As liability insurance rates have increased dramatically in recent years, many organizations have cut their costs by not including the use of their facilities by outside groups in their liability insurance coverage. Such facilities, which your chapter may wish to use for program events (churches, school facilities, and concert halls) will require that your chapter carry its own liability policy for such events. Proof of such insurance will be required before use of space is approved.

The Guild has a group Chapter Liability Insurance Plan covering all AGO chapters. The plan is administered by ONI Risk Partners (formerly Old National Insurance). The plan covers all chapter activities, including regional conventions.

The policy provides the following comprehensive coverage:

- Claims for bodily injury or property damage
- Claims for personal injury, such as libel, slander, defamation of character, false arrest, etc.
- Claims alleging host liquor liability when alcohol is served
- Claims involving use of automobiles not owned by the chapter, but used for official chapter business on an excess basis.
- Claims alleging failure to render professional health care services by nonprofessional individuals

The Plan pays complete legal defense costs and settlement costs if a coverage charge is brought against your chapter—whether it results in a lawsuit, court judgment, or even out-of-court settlement.

Your chapter, its leaders, and any member acting on behalf of the chapter are covered under this comprehensive Chapter Liability Insurance Plan. The plan provides up to $1,000,000 per occurrence and a $2,000,000 annual aggregate to each chapter. There is no deductible.

If your chapter is told by a church or facility that it must provide proof of insurance before scheduling an event there, the “Chapter Request for Certificate” should be completed and sent to Abby Grim, the AGO representative at ONI Risk Partners (formerly Old National Insurance), by email to: abby.grim@onirisk.com, or by fax to 260-625-7525. If you need assistance completing the form, please call Abby Grim for assistance at 260-625-7216.

Ours has been described as a litigious age, in which everybody sues for everything. They don't always win, but it is good to know that your chapter is covered in case of accident or injury to anyone attending a chapter event. For additional information on this subject, call National Headquarters.
CHAPTER REQUEST FOR CERTIFICATE OF INSURANCE
CHAPTER/CLUB LIABILITY PLAN

Name of Chapter:_____________________________________________________________________

Name of Officer/Member requesting certificate:___________________________________________

Officer/Member’s E-mail Address:______________________________________________________

Mailing Address (with City/State/Zip):___________________________________________________

__________________________________________________________________________________

Telephone number(s):________________________________________________________________

Name of event or function you are hosting:_______________________________________________

Is this event sponsored by your chapter? ___YES   ___ NO

What will your chapter's function actually be for the event? _________________________________

Location of the event or function:_______________________________________________________

Date of the event or function: __________

Facility that is requesting proof of chapter liability coverage: ________________________________

Full postal mailing address of facility requesting proof of coverage: __________________________

__________________________________________________________________________________

E-mail Addresses to where the certificate should be mailed: ________________________________

__________________________________________________________________________________

Is facility requesting to be named as an additional insured? ___YES ___ NO

Is this facility the property owner where event is being held? ___YES ___ NO

If no, please explain __________________________________________________________________

__________________________________________________________________________________

Signature.___________________________________ Date_______________________

Please e-mail this completed form to Abby Grim at: Abby.Grim@onirisk.com

ONI Risk Partners
1111 Chestnut Hills Parkway, P.O. Box 1705
Fort Wayne, IN  46801-1705

Phone:  260-625-7216
Fax: 260-625-7525