DELTA UPSILON
INTERNATIONAL FRATERNITY

INSURANCE AND CLAIM MANUAL

EFFECTIVE FOR THE ANNUAL TERM
2016 – 2017

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INTRODUCTION

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 cornerstone of our program.

In the event an incident or claim does arise, the Delta Upsilon International Fraternity and Engle Martin Claims Administrative Services (EMCAS) 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.

As your insurance broker Holmes Murphy strives to provide risk management resources to complement the loss prevention and loss control efforts of its clients. Please visit 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 and information on your insurance protection, and online forms for; purchasing property coverage, liability and property claim reporting and making requests for additional insured protection.

THE GENERAL LIABILITY LOSS PREVENTION 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 Public General Liability Coverage with the following carrier, policy period and limits of coverage.

Primary Insurer: Landmark American Insurance Company
Policy Period: October 1, 2016 to October 1, 2017

Insured Group	**Limits of Coverage**
Undergraduate Chapters, Alumni Associations, and all other ` insured affiliate organizations with the fraternity insured affiliate organizations of the fraternity	$250,000 per occurrence $500,000 Aggregate per location
House Corporation	$1,000,000 per occurrence $2,000,000 Aggregate per location

(Types of coverage are included at the end of this section).

Note: Cost of legal defense continues to be paid for policy insureds involved in litigation even after erosion of the per occurrence limit shown above. Cost of legal defense is unlimited. Individual policy insureds (e.g. Chapter Advisors or House Corporation officers) who are named in litigation due to no fault of their own are customarily dismissed quickly from litigation. In the unusual case where the individual insured would not be dismissed, the fraternity insurance policy continues to pay their defense until their dismissal or settlement of the case.

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 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. DELTA UPSILON INTERNATIONAL FRATERNITY INSURANCE AND CLAIM MANUAL CONTRACTUAL LIABILITY COVERAGE

   Under certain circumstances, the liability coverage of Delta Upsilon Fraternity insurance contract is extended to protect other parties with whom a Delta Upsilon International Fraternity chapter may enter into a contractual agreement. No contract should be signed by any entity/chapter of Delta Upsilon 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 Delta Upsilon International Fraternity.

6. WATERCRAFT LIABILITY

   Covers hired and non-owned boats/watercraft providing it is less than 51 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 premises rented for any period of time as well as other damage to premises you rent for 7 or less days.

9. WORLDWIDE COVERAGE

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

   Note: If you violate the law, your coverage and protection under these policies may be void. The best course of action is to follow all Delta Upsilon policies and guidelines to ensure you do not jeopardize your coverage.

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 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

Insured Entity	Insurer	Bodily Injury & Property Damage Per Occurrence Limit	Policy Aggregate	Policy Aggregate Applies Per Location?
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.

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 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.

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 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.

Log into http://www.deltau.org and access the "Members Page." Find the "Loss Prevention and Insurance" tab, and click "Request for Additional Insured." Also you may submit the Additional Insured Form via email to: ihq@deltau.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. Any 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 fewer 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. A key point to understand is:

- 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 cause injury to someone in connection with a hazing incident.
In the event of an injury, claim or lawsuit, those persons (in this case, the few members) found to be in violation of the law could 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. The 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:

Holmes Murphy
Melissa Chambers, Client Service Consultant
Rohnda Roehrs, VP Client Services, Fraternal
13810 FNB Parkway, Ste 300
Omaha, NE 68154
Phone: 402.498.0464 or 800.736.4327 Ext. 4196
Fax: 402.942.8421 or 800.328.0522
E-Mail: mchambers@holmesmurphy.com or rroehrs@holmesmurphy.com

SPECIAL EVENTS

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

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.

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 an International 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 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

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. Log into http://www.deltau.org and access the "member's page". Find the "Loss Prevention and Insurance" tab, and click "Report an Incident." If you are unable to submit the information, please call 317.875.8900 or email ihq@deltau.org 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 of anyone other than an employee and any property damage for which there is the possibility a claim may be made against Delta Upsilon 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 Fraternity (see phone numbers and address below). The Executive Director of Delta Upsilon International Fraternity is responsible for providing the initial report of the claim to Engle Martin Claims Administrative Services (EMCAS) (see phone numbers and address below). Once the claim report is sent to EMCAS, 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 Fraternity to report all known facts regarding bodily injury, property damage, or personal injury arising out of Delta Upsilon International Fraternity activities in a timely manner.

DELTA UPSILON INCIDENT/CLAIM REPORTING

Delta Upsilon International Fraternity
8705 Founders Rd.
Indianapolis, IN 46268
317.875.8900 (Phone)
317.876.1629 (Fax)

Claim Administrator
c/o Engle Martin Claims Administrative Services
Attn: Linda Wright
5565 Glenridge Connector, Suite 900
678.553.3838 (Phone)
888.922.6335 (Toll Free)
678.553.3839 (Fax)

You can report a claim by accessing the link at http://www.deltau.org/incidentreportform or by searching for “incident” or “incident report form” at http://www.deltau.org. If you are unable to submit the information, please call 317.875.8900 immediately or attach the document found in the appendix via email to ihq@deltau.org. Include in your subject line: chapter name and “Incident Report Submission.”

OTHER INSURANCE COVERAGE

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, 2016 to October 1, 2017
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 there of;
- 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.
- Event Evaluation Form (cont.)

OPTIONAL INSURANCE COVERAGE

DIRECTORS' & 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 Per Claim $5,000,000 Policy Aggregate $2,500 Retention for Affiliates
Deductible:	$0 Individual D&O Each Claim $0 Individual D&O Aggregate $5,000 Co. Reimb. Entity, and EPL

- 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

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.

