ALPHA KAPPA PSI

Insurance and Claim Manual

ALPHA KAPPA PSI
The Professional Business Fraternity

Effective for the Annual Term:
December 1, 2015 to December 1, 2016
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INTRODUCTION

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 Alpha Kappa Psi Fraternity and the 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 Managing Director of Operations of Alpha Kappa Psi and Holmes Murphy 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.

Holmes Murphy strives to provide risk management resources to complement the loss prevention and control efforts of its clients. Please visit www.Holmesmurphyfraternity.com to review the Holmes Murphy 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.
The following description is a summary only and is not intended to serve as a substitute for the actual insurance contract.

Alpha Kappa Psi Fraternity insurance program provides Blanket Public General Liability Coverage of $6,000,000 per occurrence for all participating chapters. (Types of coverage are included at the end of this section).

The coverage is for bodily injury, property damage and personal injury. This protects the local undergraduate 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.

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

Primary Insurer: Admiral Insurance Company
Policy Period: December 1, 2015 to December 1, 2016
Policy Number: CA000020430-02

Excess Insurer: James River Specialty Insurance
Policy Period: December 1, 2015 to December 1, 2016
Policy Number: 00013092-10

Alpha Kappa Psi Fraternity Coverage includes:

1. COMMERCIAL GENERAL LIABILITY
   Covers liability arising out of Fraternity premises and operations.

2. PRODUCTS/COMPLETED OPERATIONS LIABILITY
   Covers preparation and consumption of food and beverages.

3. PERSONAL INJURY & ADVERTISING INJURY
   Covers libel, slander, defamation of character, false arrest, detention, malicious prosecution, wrongful entry or eviction, invasion of privacy.

4. CONTRACTUAL LIABILITY COVERAGE
   Under certain circumstances, the liability coverage of Alpha Kappa Psi Fraternity insurance contract is extended to protect other parties with whom an Alpha Kappa Psi Fraternity chapter may enter into a contractual agreement. No contract should be signed by any entity/chapter of Alpha Kappa Psi 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 Heritage Center of Alpha Kappa Psi Fraternity.

5. WATERCRAFT LIABILITY
   Covers hired and non-owned boats/watercraft providing they are less than 52 feet in length.

6. 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.
7. HIRED AND NON-OWNED AUTOMOBILE
This 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. It is intended to only cover entities of Alpha Kappa Psi Fraternity and individuals not involved in the accident. The intent is not to provide auto liability coverage to those who are not prudent enough to purchase their own auto liability policy. The auto insurance of the driver or auto owner will be the primary insurance coverage.

8. DAMAGE TO PREMISES YOU RENT
$250,000 damage to premises you rent. This is not a substitute for property insurance. Damage to premises you rent liability coverage provides coverage for liability arising against your Fraternity out of fire damage to a non-owned premises rented for any period of time as well as other damage to a premises you rent for a period of seven days or less.

9. WORLDWIDE COVERAGE
Coverage worldwide for suits brought in the United States.

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

Limits of Coverage

**General Liability**:  
$1,000,000 Bodily Injury and Property Damage –Each Occurrence  
$2,000,000 General Aggregate per location/chapter  
$1,000,000 Products & Completed Operations Aggregate  
$1,000,000 Personal & Advertising Injury  
$1,000,000 Damage to Premises Rent to you  
Per occurrence deductible: $2,500

**Excess Liability Program**  
$5,000,000 Each Occurrence  
$15,000,000 policy aggregate

**Note**: Deductible payments will be funded by the Fraternity.

Who is an Insured?
The insurance coverage will pay claims up to $6,000,000 per occurrence 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 Alpha Kappa Psi Fraternity.
B. Undergraduate chapter officers, executive committee, committee chairman and members while performing the duties of elected or appointed positions within the organization.
C. All volunteer advisors while performing the duties of their appointed or elected positions.
D. The house corporation while the directors are performing their duties as corporate officers.
E. Alumni Associations and chapter-related educational foundations, their officers, and appointed volunteers while performing the services of their positions.
F. Alumni Advisors while performing the duties as advisors.
Who is not an Insured under This Policy?

A. Any individual member, alumnus, trustee or advisor who is performing tasks outside of his responsibility (i.e. spontaneous social function planned by an individual member, chapter advisor consuming alcohol with undergraduates, hazing of members, etc.).

