

**P.E.O.**  
**GENERAL LIABILITY INSURANCE**  
An Explanation of the Coverage and How it Applies

**For P.E.O. meetings or functions held in a member's home  
or at a local church, community hall or private facility**

**What Does This Coverage Protect?**

This coverage protects P.E.O. (International Chapter, state and local chapters, members, officers and employees) from liability, i.e., bodily injury to a third party or damage to property belonging to a third party caused by negligence.

**Key Word – Negligence**

If, for instance, a member or guest slips and falls while attending a P.E.O. function, coverage only applies if there is negligence on the part of P.E.O., its member, employee or officer, such as allowing a *known* hazard or unsafe condition to exist. For this reason all incidents of injury to persons or damage to property should be reported, and a determination as to possible negligence will be made when necessary. Instructions and phone numbers for doing this are found on the Claims Reporting Statement, which is held by each state and local chapter president.

In such circumstances, P.E.O., its member, employee or officer is protected and would be defended against any resulting lawsuit.

**Medical Expense Coverage**

In addition to the liability portion of the coverage, the policy also provides a limited amount of "Medical Expense" coverage. This coverage can be used to pay the medical expenses of the injured party but this coverage is available only to guests or members of the public and *does not apply to P.E.O. members*. Assuming no negligence on the part of P.E.O. or its member, that person should look to his or her own medical insurance for reimbursement of medical expense.

Incidents of the kind discussed in the foregoing, if occurring in a member's home, should also be reported to the homeowner's insurer, as similar coverage usually exists there. Under the "medical expense" portion of the homeowner's insurance, the P.E.O. member probably has coverage.

**Event Held at Establishment Selling Liquor**

If an event is held in an establishment that is in the business of selling liquor, it is the responsibility of the establishment to maintain Liquor Liability insurance. It is also up to the establishment to determine who to serve, and more importantly, who not to serve.

Under no circumstance may a P.E.O. chapter, reciprocity or other group of chapters obtain a liquor license.

**Auto Liability**

Members driving their own cars to pick up and transport participants to a meeting or event must rely on their own automobile liability insurance for their protection.

# INSURANCE CERTIFICATE REQUEST FORM

All P.E.O. meetings and functions are covered by International's General Liability Insurance policy. Please complete this form for a facility requesting a proof of Liability Insurance Certificate.

*The Certificate of Insurance will be sent directly to the facility contact that you have named. The chapter contact will also receive a copy. Please refer to the explanation of P.E.O. International's General Liability coverage and how it applies.*

**Note: International's Liability Insurance Policy renews every year on July 1. Requests for functions scheduled after this date will be processed after the renewal occurs.**

## EVENT INFORMATION

Title of Event: \_\_\_\_\_

Chapter: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Name of location or facility where event is to be held: \_\_\_\_\_

Does the event involve physical activity (ex. walking or running program, etc.)?  Yes  No

If Yes, please have participants complete the Waiver & Release of Liability form included.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Title of Contact Person at Facility: \_\_\_\_\_

**ADDITIONAL EVENTS:** Please complete all information above for each event. (Extra sheet included)

## PERSON MAKING REQUEST

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

P.E.O. Chapter Letters: \_\_\_\_\_ Chapter City: \_\_\_\_\_

Send requests to:

P.E.O. Executive Office  
Attn: Insurance Certificate Request  
3700 Grand Avenue  
Des Moines, IA 50312

[jtracy@peodsm.org](mailto:jtracy@peodsm.org)

Fax: (515) 255-3820

## **INSURANCE CERTIFICATE REQUEST ADDITIONAL EVENTS**

### **EVENT (2)**

Title of Event: \_\_\_\_\_

Chapter: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Name of location or facility where event is to be held: \_\_\_\_\_

Does the event involve physical activity (ex. walking or running program, etc.)?  Yes  No

If Yes, please have participants complete the Waiver & Release of Liability form included.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Title of Contact Person at Facility: \_\_\_\_\_

### **EVENT (3)**

Title of Event: \_\_\_\_\_

Chapter: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Name of location or facility where event is to be held: \_\_\_\_\_

Does the event involve physical activity (ex. walking or running program, etc.)?  Yes  No

If Yes, please have participants complete the Waiver & Release of Liability form included.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Title of Contact Person at Facility: \_\_\_\_\_

### **EVENT (4)**

Title of Event: \_\_\_\_\_

Chapter: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Name of location or facility where event is to be held: \_\_\_\_\_

Does the event involve physical activity (ex. walking or running program, etc.)?  Yes  No

If Yes, please have participants complete the Waiver & Release of Liability form included.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Title of Contact Person at Facility: \_\_\_\_\_