

KAPPA ALPHA PSI FRATERNITY, INC.®

INSURANCE AND CLAIM MANUAL



**EFFECTIVE FOR THE ANNUAL TERM:
2011 – 2012**

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INTRODUCTION

The purpose of this manual is to give you an understanding of insurance coverage and information to properly report all actual and potential liability and property claims with which you may become involved.

The final responsibility for the success of the insurance program rests with our fraternity and chapters. It is always important to remember that our first line of defense in liability matters is loss prevention, next is loss control, and the insurance contract is the final line of defense. The undergraduate and alumni members' willingness to understand and assume the responsibility of sound risk management practices is a corner stone of our program.

In the event that an incident or claim does arise, the Kappa Alpha Psi Fraternity, Inc.[®] Administrative Office and Willis North America will oversee the effective handling of incident and claim investigation that arises during the policy year. Included within this manual you will find an incident reporting form that must be completed and submitted at the time of any incident that results in bodily injury or property damage.

Willis North America strives to provide risk management resources to complement the loss prevention and control efforts of its clients. Please visit www.willisfraternity.com to review the Willis North America website. You will find a number of risk management resources that can assist you in your daily fraternal lives as well as information on your insurance protection, as well as online forms for purchasing property coverage, liability and property claim reporting and making requests for additional insured protection.

KAPPA ALPHA PSI FRATERNITY, INC.[®]

THE GENERAL LIABILITY INSURANCE PROGRAM

The following description is a summary only and is not intended to serve as a substitute for the actual insurance contract.

Kappa Alpha Psi Fraternity, Inc.[®] insurance program provides Blanket Public General Liability Coverage of **\$2,000,000 per occurrence** with a **\$2,000,000 general aggregate** per location for all participating chapters. (Types of coverage are included at the end of this section).

The coverage is for bodily injury, property damage and personal injury. This protects the local undergraduate and graduate chapter, its officers and members and the national Fraternity, including appointed volunteers, from claims arising out of bodily injury and property damage occurring out of chapter operations. It also protects against claims arising out of libel, slander, false arrest, invasion of privacy, eviction from the premises, and consumption of food and beverages and incidental malpractice.

It must be understood that our coverage is for general public liability. **It is not accident insurance covering members and prospective members for injuries sustained on the chapter premises and/or in chapter activities.** Liability insurance is not a substitute for medical insurance. Furthermore, it is not Workers' Compensation insurance which may be required for Fraternity employees.

Primary Insurer:	Admiral Insurance Company
Province / Chapter Renewal Period:	October 1, 2011 to-October 1, 2012
Policy Number:	CA00001487002

Kappa Alpha Psi Fraternity, Inc.[®] Coverage includes:

- 1. COMMERCIAL GENERAL LIABILITY**
Covers liability arising out of Fraternity premises and operations.
- 2. HIRED & NON-OWNED AUTOMOBILE LIABILITY COVERAGE**
Applies to the situation when a chapter member, chapter employee or volunteer alumnus driving his own car on Fraternity business is involved in an accident. Intended to only cover entities of Kappa Alpha Psi Fraternity Inc.[®] and individuals not involved in the accident. Intent is not to provide auto liability coverage to those who are not prudent enough to purchase their own auto liability policy. The auto insurance of the driver or auto owner will be the primary insurance coverage.
- 3. PRODUCTS/COMPLETED OPERATIONS LIABILITY**
Covers preparation and consumption of food and beverages.
- 4. PERSONAL INJURY & ADVERTISING INJURY**
Covers libel, slander, defamation of character, false arrest, detention, malicious prosecution, wrongful entry or eviction, invasion of privacy.
- 5. CONTRACTUAL LIABILITY COVERAGE**
Under certain circumstances, the liability coverage of Kappa Alpha Psi Fraternity Inc.[®] insurance contract is extended to protect other parties with whom a Kappa Alpha Psi Fraternity chapter may enter into a contractual agreement. No contract should be signed by any entity/chapter of Kappa Alpha Psi Fraternity Inc.[®], without complete understanding of liabilities being assumed and insurance coverage, if any, that is provided. When any questions arise, please contact the National Headquarters of Kappa Alpha Psi Fraternity Inc.[®].
- 6. WATERCRAFT LIABILITY**
Covers hired and non-owned boats/watercraft providing it is less than 75 feet in length.
- 7. INCIDENTAL MEDICAL MALPRACTICE**
Covers liability that arises against an insured chapter or an individual who provides emergency medical care for injuries on or off our premises.

