



DELTA UPSILON  
INTERNATIONAL FRATERNITY  
**INSURANCE  
AND CLAIM  
MANUAL**  
EFFECTIVE FOR THE ANNUAL TERM  
2017 – 2018

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# INTRODUCTION

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The purpose of this manual is to give you an understanding of insurance coverages 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 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 an incident or claim does arise, the Delta Upsilon International Fraternity and Creative Risk Solutions (CRS) will oversee the effective handling of incident and claim investigation that arise 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.

Holmes Murphy strives to provide risk management resources to complement the loss prevention and control efforts of its clients. Please visit [www.holmesmurphyfraternal.com](http://www.holmesmurphyfraternal.com) to review the Holmes Murphy web site. 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.

# Delta Upsilon International Fraternity

## 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.

Delta Upsilon International Fraternity insurance program provides Blanket General Liability Coverage with the following carrier, policy period and limits of coverage.

Primary Insurer: Landmark American Insurance Company  
Policy Period: October 1, 2017 to October 1, 2018

### **Insured Group**

Undergraduate Chapters &  
Alumni Associations and all other insured  
affiliate organizations with the fraternity  
insured affiliate organizations of the  
fraternity

### **Limits of Coverage**

\$250,000 per occurrence  
\$500,000 Aggregate per

House Corporations

\$1,000,000 per occurrence  
\$2,000,000 Aggregate per Location

(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 chapter, its officers and members, house corporations, alumni associations and chapter related educational foundations 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 medical malpractice.

## **Delta Upsilon International Fraternity 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 Delta Upsilon International Fraternity 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 or ensure the vehicle they are operating has ample coverage to protect their interest. 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**

Effective 10.1.2016, the contractual liability protection provided under the Delta Upsilon insurance program limits contractual liability protection to the vicarious liability of any third party with whom a Delta Upsilon entity executes a contract. Any liabilities assumed for the actions of a third party that would not exist in the absence of the contract will not be indemnified by the insurance program and are now self-insured by the Delta Upsilon entity who executed the agreement. All in place contracts between a Delta Upsilon and any third parties should be reviewed immediately. The insurance coverage provides the opportunity to purchase additional coverage to potentially insure your responsibility for a third party's negligence that cannot be eliminated via contract negotiations. Please provide any contract of concern to [mchambers@holmesmurphy.com](mailto:mchambers@holmesmurphy.com). A phone call to Holmes Murphy should also be made if 3 work days pass without a reply. No contract should be signed by any entity/chapter of Delta Upsilon International Fraternity, without complete understanding of liabilities being assumed and insurance coverage, if any, that is provided. When any questions arise, please contact your chapter advisor or the International Headquarters of Delta Upsilon Fraternity.

**6. WATERCRAFT LIABILITY**

Covers hired and non-owned boats/watercraft providing it is less than 52 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**

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 premise rented for any period as well as other damage to a premise you rent for 7 or less days.

**9. WORLDWIDE COVERAGE**

Coverage worldwide for suits brought in the United States and Canada.

**10. HAZING LIABILITY**

Hazing in any form is against the law. It is believed that Hazing does not happen as an isolated incident but instead results due to a cultural condition of an undergraduate chapter and its alumni members. The Delta Upsilon liability insurance program excludes insurance protection for all perpetrators of Hazing as well as the undergraduate chapter of the involved members. Being a bystander is not acceptable, all members must do everything in their power to eradicate hazing or endanger their undergraduate chapter of being uninsured should a hazing claim arise.

**Limits of Coverage**

<b>Insured Entity</b>	<b>Insurer</b>	<b>Bodily Injury &amp; Property Damage Per Occurrence Limit</b>	<b>Policy Aggregate</b>	<b>Policy Aggregate Applies Per Location?</b>
Undergraduate Chapters and Alumni Chapters	Landmark American Insurance Company	\$250,000	\$500,000	Yes
House Corporation	Landmark American Insurance Company	\$1,000,000	\$2,000,000	Yes

## Who is an insured?

The insurance coverage will pay claims for the following organizations and/or people:

- A. The local undergraduate 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 Delta Upsilon International Fraternity. Undergraduate chapter officers, executive committee, committee chairman and members while performing the duties of elected or appointed positions within the organization and in compliance within the organization.
- B. House Corporations, House holding Corporations, Chapter Education Foundations, House Associations, 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, and in compliance with the risk management policies and on behalf of Delta Upsilon International Fraternity.
- C. Officers, Directors, Trustees, Partners, Coordinators, Custodians, Committee Members, Council Members, Volunteers, Housemothers, Resident Advisors, Faculty Advisors, Fraternity Members, Associate Members and Employees but only while acting within the scope of their duties, in compliance with the risk management policies and on behalf of Delta Upsilon International Fraternity.

