreement)
O:	
ગgr	ned:Date:
NO ¹	TES:

- 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, 5th Floor

Washington, DC 20005

Attn: Emily Van Oudenaren E-mail: emily@rustinsurance.com

Fax: (202) 776-5035 Tel: (202) 776-5037

Toll Free: 1-800-235-1889, ext. 5037