8. DAMAGE TO PREMISES YOU RENT

\$1,000,000 damage to premises you rent. This is not a substitute for property insurance. Damage to premises you rent liability coverage provides coverage for liability arising against your Fraternity out of fire damage to a non-owned premises rented for any period of time as well as other damage to a premises you rent for 7 or less days.

9. WORLDWIDE COVERAGE

Coverage worldwide for suits brought in the United States.

10. HOST LIQUOR LIABILITY

Provides coverage when providing alcoholic beverages at no charge to those of legal drinking age. If you are found to be in the practice of manufacturing, distributing, selling, serving or furnishing alcoholic beverages, or if minors are involved, your coverage and protection is jeopardized.

Limits of Coverage

\$2,000,000 Bodily injury & property damage Combined Single Limit.

\$2,000,000 Policy Aggregate per location.

\$ 2,500 Deductible per claim

Who is covered?

The insurance coverage will pay claims up to \$2,000,000 per occurrence and \$2,000,000 aggregate for the following organizations and/or people:

- A. The local undergraduate or graduate chapter that is chartered and recognized by the Fraternity **when it obeys the laws** of the institution, city, county, state and country in which it operates and the policies of Kappa Alpha Psi Fraternity Inc.[®]. Undergraduate chapter officers, executive committee, committee chairman and members while performing the duties of elected or appointed positions within the organization.
- B. Chapter Education Foundations, Alumni Control Boards, Alumni Advisory Boards, Alumni Associations, Alumni Corporations, Alumni Chapters, Board of Advisors, Board of Governors, executive Councils and Parent Clubs, but only while acting within the scope of their duties on behalf of Kappa Alpha Psi Fraternity Inc.[®].
- C. Officers, Directors, Trustees, Partners, Coordinators, Custodians, Committee Members, Council Members, Volunteers, Housemothers, Resident Advisors, Faculty Advisors, Fraternity Members, Member Candidates and Employees but only while acting within the scope of their duties on behalf of Kappa Alpha Psi Fraternity Inc.[®].

Who is *not* covered by this policy?

- A. Any individual member, alumnus, trustee or advisor who is performing tasks outside of his responsibility (i.e. spontaneous social function planned by an individual member, hazing of members, etc.)
- B. Any member whose illegal or intentional actions result in death or injury to an individual or property damage.
- C. Members' parents or family members and guests of chapter members.
- D. College/University administration (see Adding Additional Insureds below).

Adding Additional Insureds

Additional Insureds may be added to this policy. Such Additional Insureds may be your landlord, college, university and/or proprietor from whom the chapter may be renting property for a special event.

Please submit the Additional Insured Request Form on page 18 to: Kappa Alpha Psi Fraternity Inc.[®] Headquarters, 2322-24 North Broad Street, Philadelphia, PA 19132, Phone # (215) 228-7184, or Fax # (215) 228-7181 at least (14) fourteen days prior to the date it is needed.

Upon review and approval of the Additional Insured request by Kappa Alpha Psi Fraternity Inc.[®] and the insurance carrier, a certificate of insurance will be issued by Willis, with the original forwarded to the Additional Insured and a copy to the National Headquarters.

Proper function planning is critical to completing any Event in a safe manner! Please utilize the enclosed Event Checklist to assist with your event planning.

What Does Our Coverage Not Include?

- A. Violations of Risk Management Policy - There is no Duty to Defend, nor any insurance coverage provided by this policy for any Insured who supervises or directs others to participate, observe and/or participate in the excluded act, and the Insured entity to which they belong, for a claim arising out of or resulting from any violation of the National Fraternity's Risk Management Policy.

"Violation" will be determined in the sole discretion of the executive board of the National Fraternity or legal authority that some breach of the Risk Management Policy has occurred.

"Risk Management Policy" is the written rules, regulations, or policies regarding risk management in effect at the time of the occurrence established by the National Fraternity or its Local Chapter.