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/ 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:

Holmes Murphy
Melissa Chambers, Client Service Consultant
Phone: 800.736.4327 ext. 4196
Fax: 800.328.0522
E-mail: mchambers@holmesmurphy.com

APPENDIX

13810 FNB Parkway, Suite3200
Omaha, NE 68154
800-736-4327
402.498.0464
800.328.0522
www.holmesmurphyfraternal.com

HOLMES MURPHY. THINKING AHEAD

FRATERNAL PROPERTY MANAGEMENT ASSOCIATION

PROPERTY INSURANCE APPLICATION

Property Insurance Information

Property Owner: _____ Phone: _____
Entity Name

Owner Mailing Address: _____
Street City State Zip

Fraternity/Chapter Name: _____ University Affiliation: _____

Chapter Address: _____
Street City State Zip County

Billing Contact: _____ Phone: _____
Name

Billing Contact Address: _____
Street City State Zip

Billing Contact Title: _____ E-mail: _____

Mortgage/Loss Payee: _____ Loan _____ Phone: _____
Name

Address: _____
Street City State Zip

Inspection Contact: _____ Phone: _____
Name

Inspection Contact Address: _____
Street City State Zip

Inspection Contact E-mail: _____

Year property was built? _____ Number of stories? _____

Number of Buildings at location? _____ ** Separate information for each building is 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 ☐

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 ☐

PLUMBING

Are there any know 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 ☐ Number of Smoke Alarms: _____ Number of Fire Extinguishers: _____

SQUARE FOOTAGE

What is the square footage including the basement? _____

KITCHEN

Is there a kitchen on premise? Yes ☐ No ☐

If Yes, is there a Metal Hood with ansul system? Yes ☐ No ☐

BOILER

Is there a boiler on premise? Yes ☐ No ☐

SPRINKLER SYSTEM

Is the building sprinkled? Yes ☐ No ☐

If 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 provide name, address and phone number of contractor:

Phone:

Date of last contractor 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 5 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: _____

Street City State Zip

Email Address: _____ Phone : _____

Please remit to:

Holmes Murphy
Attn: Cynde Glantz
13810 FNB Parkway, Suite 300
Omaha, NE 68154
Fax 800.328.0522
E-mail: cglantz@holmesmurphy.com

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 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: _____ Date of Incident: _____

Address: _____ Injured Party (IP) _____

City, State, Zip: _____ IP Address: _____

Phone: _____ IP City, State, Zip: _____

Chapter President: _____ IP Phone: _____

Chapter Advisor (CA): _____ House Corp President (HC): _____

CA Address: _____ HC Pres Address: _____

CA Phone: _____ HC Pres 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.

SPECIAL EVENT CHECKLIST

PLEASE TYPE OR PRINT LEGIBLY

Chapter Name: _____ Chapter Number: _____

☐ Graduate ☐ Undergrad

Purpose of Event: _____ Location of Event: _____

Date(s): _____ Location Address: _____

_____

City State Zip

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 a special construction, alterations or decorations for this event? Yes ☐ No ☐

   If yes explain: _____
7. Has this 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 alcohol beverages be permitted? ☐ Yes ☐ No If yes, refer to “Alcohol” section.

10. Who is responsible for security?

11. Are Certificates of Insurance obtained from vendors?*

A. Liquor Legal Liability ☐ Yes ☐ No

B. General Liability ☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

A. College/University ☐ Yes ☐ No

B. Fund Raiser ☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

***NOTE:** *If yes is answered to questions 11, 12, 13, 15 or 16 a copy should be reviewed by an advisor!*

ADDITIONAL INSUREDS

1. Name, Address, city, state and zip code of any Additional Insured to be added to the International policy:

2. Reason for adding Additional Insured:

***NOTE:** If event requires additional insured **Additional Insured Request Form** must also be completed.*

SECURITY

1. Type of security consists of: (If combination, please select which two make up the combination)

☐ Public Police ☐ Private Police ☐ Combination ☐ Paid

2. Is there a security guard? ☐ Yes ☐ No

3. Does security guard check for weapons? ☐ Yes ☐ No

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

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

☐ Yes ☐ No

6. Are members or guests hands stamped if they want to leave and return to party?

☐ Yes ☐ No

7. Is smoking permitted at event?

Yes No

8. If yes, is there a designated smoking area?

Yes No

9. Has event facility been inspected to ensure that it complies with applicable federal, state and local safety and fire codes? Yes No

10. Are guests and members informed of emergency evacuation routes?

Yes No

11. Is there one well lit entrance that is controlled and monitored?

Yes No

12. Are security personnel and/or monitors trained on preventing sexual abuse and harassment? Yes No

ALCOHOL

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1. Are security personnel, monitors, bar workers and/or vendors trained on how to deal with intoxicated guests and members? Yes No

2. Are wrist bands or other method provided for designating those who are not of legal drinking age? Yes No

3. Are all who are allowed to enter presenting I.D.?

Yes No

4. Are those bringing alcoholic beverages given a punch card showing alcoholic quantity and type? Yes No

5. Will intoxicated guest or members be served alcohol by bar workers?

Yes No

6. Is there only one centralized location where alcohol and food are being served?

Yes No

7. Is there a guest and member list at the door?

Yes No

8. Are food and alternative non-alcoholic beverages available, visible and easily accessible?

Yes No

9. 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

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1. Is transportation (taxi, Safe Rides etc.) available for guests who need or request it?

☐ Yes ☐ No

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: _____

Your Address: _____

City, State, Zip: _____

Phone: _____ E-Mail Address: _____

Fax (if available): _____

Additional Insured's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail 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;

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 _____ 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 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, 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

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.