

Delta Sigma Theta Sorority, Inc
Oklahoma City Alumnae Chapter
PO Box 54396
Oklahoma City, OK 73154



December 1, 2021

Buiding 4201 N. Lincoln (ACOG) Large Room Use Request

To: Oklahoma Public Building Authority

Attn: Keith Monroe, Facilities Manager for Oklahoma Buildings

First, let me say thank you for taking the time to read and present our request. We are a non-profit organization that provides public services to Oklahoma residents.

We previously met in the above mentioned building for many years and would truly love to return "home".

The dates that we are requesting are all on Saturdays and they are:

April 16, 2022	May 14, 2022	June 18, 2022	September 17, 2022
October 15, 2022	November 19, 2022	December 17, 2022	January 21, 2023
February 18, 2023	March 18, 2023	April 5, 2023	May 20, 2023
June 17, 2023	September 16, 2023	October 21, 2023	November 18, 2023
December 16, 2023	January 20, 2024	February 17, 2024	March 16, 2024
April 20, 2024	May 18, 2024	June 15, 2024	

We normally hold our meetings every third Saturday during the months of September through June and would love to return to having a permanent meeting space.

I am providing a copy of our current meeting location insurance liability certificate. Our carrier provides us with General Liability coverage with limits of \$1,000,000 per occurrence and \$2,000,000 annual aggregate for our events and meeting locations.

I truly hope we can re-establish this location as our meeting space. Please feel free to call me if you have any questions.

Respectfully submitted,

Angela W. Rogers

Angela W. Rogers,
Chapter President
Delta Sigma Theta Sorority, Inc.
Oklahoma City Alumnae Chapter



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/10/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Professional Insurers and Associates, Inc. Insurance Agents & Brokers 7700 Old Branch Avenue, E-104 Clinton MD 20735-1658	CONTACT NAME: Fred Dowell, Jr PHONE (A/C, No. Ext): (301) 856-1810 FAX (A/C, No): (301) 868-7719 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00000133														
INSURED Oklahoma City Alumnae Chapter Chartered Chapter Delta Sigma Theta Sorority C/O Angela W Rogers P.O. Box 54396 Oklahoma City OK 73154	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Admiral Insurance/Holmes Murphy</td><td>24856</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Admiral Insurance/Holmes Murphy	24856	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: Oklahoma City REVISION NUMBER:

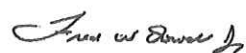
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CA000018545-08	12/1/2020	12/1/2021	MED EXP (Any one person) \$ 1,000
				CA000018545-09	12/1/2021	12/1/2022	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS						\$
	NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Coverage applies to Chapter Meetings/Delta Youth Mentoring Programs being held September 2021 - June 2022.

CERTIFICATE HOLDER

Springlake Metro Tech Campus 1700 Springlake Drive Oklahoma City, OK 73111	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Fred Dowell, Jr/DSM 
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