

# ALPHA PHI ALPHA FRATERNITY, INC.

## *INSURANCE AND CLAIM MANUAL*

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**EFFECTIVE FOR THE ANNUAL TERM:  
JANUARY 1, 2008 – JANUARY 1, 2009**

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# INTRODUCTION

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

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

In the event that an incident or claim does arise, the Executive Director of Alpha Phi Alpha Fraternity, Inc. and HRH/Kirklin & Co., LLC will oversee the effective handling of all incident and claim investigation. 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.

HRH/Kirklin & Co., LLC strives to provide risk management resources to compliment the loss prevention and control efforts of its clients. Please visit [www.kirklin.com](http://www.kirklin.com) to review the HRH/Kirklin & Co., LLC website. You will find a number of risk management resources that can assist you in your daily 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.



# SPECIAL EVENTS

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In general, Special Events sponsored by Chapters, Districts and Regions are covered under the general liability policy.

If any event other than a regular business meeting is held, the Special Events Checklist Application, (see page 16 of this manual), must be completed and submitted to the Corporate Headquarters for approval at least (21) twenty-one days prior to the event date. **These events require the written approval of the Corporate Office before they are held by the chapter.** The Corporate Office will determine if the event poses too great of a risk to the Fraternity to be covered under the current policy. If the potential liability exposure of the event is deemed to be extreme, the chapter will be asked to purchase a separate liability policy for the event or pay a surcharge for the coverage under the Alpha Phi Alpha Fraternity, Inc. insurance program. **Failure to receive proper approval for these events will result in a \$1,000 fine for the chapter.**

## Special Note:

Whenever chapters or members are transporting special event attendees, **personal vehicles should not be used as they are not covered.** 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 Alpha Phi Alpha Fraternity, Inc.

## 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. Alpha Phi Alpha Fraternity, Inc. recognizes this and is attempting to provide the broadest general liability coverage available to us; however, we cannot do it without the support of the entire organization. It is important that sound risk management practices endorsed at the national level are implemented and strictly followed at the chapter level.

Part of your chapter's risk management assessment includes an endorsement to the General Liability policy for liability exposure arising out of the use of rental and non-owned autos. Primarily due to poor loss experience, the insurance companies that are willing to underwrite fraternities are becoming increasingly reluctant to offer this extension of coverage. In order to retain this coverage it is imperative that we collectively implement a policy that will ensure we are mitigating the exposure this risk presents.

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

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

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



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

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

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

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

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

- Commercial Auto Insurance that provides coverage for transporting people and property for a fee.
- Commercial Auto Insurance that provides, at a minimum, primary coverage of \$1,000,000.00 combined single limit for bodily injury and property damage.
- A professional driver who has a valid commercial vehicle operator's license in the state in which the driver is located.

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



# LAWSUITS

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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 or actual claim or lawsuit as a high priority item and immediately notify National Headquarters by phone.
- b. Utilizing the enclosed incident reporting form, note all relevant information.
- c. Forward the suit or incident report via fax to Executive Director, Alpha Phi Alpha Fraternity, Inc. Corporate Office, at (410)554-0054. If you do not have access to a fax machine, overnight the papers to Alpha Phi Alpha Fraternity, Inc., 2313 Saint Paul Street, Baltimore, MD 21218-5234. It is very important the claim or lawsuit be faxed 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 to anyone other than an employee and any property damage for which there is the possibility a claim may be made against Alpha Phi Alpha Fraternity, Inc. Complete the enclosed incident reporting form which will provide the needed information regarding the claim. If you question whether to report a potential claim, report it!

It is imperative all losses or incidents be reported immediately to the Alpha Phi Alpha Fraternity, Inc. (see phone numbers and address below). The Executive Director of Alpha Phi Alpha Fraternity, Inc. is responsible for providing the initial report of the claim to HRH/Kirklin & Co., LLC. (see phone numbers and address on below). Once the claim report is sent to HRH/Kirklin & Co., LLC 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 the Alpha Phi Alpha Fraternity, Inc., insurance program and our ability to obtain reasonably priced insurance is contingent upon accurate and timely reporting. It is incumbent upon you as a member of Alpha Phi Alpha Fraternity, Inc. to report all known facts regarding bodily injury, property damage, or personal injury arising out of Alpha Phi Alpha Fraternity, Inc. activities in a timely manner.