- B. Any claim of bodily injury and/or property damage from an incident resulting when:
1. An illegal act was performed.
 2. An intentional act was performed.
 3. A contract made by the chapter is broken.
 4. There is any discharge, release or escape of smoke, vapors, soot, fume, acids, toxic chemicals, etc. upon land, the atmosphere or any water course or body of water.
 5. An employee is hurt on the job. Workers' Compensation coverage must be purchased.
- C. Any claim of property damage to property owned by, rented by, used by, or cared for by the chapter. For example, the chapter rents a portable generator for an outdoor function, and while it is in the care, custody and control of the chapter, it is damaged and the lessor holds the chapter responsible and liable. No coverage is available under Kappa Alpha Psi Fraternity Inc.[®] liability insurance contract. The only exception would be a premise rented for 7 or less days in which the "\$1,000,000 Damage to Premises You Rent" limit would apply.

Legal and Illegal Activity

Simply stated, no insurance policy in the world provides coverage for violations of the law. Kappa Alpha Psi Fraternity Inc.[®] insurance program is no exception to this rule. The key points to understand are:

- Compliance with federal, state, local and institutional (college or university) laws and regulations is required.
- Compliance with all regulations and policies of Kappa Alpha Psi Fraternity Inc.[®] is required.

Those individuals who choose to violate these rules may void the protection for themselves under Kappa Alpha Psi Fraternity Inc.[®] insurance program. Every effort has been made to avoid their actions from jeopardizing the other members, other entities, or other named insureds protected by Kappa Alpha Psi Fraternity Inc.[®] program. The following brief examples are intended to provide illustration and do not represent legal advice.

- A. With the broad awareness of its membership, the chapter serves alcohol to a minor in violation of the law at a chapter sponsored function. In the event of an injury, claim or lawsuit, those persons found to be in violation of the law and/or Kappa Alpha Psi Fraternity Inc[®] (in this case the entire chapter) most likely would be without insurance protection. The other named insureds would be protected (i.e. National Fraternity, or volunteer alumni).
- B. Two of the members of a 65-man chapter cause injury to someone in connection with a hazing incident. This activity was unauthorized and done secretly without the knowledge of the chapter, and strictly against chapter policy. In the event of an injury, claim or lawsuit, those persons (in this case, the two members) found to be in violation of the law and Kappa Alpha Psi Fraternity Inc[®] policy would be without insurance protection. The chapter, its officers and other volunteers would be protected.

Great effort has been made to ensure coverage will be provided to those individuals and entities exposed to claims. Its intent is to provide coverage for claims that arise from ordinary negligence. Chapters and chapter officers are protected from the unauthorized actions of individuals. Chapter advisors are protected from the unauthorized actions of their individual chapter members and the chapter as a whole, as are the chapter foundations and all other appointed alumni volunteers involved with the Fraternity.

All questions regarding insurance interpretation and coverage should be directed to:

Willis North America
Attn: Terri Simmerman
10707 Pacific Street Suite 200
Omaha, NE 68114
Phone- 402-498-0464, Ext 4193 or 800-736-4327 Ext 4193
Facsimile- 402-492-8421 or 800-328-0522
E-Mail: tsimmerman@willis.com

SPECIAL EVENTS

In general, Special Events sponsored by a Chapter or Province are covered under the general liability policy.

Poorly planned Special Events (e.g. social functions) are the usual cause of injury to our members and their guests. Proper planning is critical to the success of the event, avoiding injuries and controlling the costs of insurance protection.

We encourage volunteers to be engaged with the undergraduate chapters in the proper planning of Special Events. The insurance event checklist should be completed for all special events (on page 15). Using this form and addressing all sections of the checklist can do a great deal to help avoid an injury or incident from occurring.

Special Note:

Whenever chapters or members are transporting special event attendees, **personal vehicles should not be used.** Chapters should be encouraged to engage a licensed third party transportation vendor who will provide professional drivers. The transportation company assumes liability during the ride and removes the responsibility and risk from Kappa Alpha Psi Fraternity Inc[®]

SAFE TRANSPORTATION RECOMMENDATION FOR CHAPTER FUNCTIONS

Liability exposure continues to be one the biggest challenges facing men's general fraternal organizations. In fact, the exposure threatens the continued existence of many organizations. Kappa Alpha Psi Fraternity Inc.[®] recognizes this and is attempting to provide the broadest general liability coverage available to us; however, we cannot do it without the support of the entire organization. It is important that sound risk management practices endorsed at the National level are implemented and strictly followed at the chapter level.

