

**LIABILITY INSURANCE FORM**

**ALL CHAPTERS PARTICIPATE IN THE LIABILITY INSURANCE PROGRAM.  
THE ANNUAL PREMIUM FOR EACH CHAPTER IS **\$60.00**.**

Complete the following information and submit this form, along with payment and Remittance **Form 7**, no later than **August 1, 2024** to the **Incoming Chairman, Board of Trustees, Kris Trapp**

**Your chapter may pay for Liability Insurance along with your dues on Form 1.**  
Please mail or email this form to **dttkris@gmail.com** and send the check and Form 7 to the Executive Secretary, Beth Wallis.

**Kris Trapp  
2024-2025 Chairman, Board of Trustees  
1756 Potato Creek Ct  
Valparaiso, IN 46385**

NAME OF CHAPTER PRESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHAPTER NAME: \_\_\_\_\_ CHAPTER CITY: \_\_\_\_\_

**PLEASE NOTE: THIS INSURANCE DOES NOT COVER SPORTING EVENTS.**

LIST ALL MONEYMAKERS AND DATES FOR 2024-2025 SORORITY YEAR.

The insurance certificate will be provided upon payment. You can collect it at National Convention or receive it via email at your chapter address.

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**THIS COMPLETED FORM, PAYMENT AND REMITTANCE FORM 7 MUST BE RECEIVED BY THE  
2024-2025 CHAIRMAN, BOARD OF TRUSTEES BY  
**AUGUST 1, 2024.****

**A TWENTY-FIVE DOLLAR (\$25.00) FINE WILL BE ASSESSED IF NOT PAID BY THE DEADLINE PER  
NATIONAL BYLAWS ARTICLE X, SECTION 2**