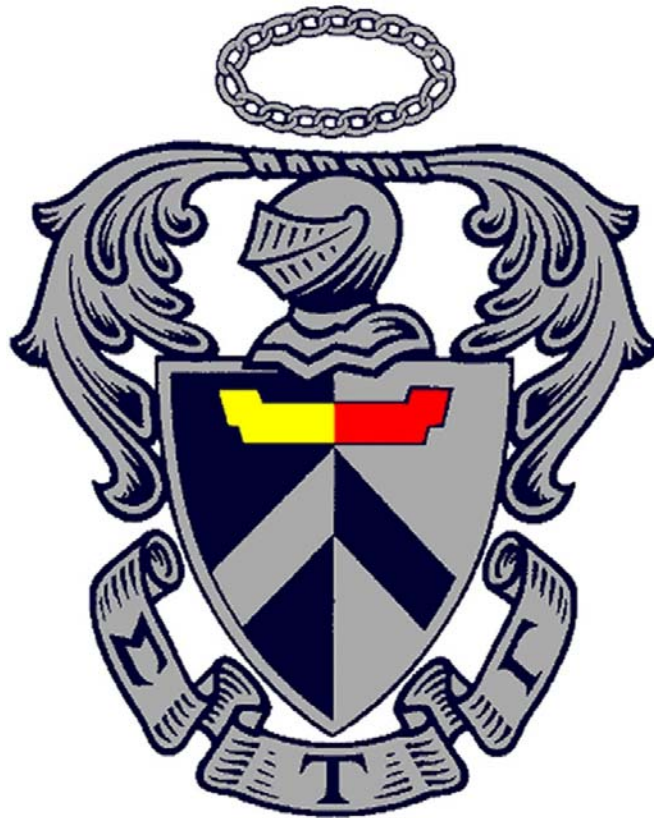


SIGMA TAU GAMMA FRATERNITY

INSURANCE AND CLAIM MANUAL



**EFFECTIVE FOR THE ANNUAL TERM:
NOVEMBER 1, 2007 TO NOVEMBER 1, 2008**

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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 Sigma Tau Gamma Fraternity and its chapters. 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, Clint McCurry, Vice President and COO of Sigma Tau Gamma 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 complement the loss prevention and control efforts of its clients. Please visit 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.



SIGMA TAU GAMMA

THE GENERAL LIABILITY INSURANCE PROGRAM

The following description is a summary only and is not intended to serve as a substitute for the actual insurance contract.

The Sigma Tau Gamma Fraternity insurance program provides Blanket Public General Liability Coverage of \$1,000,000 per occurrence with a \$2,000,000 general aggregate per location 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 candidate 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.

Insurer:	Admiral Insurance Company
Policy Period:	November 1, 2007 to November 1, 2008
Policy Number:	CA00000110008

Sigma Tau Gamma 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 Sigma Tau Gamma Fraternity insurance contract is extended to protect other parties with whom a Sigma Tau Gamma Fraternity chapter may enter into a contractual agreement. No contract should be signed by any entity/chapter of Sigma Tau Gamma 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 National Headquarters of Sigma Tau Gamma Fraternity.
- 5. WATERCRAFT LIABILITY**
Covers hired and non-owned boats/watercraft providing it is less than 26 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 AUTO

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 Sigma Tau Gamma 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

\$50,000 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 7 or less days.

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:

Bodily Injury & Property Damage	\$1,000,000	Each Occurrence
Hired & Non-Owned Auto	\$1,000,000	
Personal and Advertising Injury	\$1,000,000	
Products and Completed Operations	\$1,000,000	Aggregate
General Aggregate	\$2,000,000	Per Location/Chapter
Overall Policy Aggregate	\$5,000,000	
Self Insured Retention	\$25,000	Per Occurrence
	\$100,000	Aggregate

Note: SIR payments will be funded by National Fraternity.

Who is covered?

The insurance coverage will pay claims up to \$1,000,000 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 Sigma Tau Gamma Fraternity. Undergraduate chapter officers, executive committee, committee chairman and members while performing the duties of elected or appointed positions within the organization.
- B. All volunteer advisors while performing the duties of their appointed or elected positions.
- C. The house corporation while the directors are performing their duties as corporate officers.
- D. Alumni Associations and chapter related educational foundations, its officers, and appointed volunteers while performing the services of their positions.
- E. Alumni Advisors while performing the duties as advisors.



Who is *not* covered by 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 on page 20 to: Sigma Tau Gamma Fraternity Headquarters, P. O. Box 54, Warrensburg, MO 64093, Phone (660)747-2222, or Fax (660)747-9599 at least (30) thirty days prior to the date it is needed.

Upon review and approval of the Additional Insured request by Sigma Tau Gamma Fraternity and the insurance carrier, a certificate of insurance will be issued by HRH/Kirklin & Co., LLC with the original forwarded to the Additional Insured and a copy to the National Headquarters.