B. Any member who’s illegal or intentional actions result in death or injury to an individual or property damage.

C. Members’ parents or family members and guests of chapter members.

D. College/University administration (see Adding Additional Insureds below).

Adding Additional Insureds

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

Please submit the Additional Insured Request Form (Found in the Appendix of this manual) to: Alpha Kappa Psi Fraternity Heritage Center, 7801 E. 88th Street, Indianapolis, IN 46256, Phone (317)872-1553, or Fax (317)872-1567 at least (30) thirty days prior to the date it is needed.

Upon review and approval of the additional insured request by Alpha Kappa Psi 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 Fraternity Heritage Center.

Proper planning is critical to completing any special event in a safe manner! Please utilize the Special Event Checklist found in the Appendix 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 committed.
2. An intentional act was committed.
3. A contract made by the chapter is broken.
4. There is any discharge, release or escape of smoke, vapors, soot, fume, acids, toxic chemicals, etc upon land, the atmosphere or any water course or body of water.
5. An employee is hurt on the job. Workers’ Compensation coverage must be purchased.

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 Alpha Kappa Psi Fraternity liability insurance contract. The only exception would be a premise rented for seven or less days in which the "$1,000,000 Damage to Premises You Rent" limit would apply.

Legal and Illegal Activity

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

- Compliance with federal, state, local and institutional (college or university) laws and regulations is required.
- Compliance with all regulations and policies of Alpha Kappa Psi Fraternity is required.
Those individuals who choose to violate these rules may void the protection for themselves under Alpha Kappa Psi Fraternity insurance program. Every effort has been made to avoid their actions from jeopardizing the other members, other entities, or other named insureds protected by the Alpha Kappa Psi 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 and/or Alpha Kappa Psi Fraternity (in this case the entire chapter) most likely would be without insurance protection. The other named insureds would be protected (i.e. the Fraternity, or volunteer alumni).

B. Two of the members of a 65-man chapter cause injury to someone in connection with a hazing incident. This activity was unauthorized and done secretly without the knowledge of the chapter, and strictly against chapter policy. In the event of an injury, claim or lawsuit, those persons (in this case, the two members) found to be in violation of the law and Alpha Kappa Psi Fraternity would be without insurance protection. The chapter, its officers and other volunteers would be protected.

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

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

Holmes Murphy  
Client Manager: Trude Smouse  
10707 Pacific Street, Suite 200  
Omaha, NE 68114  
Phone- 800-736-4327 Ext.4163  
Facsimile- 800-328-0522  
E-Mail: tsmouse@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 an event, avoiding injuries and controlling the costs of insurance protection.

We encourage alumni advisors and other volunteers be engaged with the undergraduate chapters in the proper planning of special events. A Special Event Checklist is included on page 20, 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 Alpha Kappa Psi Fraternity.
SAFE TRANSPORTATION RECOMMENDATION FOR CHAPTER FUNCTIONS

Liability exposure continues to be one the biggest challenges facing fraternal organizations. In fact, the exposure threatens the continued existence of many organizations. Alpha Kappa Psi 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 Fraternity level are implemented and strictly followed at the chapter level.

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

Effective immediately, we request each local chapter and/or colony to 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’s or family member’s vehicle and searched for the lights switch, the air conditioning controls or how to dim the lights.
- The driver was not a professional driver; while he might have been sober, his passengers were not. Dealing with the distraction of passengers can be difficult, even for professional drivers.
- The General Liability Hired and Non-Owned Auto Coverage afforded under the national fraternity's liability policy was immediately put into play due to the rental company and driver’s insurance having insufficient limits to pay the entire amount of damages.
Because of situations such as this, we are requesting only professional drivers and transportation be utilized. This is just one example. Unfortunately, we could fill page after page with similar tragedies. We recommend the following requirements for any selected vendor employed to provide transportation to members and guest:

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

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

**LAWSUITS**

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

a. Treat any potential or actual claim or lawsuit as a high priority item and immediately notify the Heritage Center by phone.

b. Utilizing the enclosed Incident Reporting Form, note all relevant information.

c. Forward the suit or incident report via fax to Managing Director of Operations, Alpha Kappa Psi Fraternity, at 317-872-1567. If you do not have access to a fax machine, overnight the papers to Alpha Kappa Psi, 7801 E. 88th Street, Indianapolis, IN 46256. It is very important the claim or lawsuit be sent immediately.
GENERAL LIABILITY CLAIMS

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

While on the scene, if possible, get names, addresses and phone numbers of all parties involved, as well as any witnesses to the accident. Immediately complete the Incident Reporting Form on page 19 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 Alpha Kappa Psi 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 Alpha Kappa Psi Fraternity (see phone numbers and address below). The Sr. Director of Finance of Alpha Kappa Psi Fraternity is responsible for providing the initial report of the claim to Holmes Murphy (see phone numbers and address below). Once the claim report is sent to Holmes Murphy 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 Alpha Kappa Psi Fraternity, the 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 Kappa Psi Fraternity to report all known facts regarding bodily injury, property damage, or personal injury arising out of Alpha Kappa Psi Fraternity activities in a timely manner.