## Who is *not* an insured?

- 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, chapter advisor consuming alcohol with undergraduates, 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).

## 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.

Under the "Loss Prevention and Insurance" section, click "Request for Additional Insured." Also you may submit the Additional Insured Form via email to: [ihq@deltatau.org](mailto:ihq@deltatau.org). Include in your subject line: the chapter name and "Request for Additional Insured Form."

Upon review and approval of the Additional Insured request by Delta Upsilon Fraternity and the insurance carrier, a certificate of insurance will be issued by Holmes Murphy, with the original forwarded to the Additional Insured and a copy to the Delta Upsilon International Fraternity.

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

## What Does Our Coverage *Not* Include?

- A. 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 that caused the bodily injury or physical damage.
  3. Pollution.
  4. An employee is hurt on the job. Workers' Compensation coverage must be purchased.
- B. 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 Delta Upsilon International Fraternity liability insurance contract. The only exception would be a premise rented for 7 or less days in which the 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. Delta Upsilon International Fraternity insurance program is no exception to this rule. The key points to understand are:

- Compliance with federal, state, provincial and local laws and regulations is required.
- Compliance with all regulations and policies of Delta Upsilon International Fraternity is required.

Those individuals who choose to violate these rules may void the protection for themselves under Delta Upsilon International Fraternity insurance program. Every effort has been made to avoid their actions from jeopardizing the other members, protected by Delta Upsilon International Fraternity 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 could be without insurance protection. The other named insureds would be protected (i.e. International Fraternity, or volunteer alumni).
- B. A few members of a 65-man chapter caused injury to someone relating to a hazing incident. In the event of a claim or lawsuit, the chapter and members could be found to be in violation of the law and Delta Upsilon International Fraternity policies, and would be without insurance protection. The House Corporation and other volunteers would be protected so long as they did not violate fraternity policy or the law.

Great effort has been made to ensure coverage will be provided to those individuals and entities exposed to claims due to no fault of their own. The intent is to provide coverage for claims that arise from ordinary negligence. Chapter advisors are protected from the unauthorized actions of their individual chapter members and the chapter, 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:

Holmes Murphy  
13810 FNB Parkway, Suite 300  
Omaha, NE 68154

Melissa Chambers, Client Service Consultant  
Phone: 402.898.4196  
Fax: 800.328.0522  
E-mail: [mchambers@holmesmurphy.com](mailto:mchambers@holmesmurphy.com)

Rohnda Roehrs, VP Client Services  
Phone: 402.898.4185  
Fax: 800.328.0522  
E-mail: [rroehrs@holmesmurphy.com](mailto:rroehrs@holmesmurphy.com)

# SPECIAL EVENTS

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In general, Special Events sponsored by a Chapter 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. A Special Event Checklist is included in the Appendix, if the form is utilized and all sections are addressed, the guidance provided by the Checklist can do a great deal to help avoid an injury 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 Delta Upsilon International Fraternity.

## SAFE TRANSPORTATION RECOMMENDATION FOR CHAPTER FUNCTIONS

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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. Delta Upsilon International Fraternity 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 International level are implemented and strictly followed at the chapter level.

The safe use of automobiles is critical to the well-being of all Delta Upsilon members.

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 an International fraternity in Oregon held an off-premise social event. 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 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 International 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 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 International Fraternity. This is an ultimate win-win situation we all want to achieve.