## INCIDENT/CLAIM REPORTING INFORMATION

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ALPHA PHI ALPHA FRATERNITY, INC.  
ATTN: Willard Hall  
Executive Director & COO  
2313 Saint Paul Street  
Baltimore, MD 21218 - 5234  
Phone 410-554-0040  
Fax 410-554-0054  
insurance@apa1906.net

HRH/KIRKLIN & CO., LLC  
ATTN: Steve Wilson  
Manager of Claims and Loss Control  
12231 Emmet Street Suite 5  
Omaha, NE 68164  
Phone 402-498-0464 Ext 209  
Fax 800-736-4327 or 402-492-8421  
[swilson@kirklin.com](mailto:swilson@kirklin.com)  
Alternate: Rich Jungman, VP Client Service & Operations  
[rjungman@kirklin.com](mailto:rjungman@kirklin.com) Ext 215

ALPHA PHI ALPHA FRATERNITY, INC.  
*INSURANCE AND CLAIM MANUAL*



# OTHER INSURANCE COVERAGE

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## Member Accident Protection Program Coverage

The Fraternity's insurance program includes member accident protection as a benefit of membership. This covers all U.S. undergraduate members and aspirants of the Alpha Phi Alpha Fraternity, Inc. that meet the following criteria:

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

**This coverage is intended to compliment health insurance you should already have through your parents or other arrangements.** Additional benefits will be paid when the deductible has been met and the eligible medical expense is not recoverable from any other insurance policy, service contract, or workers' compensation policy. This policy will reimburse deductibles and co-pays of health insurance programs.

An overview of the coverage is as follows:

<b>Insurance Carrier:</b>	Markel Insurance Company.
<b>Policy Term:</b>	January 1, 2008 – January 1, 2009
<b>Policy Number:</b>	4102AH283079-2
<b>Limits of Coverage:</b>	\$ 25,000 Accidental Medical Expense and/or Dental Injury Accident Maximum \$5,000 Accidental Dismemberment and/or Death Benefit 52 Week Benefit Period Excess of undergraduate member's primary health insurance \$0 Deductible

The Policy does not cover Loss nor provide benefits for:

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



# APPENDIX



**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

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

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

**BUILDING CONSTRUCTION**

**Check the appropriate answer:**

Walls: Brick  Stone  Wood Frame  Other

Floors: Wood  Concrete

Roof Structure: Wood  Concrete

Roof Covering: Asphalt Singles  Wood Shingles  Tile Shingles  Tar and Gravel (flat roof)

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? \_\_\_\_\_ %

When was the sprinkler system installed? \_\_\_\_\_



**SPRINKLER SYSTEM CONTINUED**

Is the sprinkler system serviced 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 HRH/Kirklin & Co., LLC.

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Phone : \_\_\_\_\_

**Please remit to:**

HRH/Kirklin & Co, LLC  
12231 Emmet Street Suite 5  
Omaha, NE 68164  
Fax: 800-328-0522  
Attn: Jen Montagne



# ALPHA PHI ALPHA FRATERNITY, INC.

## SPECIAL EVENT CHECKLIST

PLEASE TYPE OR PRINT LEGIBLY

Chapter Name: _____ Key Number: __ Alumni College		
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

### **ADDITIONAL INSUREDS**

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1. Name and Address of any Additional Insureds to be added to the National policy:

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2. Reason for adding Additional Insureds: \_\_\_\_\_

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*\* If event requires additional insureds, (page 16) Additional Insured Request Form must also be completed.*

### **SECURITY**

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

Public Police	Private Police	Combination	Paid	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			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 giving 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 is 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 SERVING ALCHOL AT LEAST ONE HOUR BEFORE EVENT ENDS**

**TRANSPORTATION**

1. Is transportation (taxi, Safe Rides, Sober Rides, exc.) available for guest 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_____
Chapter Treasurer: _____	Signed:_____	Date_____
Chapter Vice President: _____	Signed:_____	Date_____
Chapter Risk Manager: _____	Signed:_____	Date_____
*Event Chairman: _____	Signed:_____	Date_____
*Advisor (College Chapters): _____	Signed:_____	Date_____

