

LIABILITY INSURANCE FORM

ALL CHAPTERS PARTICIPATE IN THE LIABILITY INSURANCE PROGRAM.

THE ANNUAL PREMIUM FOR EACH CHAPTER IS **\$60.00**.

Step 1: Complete the following information and submit this form **no later than June 15, 2025** to the Incoming Chairman, Board of Trustees, Evonne Albert, 10501 Lenzburg East Road, Lenzburg, IL 62255 or via email at ealbertdt@gmail.com

Step 2: Complete Form #7 and *remit payment **no later than June 15, 2025** to Executive Secretary, Beth Wallis, 500 S. Colfax, Martinsville, IN 46151-2309.

*Your chapter may pay for Liability Insurance along with your dues on Form #1.

CHAPTER NAME: _____

CHAPTER CITY/STATE: _____

NAME OF CHAPTER PRESIDENT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

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

PLEASE NOTE: THIS INSURANCE DOES NOT COVER SPORTING EVENTS.

List below all moneymakers and dates for 2025-26 Sorority Year.

This completed form, payment, and Remittance Form #7 must be received by the 2025-26 Chairman, Board of Trustees by **June 15, 2025**. A twenty-five dollar (\$25.00) fine will be assessed if not paid by the deadline per National Bylaws Article X, Section 2.