## LAWSUITS

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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 claim, actual claim or lawsuit as a high priority item and immediately notify Delta Upsilon International Fraternity by phone.
- B. Utilizing the enclosed incident reporting form, note all relevant information.
- C. Utilizing <https://www.deltatau.org/>, find the "Loss Prevention and Insurance" section, and click "Report an Incident." The Incident Report link can also be found under the Quick Links section of the home page. If you are unable to submit the information, please call 317.875.8900 or email [ihq@deltatau.org](mailto:ihq@deltatau.org) immediately.

# GENERAL LIABILITY CLAIMS

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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 of anyone other than an employee and any property damage for which there is the possibility a claim may be made against Delta Upsilon International Fraternity. 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 Delta Upsilon International Fraternity. The Executive Director of Delta Upsilon International Fraternity is responsible for providing the initial report of the claim to Creative Risk Solutions Services (CRS) (see phone numbers and address below). Once the claim report is sent to CRS, 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 Delta Upsilon International Fraternity 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 Delta Upsilon International to report all known facts regarding bodily injury, property damage, or personal injury arising out of Delta Upsilon Fraternity activities in a timely manner.

## **Delta Upsilon International Fraternity** *INCIDENT/CLAIM REPORTING*

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Delta Upsilon International Fraternity  
8705 Founders Rd.8705 Founders Road  
Indianapolis, IN 46268  
317.875.8900 (Phone)  
317.876.1629 (Fax)  
ihq@deltau.org

Creative Risk Solutions  
PO Box 9207  
Des Moines, Iowa 50306

Linda Wright  
Liability Manager  
Phone: 877.544.7843 Ext. 5977  
Email: [LWright@creativerisksolutions.com](mailto:LWright@creativerisksolutions.com)

Jody Wender  
Liability Claims Specialist III  
Phone: 877.544.7843 Ext. 5938  
Email: [JWender@creativerisksolutions.com](mailto:JWender@creativerisksolutions.com)

# OTHER INSURANCE COVERAGE

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## 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 associate members of Delta Upsilon that meet the following criteria:

- In good standing with the Fraternity
- Membership has been reported to Delta Upsilon Administrative Office
- All associate member, initiation, undergraduate and risk management/insurance dues have been paid
- 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.

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 copays of health insurance programs.

An overview of the coverage is as follows:

Insurance Carrier: Markel Insurance Company  
Policy Term: October 1, 2017 to October 1, 2018  
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:

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

## Directors' and Officers' Liability Coverage

The International Insurance Program of Delta Upsilon offers Directors' and Officers' Coverage to all Undergraduate Chapters, House Corporations, Alumni Associations and Alumni Educational Foundations if they elect to purchase the coverage. Directors' and 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' and 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' and Officers' Liability Coverage of the Fraternity provides Employment Practices Liability Coverage that protects the Undergraduate Chapter, House Corporations, Alumni Associations and Alumni Educational Foundations from claims arising out of allegations of Discrimination, Harassment or Wrongful Termination arising in an employer/employee relationship. These claims are not insured by the General Liability or Workers' Compensation Coverage of the Chapter/Alumni and Volunteer Corporations.

Overview of the coverage is as follows:

Insurance Carrier:	RSUI Indemnity Company
Policy Term:	October 1, 2015 – October 1, 2018
Limit of Coverage:	\$5,000,000 Policy Aggregate
Retention:	\$2,500 Affiliates (Chapter, House Corporations) \$7,500 Employment Practices Liability

- Please make certain to report any potential claim immediately as the D&O policy is a claims-made policy. Also, according to the provisions of the Directors & Officers Liability policy, defense cost incurred by the insured or settlements made without the prior written consent of the Insurer will NOT be covered under the policy. If defense counsel is hired by an insured without prior approval from the insurance carrier, there is no guarantee all charged fees will be paid as part of the claim.
- Coverage is only provided to those who elect to purchase the optional coverage through Delta Upsilon International Fraternity and are on file with Holmes Murphy as having paid for the coverage. Only one Retention/Deductible will need to be satisfied for a claim involving both the International Fraternity and any Undergraduate Incorporating Service.

# OPTIONAL INSURANCE COVERAGE

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## Chapter Property Insurance Program

If a chapter of Delta Upsilon International Fraternity owns a physical plant or building, there is no coverage for Damage to the building under the general liability policy for Delta Upsilon International Fraternity. The Fraternal Property Management Association Insurance Program is voluntary and open for participation of any chapter of Delta Upsilon International Fraternity. If your chapter wishes to be provided a coverage and premium proposal for the property program, please see the end of this section for details.

