

FRATERNITY SPECIAL EVENT CHECKLIST

Chapter Name: _____

Purpose of Event: _____

Date(s): _____ Location Address: _____

EVENT ACTIVITIES

Type of event and details: _____

Athletic Event? Yes No If Yes, waivers are needed for each participant.

ADMINISTRATION

1. Event Chairman: Name _____ Phone # _____

2. Is there a co-sponsor? Yes No If Yes, who? _____

3. Is a sorority involved in planning or working the event? Yes No If Yes, name of sorority and person in charge:

- Does the sorority have insurance? Yes No

4. Planned Attendance: _____

5. Estimated Attendance: _____

6. Will there be special construction, alterations or decorations for this event? Yes No

7. Has the event been held in the past? Yes No
 How many times? _____

8. Have there been any previous claims? Yes No
 If so, explain in detail what changes you have made to prevent additional claims: _____

9. Will alcoholic beverages be permitted? Yes No
 If yes, refer to "Beer Garden" section.

10. Who is responsible for security? _____

11. Certificates of Insurance are obtained in accordance with the requirements for limits indicated for:

A.	Liquor Liability and Legal Liability	Yes	No
B.	General Liability	Yes	No

ADMINISTRATION – CONTINUED

- 12. Is the fraternity named as an additional insured on all certificates? 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: _____

- 15. Reason for adding additional insured: _____

SECURITY

- 1. Type of Security consists of:

Public Police	Private Police	Students	Combination
Paid	Volunteer		

BEER GARDEN

- 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 garden? 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

YOU MUST STOP SERVICE AT LEAST ONE HOUR BEFORE EVENT ENDS

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

Chapter President: _____ Signed _____ Date _____

Chapter Treasurer: _____ Signed _____ Date _____

Chapter Vice President _____ Signed _____ Date _____

Chapter Risk Manager _____ Signed _____ Date _____

Social Chairman _____ Signed _____ Date _____

DISCLAIMER

The above checklist relates only to those concerns that Harris & Harris of Kentucky, Inc., feels should be considered when planning and organizing an event. No guarantees of completeness of this list of questions are offered, implied or intended.