



The Grand Chapter

# Kappa Alpha Psi® Fraternity Inc.

TRAINING FOR LEADERSHIP SINCE 1911

## EVENT INSURANCE CHECKLIST FY 04/01/2019 through 04/01/2020

**THIS FORM MUST BE RECEIVED BY IHQ 2 WEEKS PRIOR TO THE EVENT OR IT WILL BE DENIED**

**THIS FORM MUST BE TYPED AND SIGNED USING BLUE INK ONLY!**

EMAIL COMPLETED FORMS TO: [ihqinsuranceeventchecklist@kappaalphapsi1911.com](mailto:ihqinsuranceeventchecklist@kappaalphapsi1911.com)

### CHAPTER INSURANCE DEDUCTIBLE NOTIFICATION

Confirmed in Volume 60, Number 1, page 4 of the Winter 2015 Edition of the Confidential Bulletin. The Grand Board of Directors passed that all chapters/entity are responsible for the \$10,000.00 deductible made payable to Kappa Alpha Psi for all claims paid out by our insurance carrier.

College/University: _____	
Chapter & Province: _____	
Location: _____	<input type="checkbox"/> Alumni <input type="checkbox"/> Undergraduate
Purpose of Event / Meeting: _____	
Scheduled Event Date: _____	Location Address: _____
	(Street) (City) (State)

### EVENT ACTIVITIES

Type of event and details: \_\_\_\_\_

Does this event involve any Athletic Participants or activities? (Use additional sheet if necessary)

Yes  No If Yes, signed participant waivers are needed from each participant.

### ADMINISTRATION

- Event Chairman: Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_
- Is this a co-sponsor?  Yes  No If Yes, who? \_\_\_\_\_
- Will other organizations be involved in planning or working the event?  Yes  No If Yes, name the organization and contact information of person in charge. \_\_\_\_\_  
Does the organization have insurance?  Yes  No  
Carrier Name and Policy Number: \_\_\_\_\_
- Attendance: Planned \_\_\_\_\_ Estimated \_\_\_\_\_ Capacity of the facility/venue \_\_\_\_\_

5. Will there be special construction, alterations or decorations for this event?  Yes  No  
If yes, explain: \_\_\_\_\_
6. Has this event been held in the past?  Yes  No How many times? \_\_\_\_\_
7. Have there been any previous claims?  Yes  No If so, explain in detail what changes you have made to prevent additional claims: \_\_\_\_\_  
\_\_\_\_\_
8. Will alcohol beverages be permitted?  Yes  No If Yes, refer to "Alcohol" section.
9. Who is responsible for security? \_\_\_\_\_
10. Are Certificates of Insurance obtained from vendors?  
A. Liquor Legal Liability  Yes  No B. General Liability  Yes  No
11. Has vendor(s) provided proof of liquor license and temporary license to sell on premises?  Yes  No

### ADMINISTRATION (continued)

12. Is the fraternity named as an additional insured on all certificates from vendors?  Yes  No
13. Have applicable permits and permission been obtained from authorities: (ATTACH COPIES)  
A. College/University  Yes  No  
B. Fund Raiser  Yes  No
14. Name and Address of any Additional Insured's to be added to the National policy: **[All contracts must be attached and submitted with this request]** \_\_\_\_\_  
\_\_\_\_\_
15. Reason for adding Additional Insured **[MUST provide valid email to send the certificate]:** \_\_\_\_\_  
\_\_\_\_\_

NOTE: If answered yes to questions 7 thru 15, a copy should be reviewed by the chapter Advisor. [Undergraduate only]

### SECURITY

1. Type of Security consists of:  
 Public Police  Private Police  Students  Combination  Paid  Volunteer

**DISCLAIMER**

**No guarantees of completeness of this list of questions are offered, implied or intended.**

**ALCOHOL**

- 1. Is there a method for designating those who are not of legal drinking age?  Yes  No
- 2. Are all who are allowed to enter presenting I.D.?  Yes  No
- 3. Is there a security guard or chaperone?  Yes  No
- 4. Do you have designated volunteer monitor(s)?  Yes  No  
If Yes, how many? \_\_\_\_\_
- 5. Is there only one entrance to the area where alcohol is being served?  Yes  No
- 6. Are any fire exits blocked?  Yes  No
- 7. Is there a guest list at the door?  Yes  No
- 8. Is transportation available for guests who need or request it?  Yes  No
- 9. Are food and alternative non-alcoholic beverages available, visible and easily accessible?  Yes  No
- 10. Is smoking permitted?  Yes  No If yes, is there a designated smoking area?  Yes  No

**KAPPA MEMBERS MUST CEASE SERVICE OF ALCOHOL AT LEAST ONE HOUR BEFORE EVENT ENDS**

**Signatures required. Please print and sign.**

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

_____ Polemarch	_____ Signature	_____ Date
_____ Email	_____ Phone	
_____ Vice Polemarch	_____ Signature	_____ Date
_____ Email	_____ Phone	
_____ Keeper of Exchequer	_____ Signature	_____ Date
_____ Email	_____ Phone	
_____ Chapter Risk Manager	_____ Signature	_____ Date
_____ Email	_____ Phone	
_____ Chairman	_____ Signature	_____ Date
_____ Email	_____ Phone	
_____ Advisor	_____ Signature	_____ Date
_____ Email	_____ Phone	

## **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: \_\_\_\_\_

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

# ATHLETIC EVENT PARTICIPATION WAIVER

---

I, \_\_\_\_\_, a registered participant in an activity sponsored by \_\_\_\_\_ Chapter of Kappa Alpha Psi 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 Kappa Alpha Psi, 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 Kappa Alpha Psi 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 Kappa Alpha Psi 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, Kappa Alpha Psi, 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.***