ALPHA KAPPA PSI
INCIDENT/CLAIM REPORTING

Alpha Kappa Psi Fraternity
Managing Director of Operations: Brian Parker
7801 E. 88th Street
Indianapolis, IN 46256
Phone: 317-872-1553
Fax: 317-872-1567
E-mail: brian@akpsi.org

Holmes Murphy
ATTN: Rob Meraz, Client Advocate
10707 Pacific Street, Suite 200
Omaha, NE 68114
Phone: 800-736-4327 Ext. 5500
Fax: 800-328-0522
rmeraz@holmesmurphy.com
OTHER INSURANCE COVERAGE

Directors’ & Officers’ Liability Coverage

The Insurance Program of Alpha Kappa Psi offers Directors’ and Officers’ Coverage to all Undergraduate Chapters, approved and recognized House Corporations, approved and recognized Alumni Associations and Chapter Educational Foundations. 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 Chapter 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: December 1, 2015 to December 1, 2018
- Policy Number: NHP665514
- Limit of Coverage: $1,000,000 Policy Aggregate
- Retention/Deductible: $10,000 Each and Every Loss

Note: Only one Retention/Deductible will need to be satisfied for a claim involving the Fraternity and any Undergraduate Chapter, House Corporation, Alumni Association or Chapter Educational Foundation.

Note: 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.

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 pledges of Alpha Kappa Psi that meet the following criteria:
- In good standing with the Fraternity
- Membership has been reported to Alpha Kappa Psi Administrative Office
- All pledge 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 expenses that are not recoverable...
from any other insurance policy, service contract, or workers' compensation policy. This policy will reimburse deductibles and co-pays of health insurance programs.

An overview of the coverage is as follows:

**Insurance Carrier:** Markel Insurance Company  
**Policy Term:** December 1, 2015 to December 1, 2016  
**Policy Number:** 4102AH332693-6  
**Limits of Coverage:**  
- $25,000 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; unless it results from a covered injury
- 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
- The insured's being under the influence of any narcotic unless administered on the advice of a physician
OPTIONAL INSURANCE COVERAGE

Chapter Property Insurance Program

If a chapter of Alpha Kappa Psi Fraternity owns a physical plant or building, there is no coverage for damage to the building under the general liability policy for Alpha Kappa Psi Fraternity. The Fraternal Property Management Association Insurance Program is voluntary and open for participation of any chapter of Alpha Kappa Psi 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 equipment breakdown 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, such as a renter’s policy.

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 from Holmes Murphy, 10707 Pacific Street, Suite 200, Omaha, NE 68114, Attn: Cynde Glantz or e-mail her at CGlantz@holmesmurphy.com. She can also be reached by phone at 800-736-4327 Ext. 4191.