The property program provides all risk coverage insuring the building, contents, business income (loss of rents), extra expense, and boiler and machinery of property owned or leased by the local chapter or housing corporation. It must be understood, however, that this coverage does not insure the belongings of the individual members of the chapter. Each chapter member must ensure that their personal property is covered by other coverage.

How does a chapter participate in the property program? If your chapter is interested in receiving a coverage and premium proposal, please have an officer request a coverage and premium proposal by sending a completed property application to:

Holmes Murphy Fraternal Practice,  
13810 FNB Parkway, Ste. 300,  
Omaha, NE 68154  
E-mail: [fraternalinsuranceapp@holmesmurphy.com](mailto:fraternalinsuranceapp@holmesmurphy.com).

A copy of the application is included in the Appendix of this manual can be faxed to: 800.328.0522 or you can visit the website [http://www.holmesmurphyfraternal.com/FPMA\\_Property\\_Program/](http://www.holmesmurphyfraternal.com/FPMA_Property_Program/) to complete.

## Workers' Compensation Coverage

The Insurance Program of Delta Upsilon does not provide Workers' Compensation Coverage for chapter employees. It is the duty of each house corporation to make certain they are familiar with their State laws and requirements to carry Workers' Compensation Coverage for employees of the Chapter.

Each State provides a State Assigned Risk Pool that can insure the Workers' Compensation exposures of the Chapter. The State Assigned Risk Pool can be accessed by contacting a local insurance agent or Holmes Murphy, your insurance broker, to obtain coverage. It is important to note that in addition to payrolls paid to a chapter cook and housemother, subsidized housing provided to chapter members in exchange for service in a position (i.e. house manager, kitchen steward, chapter officer) is also considered payroll and if injured, the individual likely has the right to recover damages under the Workers' Compensation laws of your State. We will work with you to help you place this coverage only if we also place the property coverage for your location.

All questions can be directed to:

All questions can be directed to:

Holmes Murphy  
Melissa Chambers, Client Manager  
Telephone: 800.736.4327, ext. 4196  
Fax: 800.328.0522 or  
Email: [mchambers@holmesmurphy.com](mailto:mchambers@holmesmurphy.com).

# APPENDIX



THINKING AHEAD

**FRATERNAL PROPERTY MANAGEMENT ASSOCIATION**  
PROPERTY INSURANCE APPLICATION

**PROPERTY INSURANCE INFORMATION**

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Fraternity/Chapter Name: \_\_\_\_\_ University Affiliation: \_\_\_\_\_

Chapter Address: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Contact Address: \_\_\_\_\_

Billing Contact Title: \_\_\_\_\_ Email: \_\_\_\_\_

Mortgage/Loss Payee: \_\_\_\_\_ Loan: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection Contact Address: \_\_\_\_\_

Inspection Contact Email: \_\_\_\_\_

Year Property Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Number of Buildings at Location: \_\_\_\_\_

**\*\*\*Separate information for each building required**

Is property currently occupied? Yes No

If no, how long has it been vacant? \_\_\_\_\_

Property Condition:           Excellent           Above Average           Average           Below Average

Is this classified as a historic building? Yes No

**BUILDING CONSTRUCTION**

*Check the appropriate answer:*

**Walls:**           Brick                           Stone                           Wood Frame           Other:

**Floors:**           Wood                           Concrete

**Roof Structure:**   Wood                           Concrete

**Roof Covering:**   Asphalt Shingles           Wood Shingles           Tile Shingles

                          Tar and Gravel (Flat Roof)   Other           Please List:

**Basement Walls:**   Brick                           Concrete

***If built prior to 1970, please provide when each of the following was updated (mm/yy):***

Electrical Wiring:	Heating:	Cooling:
Plumbing:	Roof:	

***\*\* If unable to provide updates and the physical plant was built prior to 1970, please answer the questions in Section 1 (If updates are provided, or if the physical plant was built after 1970, please skip to Section 2) \*\****

**Section 1**

**ELECTRICAL WIRING**

Does the system use a fuse box with removable fuses or a circuit breaker box?