The safe use of automobiles is critical to the well being of all Kappa Alpha Psi members.

Effective immediately, we request each local chapter and/or colony implement a policy eliminating the use of:

1. Members' vehicles for transportation of members and guests from fraternity functions in programs such as the designated driver.
2. Leased or rented vehicles operated by members to transport members and guest from fraternity functions.

We understand that each of the above referenced precautions is done with the best intentions, however, for numerous reasons they have not produced the intended results. The only acceptable and safe alternative is using professional transportation services.

Outlined below is one of many examples of how a good intention can turn into a tragedy:

A local chapter of a national fraternity in Oregon held an off-premise social event. In an effort to provide a safe and fun environment, the chapter rented a 15 passenger van to transport members and guests to and from the location of the event. During one of the return trips, the sober member who was driving the van lost control and struck a telephone pole. The result was one passenger fatally injured and one seriously injured. Litigation soon followed and, ultimately, a substantial settlement was paid out on the claim.

From the description of the measures taken it would appear that everything was done correctly. What went wrong?

- The driver of the vehicle was unfamiliar with the van. Think about the times you jumped into a friend or family member's vehicle and searched for the lights switch, the air conditioning controls or how to dim the lights
- The driver was not a professional driver; while he might have been sober, his passengers were not. Dealing with the distraction of passengers can be difficult, even for professional drivers.
- The General Liability Hired and Non-Owned Auto Coverage afforded under the national fraternity's liability policy was immediately put into play due to the rental company and driver's insurance having insufficient limits to pay the entire amount of damages.

Because of situations such as this, we are requesting only professional drivers and transportation be utilized. This is just one example. Unfortunately, we could fill page after page with similar tragedies. We recommend the following requirements for any selected vendor employed to provide transportation to members and guest:

- Commercial Auto Insurance that provides coverage for transporting people and property for a fee.
- Commercial Auto Insurance that provides, at a minimum, primary coverage of \$1,000,000 combined single limit for bodily injury and property damage.

- A professional driver who has a valid commercial vehicle operator's license in the state in which the driver is located.

The standards set forth should be addressed in both a formal undergraduate chapter business meeting. By working together to consistently meet these standards, we will be providing safe transportation that all previous measures had failed to accomplish and, together, we will be reducing the exposure to our brothers, chapters and the National Fraternity. This is an ultimate win-win situation we all want to achieve.

LAWSUITS

There will be occasions when lawsuits may be served on a member of your chapter. As there is only a limited time to answer a lawsuit, the following procedure applies:

- a. Treat any potential or actual claim or lawsuit as a high priority item and immediately notify National Headquarters by phone.
- b. Utilizing the enclosed incident reporting form, note all relevant information.
- c. Forward the suit or incident report via fax to Spencer Bruce, Deputy Executive Director, and Curtis Anderson, Director of Finance, Kappa Alpha Psi Fraternity Inc.[®], National Headquarters, at (215) 228-7181, or chief_of_staff@kappaalphapsi1911.com. If you do not have access to a fax machine, overnight the papers to Kappa Alpha Psi Fraternity Inc.[®], 2322-24 N. Broad Street, Philadelphia, PA 19132. It is very important the claim or lawsuit be sent immediately.

GENERAL LIABILITY CLAIMS

General Liability claims can be numerous and usually arise out of activities of a chapter which cause bodily injury, property damage or personal injury to an individual. They will more than likely involve damage or injury to someone other than an employee or an officer of the Fraternity.

While on the scene, if possible, get names, addresses and phone numbers of all parties involved, as well as any witnesses to the accident. Immediately complete the attached incident reporting form and submit.

What should be reported?