Workers' Compensation Coverage

The Insurance Program of Alpha Kappa Psi 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 Trude Smouse, Holmes Murphy, e-mail: tsmouse@holmesmurphy.com; Telephone 800-736-4327 Ext. 4163; Fax # 800-328-0522 or Kari Barnes; kbarnes@holmesmurphy.com Ext. 4170
<table>
<thead>
<tr>
<th>Property Insurance Application</th>
<th>Property Insurance Information</th>
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<tbody>
<tr>
<td><strong>Property Owner:</strong></td>
<td><strong>Phone:</strong></td>
</tr>
<tr>
<td><strong>Entity Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Owner Mailing Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street</strong></td>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>Fraternity/Chapter Name:</strong></td>
<td><strong>University Affiliation:</strong></td>
</tr>
<tr>
<td><strong>Chapter Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street</strong></td>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>Billing Contact:</strong></td>
<td><strong>Phone:</strong></td>
</tr>
<tr>
<td><strong>Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Billing Contact Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street</strong></td>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>Billing Contact Title:</strong></td>
<td><strong>E-mail:</strong></td>
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<tr>
<td><strong>Name</strong></td>
<td></td>
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<tr>
<td><strong>Mortgage/Loss Payee:</strong></td>
<td><strong>Loan #</strong></td>
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<tr>
<td><strong>Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street</strong></td>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>Inspection Contact:</strong></td>
<td><strong>Phone:</strong></td>
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<tr>
<td><strong>Name</strong></td>
<td></td>
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<tr>
<td><strong>Inspection Contact Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street</strong></td>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>Year property was built?</strong></td>
<td><strong>Number of stories?</strong></td>
</tr>
<tr>
<td><strong>Number of Buildings at location?</strong></td>
<td>**** Separate information for each building is required</td>
</tr>
<tr>
<td><strong>Is property currently occupied?</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Property Condition</strong></td>
<td><strong>Excellent</strong></td>
</tr>
<tr>
<td><strong>Is this classified as a historic building?</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>BUILDING CONSTRUCTION</strong></td>
<td><strong>Check the appropriate answer:</strong></td>
</tr>
<tr>
<td><strong>Walls:</strong></td>
<td><strong>Brick</strong></td>
</tr>
<tr>
<td><strong>Floors:</strong></td>
<td><strong>Wood</strong></td>
</tr>
<tr>
<td><strong>Roof Structure:</strong></td>
<td><strong>Wood</strong></td>
</tr>
<tr>
<td><strong>Roof Covering:</strong></td>
<td><strong>Asphalt Shingles</strong></td>
</tr>
<tr>
<td><strong>Basement Walls:</strong></td>
<td><strong>Brick</strong></td>
</tr>
</tbody>
</table>
If built prior to 1970, please provide when each of the following was updated (mm/yy):

<table>
<thead>
<tr>
<th>Category</th>
<th>Updated Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical Wiring</td>
<td></td>
</tr>
<tr>
<td>Heating</td>
<td></td>
</tr>
<tr>
<td>Cooling</td>
<td></td>
</tr>
<tr>
<td>Plumbing</td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td></td>
</tr>
</tbody>
</table>

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 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 [ ]

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? ________

17
### SPRINKLER SYSTEM CONTINUED

Is the sprinkler system serviced by an outside contractor?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes provide name, address and phone number of contractor:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

Date of last contractor inspection:

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

#### COVERAGE INFORMATION

Expiration date of current policy:

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

Current Carrier:

<table>
<thead>
<tr>
<th>Carrier</th>
</tr>
</thead>
</table>

Current Property Premium:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
</table>

Current Limits:

<table>
<thead>
<tr>
<th>Building Limit</th>
<th>Contents Limit</th>
<th>Loss of Rents Limit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Building Limit</th>
<th>Contents Limit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Replacement Cost</th>
<th>Replacement Cost</th>
<th>Annual Value</th>
</tr>
</thead>
</table>

Other

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

Any Losses in the last 5 years?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

**Please remit to:** Holmes Murphy: 10707 Pacific Street, Suite 200, Omaha, NE 68114  
Fax 800-328-0522
# ALPHA KAPPA PSI 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 Alpha Kappa Psi’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 Heritage Center of Alpha Kappa Psi Fraternity, 7801 E. 88th Street, Indianapolis, IN 46256. If the bodily injury is of a serious nature, a telephone call should also be made. Phone: 317-872-1553.

<table>
<thead>
<tr>
<th>Chapter Name:</th>
<th>Date of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Injured Party (IP)</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>IP Address:</td>
</tr>
<tr>
<td>Phone #:</td>
<td>IP City, State, Zip:</td>
</tr>
<tr>
<td>Chapter President:</td>
<td>IP Phone #:</td>
</tr>
<tr>
<td>Chapter Advisor (CA):</td>
<td>House Corp President (HC):</td>
</tr>
<tr>
<td>CA Address:</td>
<td>HC Pres Address:</td>
</tr>
<tr>
<td>CA Phone#:</td>
<td>HC Pres Phone #:</td>
</tr>
</tbody>
</table>

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.
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. Fundraiser               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

ALPHA KAPPA PSI FRATERNITY
INSURANCE AND CLAIM MANUAL
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**

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 guests 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

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
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, Mail or Email the completed form to: Alpha Kappa Psi Fraternity, Attn: Brian Parker, Fax: 317-872-1567, e-mail: brian@akpsi.org

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.
ALPHA KAPPA PSI
ATHLETIC EVENT PARTICIPATION WAIVER

I, __________________________________, a registered participant in an activity sponsored by _________________ Chapter of Alpha Kappa Psi 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 Alpha Kappa Psi 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 Alpha Kappa Psi 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 Alpha Kappa Psi 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 Alpha Kappa Psi 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 Heritage Center must be sought 30 days prior to the event date (See special events section in the manual on page 8).

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

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

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

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

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

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

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

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