Removable Fuses	Circuit Breaker Box
-----------------	---------------------

Is there an annual inspection of the system by an outside contractor?	Yes	No
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**HEATING, VENTILATION, AIR CONDITIONING**

Does the heating system appear to be original or an updated system?

Original	Updated
----------	---------

Is there an annual inspection of the system by an outside contractor?	Yes	No
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**PLUMBING**

Are there any known leaks or problems with the plumbing system?	Yes	No
---	-----	----

Please check the box that best describes the plumbing system:

Plastic	Copper	Galvanized Steel
---------	--------	------------------

**ROOF**

Are there any known leaks?	Yes	No
----------------------------	-----	----

**Section 2**

**SMOKE ALARMS**

Battery	Wired
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Number of Smoke Alarms:	Number of Fire Extinguishers:
-------------------------	-------------------------------

**SQUARE FOOTAGE**

What is the square footage including the basement?

**KITCHEN**

Is there a kitchen on the premise?	Yes	No
------------------------------------	-----	----

If yes, is there a metal Hood with an Ansul System?	Yes	No
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**BOILER**

Is there a boiler on the premise?	Yes	No
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**SPRINKLER SYSTEM**

Is the building sprinkled? Yes No

If the building is sprinkled please answer the following questions:

What percent of the total area is covered?

Is the sprinkler system serviced ANNUALLY by an outside contractor?

Yes No

If yes, please provide:

Contractor Name: Contractor Phone:

Contractor Address:

Last date of inspection:

**Coverage Information**

Expiration date of current policy: Current Carrier:

Current Property Premium:

**Current Limits:**

Building Limit: Replacement Cost

Contents Limit: Replacement Cost

Loss of Rents Limit: Annual Value

Other:

**\*\*\*Please Note: You are responsible to insure to value**

Any losses in the last five years? Yes No

If yes, provide details on separate page

**APPLICATION WARRANTY AND INSTRUCTIONS**

I hereby warrant and confirm that the above information, to the best of my knowledge, is true and correct, and further certify that I have read all of the questions and answers of this application. I understand this application is a requirement for coverage and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or the company until accepted by the company or companies in writing from Holmes Murphy

Completed by: Signature:

Title: Date:

Address:

Email Address: Phone:

## INCIDENT/CLAIM REPORTING FORM

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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 the Fraternity's 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. If the bodily injury is of a serious nature, **a telephone call** should also be made.

Chapter Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Chapter President: \_\_\_\_\_  
Chapter Advisor (CA): \_\_\_\_\_ CA Phone: \_\_\_\_\_  
CA Address: \_\_\_\_\_  
House Corp President (HC): \_\_\_\_\_ HC President Phone: \_\_\_\_\_  
HC President Address: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Injured Party (IP): \_\_\_\_\_  
IP Address: \_\_\_\_\_ IP Phone: \_\_\_\_\_  
Witnesses & Phone numbers: \_\_\_\_\_

Did incident happen off premises? (Leased or Rented) Yes  No   
If yes, Owner's Name \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
Police Investigation? Yes  No   
Name of Agency & Case: \_\_\_\_\_  
Description of injury & where was injured party taken: \_\_\_\_\_

Description of what happened (What, when, where, how): \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

## SPECIAL EVENT CHECKLIST

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Chapter Name:

Graduate

Undergraduate

Purpose of Event:

Location 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

Event Chairman

Phone

Is there a co-sponsor?

Yes

No

If yes, who?

Is there a sorority involved in planning or working the event?

Yes

No

If yes, name the sorority and person in charge.

Does the sorority have insurance?

Planned attendance:

Estimated Attendance:

Will there be special construction, alterations, or decorations for this event? Yes

No

If yes, explain:

Has this event been held in the past?

Yes

No

How many times?

Have there been any previous claims?

Yes

No

If so, explain in detail what changes you have made to prevent additional claims:

Will alcoholic beverages be permitted?

Yes

No

If yes, refer to "Alcohol" section.

Who is responsible for security?

Are Certificates of Insurance obtained from vendors?

Liquor Liability: Yes No

General Liability: Yes No

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

Yes No

Is the fraternity named as an additional insured on all certificates form vendors?