Report bodily injury to anyone other than an employee and any property damage for which there is the possibility a claim may be made against Kappa Alpha Psi Fraternity Inc.[®]. Complete the enclosed incident reporting form which will provide the needed information regarding the claim. If you question whether to report a potential claim, **report it!**

It is imperative all losses or incidents be reported immediately to Kappa Alpha Psi Fraternity Inc.[®] (see phone numbers and address below). The Deputy Executive Director and Director of Finance of Kappa Alpha Psi Fraternity Inc.[®] is responsible for providing the initial report of the claim to Willis North America (see phone numbers and addresses below). Once the claim report is sent to Willis North America you will likely be contacted directly by them or an insurance company representative to discuss the incident. If you are unable to obtain all necessary details when first notified of any incident, still report any known facts.

Success or failure of Kappa Alpha Psi Fraternity Inc.[®] insurance program and our ability to obtain reasonably priced insurance is contingent upon accurate and timely reporting. It is incumbent upon you as a member of Kappa Alpha Psi Fraternity Inc.[®] to report all known facts regarding bodily injury, property damage, or personal injury arising out of Kappa Alpha Psi Fraternity Inc.[®] activities in a timely manner.

KAPPA ALPHA PSI FRATERNITY, INC.®

INCIDENT/CLAIM REPORTING

Kappa Alpha Psi Fraternity Inc.®
Attn: Spencer Bruce
Deputy Executive Director
and
Curtis Anderson
Director of Finance
2322-24 N. Broad Street
Philadelphia, PA 19132
(215) 228-7184 (Toll Free)
(215) 228-7181 (Fax)

WILLIS NORTH AMERICA
ATTN: Steve Wilson
Manager of Claim Advocacy and Loss Control
10707 Pacific Street Suite 200
Omaha, NE 68114
Phone (402) 498-0464 Ext. 4189
Fax (800) 736-4327 (402) 492-8421
swilson@willis.com
Alternate: Mick McGill, VP Client Advocacy
mmcgill@willis.com ext. 4199

OTHER INSURANCE COVERAGE

Directors' & Officers' Liability Coverage

The National Insurance Program of Kappa Alpha Psi Fraternity Inc.[®] offers Directors & Officers Coverage to all Undergraduate and Graduate Chapters. Directors & Officers Coverage protects all Directors, Officers, Volunteers and the Entity for claims arising out of the failure or negligence in carrying out your fiduciary duties of diligence, obedience and loyalty to the organization that you serve as a Director and/or Officer. Claims covered under a Directors & Officers Liability Contract are claims for financial injury and not bodily injury or property damage of a third party that are insured by the General Liability Coverage of the Fraternity. In addition, the Directors & Officers Liability Coverage of the Fraternity provides Employment Practices Liability Coverage that protects the Chapter/Alumni Corporation from claims arising out of allegations of Discrimination, Harassment or Wrongful Termination arising in a employer/employee relationship. **These claims are not insured by the General Liability or Workers' Compensation Coverage of the Chapter/Alumni Corporation.**

Overview of the coverage is as follows;

Insurance Carrier:	RSUI Indemnity Company
Policy Number:	NHP636739
Limit of Coverage:	\$ 1,000,000 Per Occurrence
Deductible:	\$ 5,000 per claim

Commercial Crime Coverage

The Insurance Program of Kappa Alpha Psi Fraternity Inc.[®] provides coverage for employee theft by, undergraduate or graduate chapter officers. To avoid the opportunity for crime claims all chapters be certain that all checks require signature of two parties and that the bank statements are balanced by someone other than the individual who has check writing authority.

Overview of the coverage is as follows;

Insurance Carrier:	Fidelity and Deposit Company of Maryland
Policy Number:	CCP 0066528 00
Limit of Coverage:	Employee Dishonesty: \$ 25,000 Per Occurrence Forgery or Alteration: \$ 25,000 Per Occurrence
Deductible:	\$1,000 Each and Every Loss

Member Accident Protection Program

The Fraternity's insurance program includes member accident protection as a benefit of membership. This covers all U.S. undergraduate members and candidates of Kappa Alpha Psi Fraternity Inc.[®] that meet the following criteria:

- a. In good standing with the Fraternity
- b. Membership has been reported to National Headquarters
- c. All initiation fees have been paid
- d. Currently enrolled at the college or university where your chapter is located. If the accident occurs during summer or holiday break, you must have been enrolled during the prior school term and be enrolled for the next term.

