

Professional Insurers & Associates, Inc.
Insurance Agents & Brokers
7700 Old Branch Ave #E-104
Clinton, MD 20735
ph (301)856-1810
fax (301)868-7719

STORK'S NEST INSURANCE

All chapters who operate/sponsor a "Stork's Nest" are required to purchase additional Commercial General Liability Insurance. Due to the additional liability exposures involved in the endeavor, your chapter's particular "Stork's Nest" must be named on our insurance policy. In addition, a \$500 premium will be charged to your chapter. Please complete and return the Stork's Nest Insurance Request Form.

If you have obtained insurance through another carrier you must provide us with a copy of a certificate of insurance. The insurance requirements are \$1,000,000 each occurrence and in the description block you must name Zeta Phi Beta Sorority, Inc. as additional insured. Also Zeta Phi Beta Sorority, Inc. must be listed as certificate holder. Please see the attached sample of a certificate of insurance.

Should you have any questions or discussion, feel free to contact Fred Dowell or Courtney Slack, our insurance agents. See above for numbers where they may be reached.

Thank you.

**STORK'S NEST INSURANCE REQUEST FORM
ZETA PHI BETA SORORITY, INC.**

Date: _____

Chapter Name: _____

Contact Name: _____

Mailing Address: _____

Daytime Phone: _____ Fax: _____

Stork's Nest Physical
Address: _____

Daytime Phone: _____ Fax: _____

Number of Days Operation per week: _____ What Days: _____

Hours of Operation: _____

Number of Zeta's on duty each day: _____

What duties will Zeta's be performing: _____

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**NOTE: PROFESSIONAL SERVICES AND COUNSELING ARE NOT
COVERED BY INSURANCE.**