Yes No

Have applicable permits and permission been obtained form authorities:

College/University: Yes No

Fundraiser: Yes No

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

Yes No

Have you received any correspondence requesting proof of insurance for this event?

Yes No

**\*\*\*Note: If yes was answered to any questions above, related copies should be reviewed by an advisor!**

### **ADDITIONAL INSURED**

Additional Insured Name:

Address:

Reason for adding Additional Insured:

**\*\*\*Note: If event requires additional insured, Additional Insured Request Form must also be completed**

### **SECURITY**

Type of security consists of:

Public Police Private Police Combination Paid

Is there a security guard? Yes No

Does security guard check for weapons? Yes No

Are security personnel trained on preventing illegal drug use? Yes No

Are monitors and security personnel trained on preventing disorderly conduct or hazing?

Yes No

Are members or guests hands stamped if they want to leave and return to event?

Yes No

Is smoking permitted at event?	Yes	No
If yes, is there a designated smoking area?	Yes	No
Has event facility been inspected to ensure that it complies with applicable federal, state and local safety and fire codes?	Yes	No
Are guests and members informed of emergency evacuation routes?	Yes	No
Is there one well lit entrance that is controlled and monitored?	Yes	No
Are security personnel and/or monitors trained on preventing sexual abuse and harassment?	Yes	No

### **ALCOHOL**

Are security personnel, monitors, bar workers and/or vendors trained on how to deal with intoxicated guests and members?	Yes	No
Are wrist bands or other method provided for designating those who are not of legal drinking age?	Yes	No
Are all who are allowed to enter presenting IDs?	Yes	No
Are those bringing alcoholic beverages given a punch card showing alcoholic quantity and type?	Yes	No
Will intoxicated guests or members be served alcohol by bar workers?	Yes	No
Is there only one centralized location where alcohol and food are being served?	Yes	No
Is there a guest and members list at the door?	Yes	No
Are food and alternative non-alcoholic beverages available, visible, and easily accessible?	Yes	No
Do you have a policy on confiscating keys from intoxicated guests?	Yes	No

**YOU MUST STOP ALLOWING THE CONSUMPTION OF ALCOHOL AT LEAST ONE HOUR BEFORE EVENT ENDS.**

### **TRANSPORTATION**

Is transportation available for guests who need or request it?	Yes	No
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The undersigned have read and understand the requirements as outlined in this checklist:

Chapter President: Signed: Date:

Event Chairman: Signed: Date:

Alumnus Advisor: Signed: Date:

**DISCLAIMER**

**This questionnaire is being used to assist the chapter in having a safe event.**

**DID YOU REMEMBER TO?**

- ✓ Complete the form in total
- ✓ Get all parties noted above to review and obtain required signatures
- ✓ Submit Additional Insured request form to International Fraternity if needed

## ADDITIONAL INSURED REQUEST FORM

Chapter Name:

Your Name:

Phone:

Your Address:

Your Email:

Additional Insured's Name:

Phone:

Address:

Email Address:

Limits Requested by Additional Insured:

Date and Time of Event:

Description:

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:

Are certificates of Insurance obtained from vendors?

Liquor Legal Liability	Yes	No	Not Applicable
General Liability	Yes	No	Not Applicable

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

Yes	No
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Is the fraternity named as an additional insured on all certificates from vendors?

Yes	No
-----	----

Have applicable permits and permission been obtained from authorities:

College/University:	Yes	No	Not Applicable
Fundraiser:	Yes	No	Not Applicable

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

Yes	No
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Have you received any correspondence requesting proof of insurance for the event?

Yes	No
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**Please utilize the back of this form if you should run short of room.**

## ATHLETIC EVENT PARTICIPATION WAIVER

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I, \_\_\_\_\_, a registered participant in an activity sponsored by \_\_\_\_\_ Chapter of \_\_\_\_\_ Fraternity 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 \_\_\_\_\_ Fraternity, 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 \_\_\_\_\_ Fraternity 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 \_\_\_\_\_ Fraternity and in the event 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, or \_\_\_\_\_ Fraternity, 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

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**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).

**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.

**Director's & Officer's 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.