If the accident occurs during summer or holiday break, you must have been enrolled during the prior school term and be enrolled for the next term.

This coverage is intended to complement health insurance you should already have through your parents or other arrangements and is not a substitute for primary health insurance. This is a supplemental ACCIDENT ONLY protection and does not provide any protection for medical costs arising out of a SICKNESS. The policy pays eligible medical expense that is not recoverable from any other insurance policy, service contract, or workers' compensation policy. This policy will reimburse deductibles and co-pays of health insurance programs.

An overview of the coverage is as follows:

Insurance Carrier: Markel Insurance Company
Policy Number: 4102AH337845-1
Limits of Coverage: \$ 100,000 Accidental Medical Expense and/or Dental Injury-
Accident Maximum
\$5,000 Accidental Dismemberment and/or Accidental Death Benefit
52 Week Benefit Period

The Policy does not cover Loss nor provide benefits for:

- a. Expenses for treatment on or to the teeth, except for treatment resulting from Injury to natural teeth;
- b. Eyeglasses, hearing aids, and examination for the prescription or fitting there of;
- c. Suicide, attempted suicide or intentionally self-inflicted Injury;
- d. Injury due to participation in a riot;
- e. Cosmetic surgery;
- f. Loss resulting from air travel, except as a fare-paying passenger on a commercial airline;
- g. Injury or Sickness resulting from any declared or undeclared war;
- h. Injury or Sickness while in the armed forces of any country;
- i. Injury or Sickness covered by any worker's comp or occupational disease law;
- j. Treatment provided in a government Hospital unless the Insured is legally obligated to pay such charges;
- k. Infections except pyogenic or bacterial infections caused wholly by a covered Injury or Sickness;
- l. Claims occurring while parachuting or hang-gliding;
- m. Expenses covered by any other policy;
- n. Hernia in any form;
- o. Sickness or disease, in any form;
- p. Fighting, unless an innocent victim;
- q. Injuries due to intramural tackle football, hockey or rugby. All other intramural activities are covered; and
- r. All intercollegiate sport participation including off season conditioning.

APPENDIX

KAPPA ALPHA PSI FRATERNITY, INC[®]

INCIDENT/CLAIM REPORTING FORM

When an incident arises at the chapter causing bodily injury or property damage to any person, the following information must be obtained immediately. This report is being prepared for submission to a Kappa Alpha Psi Fraternity Inc[®] General Counsel, so please be thorough. Do not withhold reporting an incident to obtain all required information. Because timeliness is of the essence, report it immediately and send a copy within **24 hours** to the National Headquarters of Kappa Alpha Psi Fraternity Inc[®], 2322-24 N. Broad St., Philadelphia, PA 19132, (215) 228-7181 (Fax). If the bodily injury is of a serious nature, a **telephone call** should also be made to (215) 228-7184.

Chapter Name: _____ Date of Incident: _____

Address: _____ Injured Party (IP) _____

City, State, Zip: _____ IP Address: _____

Phone #: _____ IP City, State, Zip: _____

Chapter Polemarem: _____ IP Phone #: _____

Chapter Advisor (CA): _____

CA Address: _____

CA Phone#: _____

Witnesses & Phone #'s:

Did Incident Happen Off Premises? (Leased or Rented) Yes or No _____

If yes, Owner's Name _____ Owner's Phone # _____

Owner's Address _____

Police Investigation? Yes or No _____

Name of Agency & Case # _____

Description of Injury & Where Was Injured Party Taken:

Description of What Happened (What, When, Where, How:

Form Completed by (Name, Title, Telephone #, E-mail Address):

Please utilize the back side of this form if you should run short of room.

KAPPA ALPHA PSI FRATERNITY, INC.®



INSURANCE EVENT CHECKLIST

“PLEASE SUBMIT TO IHQ AT LEAST 2 WEEKS PRIOR TO EACH SCHEDULED EVENT/MEETING”

[FAX OR MAIL TO KAPPA ALPHA PSI FRATERNITY, INC.® - INTERNATIONAL HEADQUARTERS – (215) 228-7181]

“PLEASE PRINT LEGIBLY”

Chapter Name: _____		<input type="checkbox"/> Alumni	<input type="checkbox"/> Undergraduate
Location: _____			
Purpose of Event / Meeting _____			
Scheduled Event Date: _____	Location Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Street) (City) (State) </div>		

EVENT ACTIVITIES

Type of event and details: _____

Does this event involve any Athletic Participants or activities? (Use additional sheet if necessary)

Yes No If Yes, signed participant waivers are needed from each participant.

