

Affiliate Insurance Policy

The Academy/Affiliate Agreement in the Principles of Affiliations requires the affiliates to purchase both General Liability and Directors and Officers Insurance through the Academy of Nutrition and Dietetics (Academy). The Academy has the responsibility of negotiating and purchasing insurance for all Academy related entities. This allows for greater economies of scale and lower costs when compared to each organization independently purchasing insurance.

The Academy's focus is to provide the highest quality of insurance at the best price. Central Insurance Services, acting as our broker, has been able to secure insurance with a slight increase of 2% over the previous fiscal year.

It is important that any governing body have both the General Liability Insurance and Directors and Officers Insurance. Without the protection provided by these policies, the volunteer leaders could be held personally liable for any damages in the event any legal action is undertaken against the affiliate.

General Liability Insurance

The comprehensive liability policy provided via the Academy covers the association, including affiliates and districts as defined below, executive officers, directors, and employees for bodily injury and property damage liability. Product liability is also included.

The General Liability Insurance covers the association, executive officers, directors, and employees for "bodily injury" or "property damage". If someone were injured on the premises or at an event sponsored by the affiliate, the policy would take effect. The Chapter Liability coverage provides a \$1,000,000 limit of liability for bodily injury and property damage (slip & fall type claims).

Directors and Officers Insurance

This covers directors, officers and employees, volunteers and committee members of the affiliate and district associations for any actual or alleged error or omission in the discharge of their duties. Policies protecting the association should indemnify its officers, directors, volunteers and employees, and should include antitrust and defamation coverage.

Coverage includes:

- discrimination
- defamation
- sexual harassment
- invasion of privacy
- libel
- breach of employment contract
- slander

Contractors and Employees

Insurance coverage extends to employees for the affiliate, but does not cover contractors. Contractors should arrange for their own insurance coverage.

Fees

To cover the costs, the Academy will deduct an insurance fee from each affiliate's June Rebate. This figure is based on total membership in the affiliate.

District Coverage

The districts are covered under the affiliate's insurance without an additional fee as long as the affiliate has a direct relationship with the district and the district is accountable to the affiliate. This applies to both districts that are

incorporated through the affiliate or separately incorporated. A district agreement or other legal agreement must be in place in order to be covered by the affiliate.

Additional Insurers

Oftentimes event venues will request to be added to the insurance coverage. If the event is a regular meeting, this can be done at no cost to the affiliate. If the event is a 5K or a similar physical event where odds of injury increase, the insurance company will charge the affiliate or district a fee. When requesting additional insurers, be sure to request a quote on the additional fee. Contact affiliate@eatright.org with any additional insurer requests.

Copy of Insurance Coverage: For a certificate showing proof of General Liability, complete the Certificate of Insurance Request form. For more information, contact affiliate@eatright.org

Certificate of Insurance Request

Name of Event: _____

Description of Event, (activities, speakers, etc.): _____

Name of Affiliate/District: _____

Address: _____

City, State, Zip: _____

Name of knowledgeable person in Affiliate/District: _____

Daytime Phone Number: _____

E-Mail address: _____

Date of Event: _____

Place of Event: _____

Address: _____

City, State, Zip: _____

Contact Person at Place of Event: _____

Phone Number at Place of Event: _____

E-mail Address at Place of Event: _____

Does the "Place of Event" need to be named as an additional insured? Yes No

If yes, please provide wording that is required: _____

Send to ckrapp@eatright.org when completed.