**\* Required Signatures – Checklist will be returned and not processed if all required signatures are not listed.**

**DISCLAIMER**

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

**DID YOU REMEMBER TO?**

- ✓ Get all required signatures
- ✓ Include all additional insureds (Additional Insureds line 1-2 and supplemental form p.20) to be included on the policy (if applicable)
- ✓ Indicate how the certificate of insurance should be returned to the chairperson
- ✓ Present a complete and professional form

**Please return this Special Event Checklist to the Corporate Headquarters no later than three weeks prior to the event. Failure to submit this form within the appropriate time frame will result in the certificate not being processed in time for the event. Waiver forms should be signed by the participants involved in athletic events, however the Chapter keeps the waiver forms for their records and do not have to forward them with the Checklist.**



# Insurance Contact Information Form

Please provide the following information to ensure that the certificate of insurance will be sent to the appropriate person.

**Event Chairperson:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Chapter Name:** \_\_\_\_\_ **Key#:** \_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_

*Please select how the certificate of insurance should be sent to the event chairperson.*

Mail       Fax       Email

**Alpha Phi Alpha Fraternity, Inc.  
Corporate Headquarters  
2313 St. Paul Street  
Baltimore, MD 21218  
410-554-0040 Phone  
410-554-0054 Fax**



**ALPHA PHI ALPHA FRATERNITY, INC.**  
**ADDITIONAL INSURED REQUEST FORM**

Chapter Name: \_\_\_\_\_  
 Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Fax (if available): \_\_\_\_\_  
 Additional Insured's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Date and Time of Event: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fax or Mail completed from with the Special Event Checklist to:**

**Alpha Phi Alpha Fraternity, Inc.**  
**Attn: Membership Department**  
**2313 St. Paul Street**  
**Baltimore, MD 21218 - 5234**  
**Phone: 410-554-0040; Fax: 410-554-0054**  
**insurance@apa1906.net**

**A charge of \$100 will be assessed for all special event additional insured certificates that are not processed according to the proscribed rules and must be received by the Corporate Headquarters before the additional insureds status is granted.**

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

Yes	No	Not Applicable
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  - 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?\*
  - 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.**



# ALPHA PHI ALPHA FRATERNITY, INC. ATHLETIC EVENT PARTICIPATION WAIVER

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I, \_\_\_\_\_, a registered participant in an activity sponsored by \_\_\_\_\_ Chapter of Alpha Phi Alpha Fraternity, Inc., understand and agree that I am participating in this event on my own free will and accord and that neither \_\_\_\_\_ Chapter, nor Alpha Phi Alpha Fraternity, Inc., 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 Alpha Phi Alpha Fraternity, Inc. 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 Alpha Phi Alpha Fraternity, Inc. 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 Alpha Phi Alpha Fraternity, Inc., 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.***



# ALPHA PHI ALPHA FRATERNITY, INC. INCIDENT/CLAIM REPORTING FORM

When an incident arises at the chapter causing bodily injury or property damage to any person, the following information must be obtained immediately. This report is being prepared for submission to an Alpha Phi Alpha Fraternity, Inc. General Counsel so please be thorough. Do not withhold reporting an incident to obtain all required information. Because timeliness is of the essence, report it immediately and send a copy within **24 hours** to the Corporate Headquarters of Alpha Phi Alpha Fraternity, Inc., 2313 St. Paul Street, Baltimore, MD 21218-5211. If the bodily injury is of a serious nature, a **telephone call** should also be made to phone (410)554-0040.

Chapter Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Chapter President: \_\_\_\_\_  
Chapter Advisor: \_\_\_\_\_  
CA Address: \_\_\_\_\_  
CA Phone#: \_\_\_\_\_  
Witnesses & Phone #'s:

Date of Incident: \_\_\_\_\_  
Injured Party: \_\_\_\_\_  
IP Address: \_\_\_\_\_  
IP City, State, Zip: \_\_\_\_\_  
IP Phone #: \_\_\_\_\_  
House Corp President: \_\_\_\_\_  
HC Pres: Address: \_\_\_\_\_  
HC Pres. Phone #: \_\_\_\_\_

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.**



# 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 corporate office must be sought 14 days prior to the event date (See special events section in the manual on page 6.)

**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 are 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.