ADMINISTRATION

1. Event Chairman: Name _____ Phone # _____
 Address: _____ email: _____
2. Is this a co-sponsor? Yes No If Yes, who? _____
3. Will other organizations be involved in planning or working the event? Yes No If Yes, name the organization and contact information of person in charge. _____
 Does the organization have insurance? Yes No
 Carrier Name and Policy Number: _____
4. Attendance: Planned _____ Estimated _____ Capacity of the facility/venue _____
5. Will there be special construction, alterations or decorations for this event? Yes No
 If yes, explain: _____
6. Has this event been held in the past? Yes No How many times? _____
7. Have there been any previous claims? Yes No If so, explain in detail what changes you have made to prevent additional claims: _____

ADMINISTRATION *(continued)*

8. Will alcohol beverages be permitted? Yes No If Yes, refer to "Alcohol" section.
9. Who is responsible for security? _____
10. Are Certificates of Insurance obtained from vendors?
A. Liquor Legal Liability Yes No B. General Liability Yes No
11. Has vendor(s) provided proof of liquor license and temporary license to sell on premises? Yes No
12. Is the fraternity named as an additional insured on all certificates from vendors? Yes No
13. Have applicable permits and permission been obtained from authorities: (ATTACH COPIES)
A. College/University Yes No
B. Fund Raiser Yes No
14. Name and Address of any Additional Insureds to be added to the National policy: **[Complete the Additional Insured Request Form and attach it and all contracts with this request]** _____

15. Reason for adding Additional Insured _____

NOTE: If answered yes to questions 7 thru 15, a copy should be reviewed by the chapter Advisor. [Undergraduate only]

SECURITY

1. Type of Security consists of:
 Public Police Private Police Students Combination Paid Volunteer

ALCOHOL

1. Is there a method for designating those who are not of legal drinking age? Yes No
2. Are all who are allowed to enter presenting I.D.? Yes No
3. Is there a security guard or chaperone? Yes No
4. Do you have designated volunteer monitor(s)? Yes No
If Yes, how many? _____
5. Is there only one entrance to the area where alcohol is being served? Yes No
6. Are any fire exits blocked? Yes No
7. Is there a guest list at the door? Yes No
8. Is transportation available for guests who need or request it? Yes No
9. Are food and alternative non-alcoholic beverages available, visible and easily accessible? Yes No
10. Is smoking permitted? Yes No If yes, is there a designated smoking area? Yes No

KAPPA MEMBERS MUST CEASE SERVICE OF ALCOHOL AT LEAST ONE HOUR BEFORE EVENT ENDS

The undersigned have read and understand the requirements as outlined in this checklist:

Polemarch _____ Signed: _____ Date: _____

Contact phone number(s): _____

Email Address: _____

Vice Polemarch _____ Signed: _____ Date: _____

Contact phone number(s): _____

Email Address: _____

Keeper of Exchequer _____ Signed: _____ Date: _____

Chapter Risk Manager _____ Signed: _____ Date: _____

Chairman _____ Signed: _____ Date: _____

DISCLAIMER

No guarantees of completeness of this list of questions are offered, implied or intended.

Revised: June 25, 2011



ADDITIONAL INSURED REQUEST FORM



Chapter Name: _____

Your Name: _____

Your Address: _____

City, State, Zip: _____

Phone: _____ E-Mail Address: _____

Fax (if available): _____

Additional Insured's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail Address: _____

Date and Time of Event: _____

Description: _____

Mail or fax the completed form to: Kappa Alpha Psi Fraternity, Inc[®]: Fax: (215) 228-7181

The following questions are taken from the second page of the Special Event Checklist. Please answer the below questions and if any answer is "Yes" please include the documentation with this request;

1. Are Certificates of Insurance obtained from vendors?

- | | | | |
|---------------------------|-----|----|----------------|
| A. Liquor Legal Liability | Yes | No | Not Applicable |
| B. General Liability | Yes | No | Not Applicable |

2. Has vendor(s) provided proof of liquor license and temporary license to see on premises?

- | | | |
|-----|----|----------------|
| Yes | No | Not Applicable |
|-----|----|----------------|

3. Is the fraternity named as an additional insured on all certificates from vendors?

- | | | |
|-----|----|----------------|
| Yes | No | Not Applicable |
|-----|----|----------------|

4. Have applicable permits and permission been obtained from authorities:

- | | | | |
|-----------------------|-----|----|----------------|
| A. College/University | Yes | No | Not Applicable |
| B. Fund Raiser | Yes | No | Not Applicable |

5. Has any written contract or agreement been signed for any part of this special event?*

- | | | |
|-----|----|----------------|
| Yes | No | Not Applicable |
|-----|----|----------------|

6. Have you received any correspondence requesting proof of insurance for the event?

- | | | |
|-----|----|----------------|
| Yes | No | Not Applicable |
|-----|----|----------------|

Please utilize the back side of this form if you should run short of room.



ATHLETIC EVENT PARTICIPATION WAIVER



I, _____, a registered participant in an activity sponsored by _____ Chapter of Kappa Alpha Psi to be held on _____, understand and agree that I am participating in this event on my own free will and accord and that neither _____ Chapter, nor Kappa Alpha Psi, nor its insurer(s) will share in or accept responsibility for any liability for bodily injury, property damage, medical expense or other loss that may arise from my participation in this event.

I further understand and agree, and have no expectation that _____ Chapter, or Kappa Alpha Psi will provide any form of security or other measure of safeguarding for this event, as there is no reasonable expectation that such will be necessary.

I further understand and agree that this event is considered a "no-fault" event by me, as well as _____ Chapter, and Kappa Alpha Psi and in the even of bodily injury, property damage, necessity of medical expenses or other loss, I agree to incur my own expenses without input or participation from _____ Chapter, Kappa Alpha Psi, or its insurer(s).

Guest/Participant

Chapter Representative

Witness

Witness

Date

Date

This form should be only used for athletic events and completed for all participants. Chapters should keep the waiver forms for possible liability issues and record keeping purposes.

DEFINITIONS

Certificate of Liability Insurance: This is a certificate issued by the insurance company detailing the particulars of the insurance coverage in place for all chapters and regions under the general liability policy. This certificate may be used to document the existence of coverages for chapters and regions. This document is not sufficient when a third party requests a certificate where they are named as an additional insured.

Certificate of Liability Insurance for an Additional Insured: This is a certificate issued by the insurance company detailing the particulars of the insurance coverage in place for all chapters and regions under the general liability policy. This document specifically identifies a third party as being expressly covered under the general liability policy for a specified period of time (i.e. an additional insured). This form of insurance certificate is often requested by facilities where chapters or regions are planning to hold events.

Special Event: Events other than those where Fraternity business is the primary purpose of the meeting are considered Special Events. In general, all special events are covered under the general liability policy. However, there are specific events that have been deemed to be high risk. When these sorts of events are planned by chapters, approval from the National Headquarters must be sought 30 days prior to the event date (See special events section in the manual on page 7).

General Liability Insurance: Coverage that pertains, for the most part, to claims arising out of the insured's liability for injuries or damage caused by ownership of property, manufacturing operations, contracting operations, sale or distribution of products, and the operation of machinery, as well as professional services.

Directors & Officers Liability Insurance: Offers directors and officers protection from personal liability and financial loss arising out of wrongful acts committed or allegedly committed in their capacity as officers and/or directors.

Aggregate Limit: A limit in an insurance policy stipulating the most it will pay for all covered losses sustained during a specified period of time, usually one year. Aggregate limits are commonly included in liability policies and apply per chapter location.

Occurrence: An accident, including continuous or repeated exposure to substantially the same general, harmful conditions.

Claim: An incident where the injured party is making a demand for compensation under the terms of an insurance contract.

Incident: An occurrence involving bodily injury to a member or guest that does not result in a formal claim. All incidents must be reported when discovered due to possibility of them becoming a claim.

Bodily Injury: Injury to the body, sickness or disease sustained by a person, including death resulting from any of these at any time.

Property Damage: Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it.