Proper function planning is critical to completing any Special Event in a safe manner! Please utilize the Special Event Checklist on page 16 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 lesser holds the chapter responsible and liable. No coverage is available under Sigma Tau Gamma Fraternity liability insurance contract. The only exception would be a premise rented for 7 or less days in which the "\$50,000 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. Sigma Tau Gamma 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 Sigma Tau Gamma Fraternity is required.



Those individuals who choose to violate these rules may void the protection for themselves under Sigma Tau Gamma 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 Sigma Tau Gamma 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 Sigma Tau Gamma Fraternity (in this case the entire chapter) most likely would be without insurance protection. The other named insureds would be protected (i.e. National 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/or the laws of Sigma Tau Gamma 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:

HRH/Kirklin & Co., LLC
Account Executive: Kim Beckman
12231 Emmet Street, Suite 5
Omaha, NE 68164
Phone- 402-498-0464, Ext 207 or 800-736-4327 Ext.207
Facsimile- 402-492-8421 or 800-328-0522
E-Mail: kbeckman@kirklin.com

SPECIAL EVENTS

In general, Special Events sponsored by a Chapter are covered under the general liability policy.

Poorly planned Special Events (e.g. social functions) are the usual cause of injury to our members and their guests. Proper planning is critical to the success of the event, avoiding injuries and controlling the costs of insurance protection.

We encourage 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 16. 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 Sigma Tau Gamma Fraternity



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 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 Clint McCurry, Vice President & COO, Sigma Tau Gamma Fraternity, National Headquarters, at (660)747-9599. If you do not have access to a fax machine, overnight the papers to Sigma Tau Gamma, 101 Ming St, Warrensburg, MO 64093. 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 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 Sigma Tau Gamma Fraternity Complete the incident reporting form on page 17 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 Sigma Tau Gamma Fraternity (see phone numbers and address on next page). Clint McCurry, Vice President and COO of Sigma Tau Gamma Fraternity is responsible for providing the initial report of the claim to HRH/Kirklin & Co., LLC. (see phone numbers and address 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 Sigma Tau Gamma Fraternity, insurance program and our ability to obtain reasonably priced insurance is contingent upon accurate and timely reporting. It is incumbent upon you as a member of Sigma Tau Gamma Fraternity to report all known facts regarding bodily injury, property damage, or personal injury arising out of Sigma Tau Gamma Fraternity activities in a timely manner.

SIGMA TAU GAMMA

INCIDENT/CLAIM REPORTING

Sigma Tau Gamma Fraternity
Clint McCurry, Vice President and COO
P.O. Box 54
Warrensburg, MO 64093
Phone: (660) 747-2222
Fax: (660)747-9599
e-mail: clint@sigmataugamma.org

HRH/KIRKLIN & CO, LLC.
ATTN: Steve Wilson, Manager of Claims &
Loss Control
12231 Emmet Street, Suite 5
Omaha, NE 68164
(402) 498-0464 Phone or (800) 736-4327(Ext. 209)
(402) 492-8421 Facsimile or (800) 328-0522
swilson@kirklin.com or www.kirklin.com
Alternate: Rich Jungman, VP Client Service &
Operations, Ext 215, rjungman@kirklin.com



OTHER INSURANCE COVERAGE

Member Accident Protection Program

The Fraternity's insurance program includes member accident protection as a benefit of membership. This covers *all undergraduate members and pledges* of Sigma Tau Gamma that meet the following criteria:

- In good standing with the Fraternity
- Membership has been reported to Sigma Tau Gamma 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 expense that 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:

Insurance Carrier: Markel Insurance Company.
Policy Term: November 1, 2007 to November 1, 2008
Policy Number: 4102AH257695
Limits of Coverage: \$ 100,000 Accidental Medical Expense and/or Dental Injury-Accident Maximum
\$5,000 Accidental Dismemberment and/or Accidental Death Benefit
52 Week Benefit Period

The Policy does not cover Loss nor provide benefits for:

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



OPTIONAL INSURANCE COVERAGE

Chapter Property Insurance Program

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

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

How does a chapter participate in the property program?

If your chapter is interested in receiving a coverage and premium proposal, please have an officer request a coverage and premium proposal from HRH/Kirklin & Co., LLC, 12231 Emmet Street, Suite 5, Omaha, NE 68164, Attn: Jen Montagne or e-mail her at jmontagne@kirklin.com. She can also be reached by phone at 800-736-4327 Ext. 203.

A copy of the application is included in the Appendix of this manual, which can be faxed to: 1-800-328-0522 or you can visit the website www.kirklin.com and go to the Fraternity Property Management Association button and fill out the FPMA online application.

Workers' Compensation Coverage

The Insurance Program of Sigma Tau Gamma 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 HRH/Kirklin & Co, LLC, 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 Kim Beckman, HRH/Kirklin & Co, LLC, E-mail: kbeckman@kirklin.com; Telephone # (402) 498-0464 (ext. 207), (800) 736-4327; Fax # (402) 492-8421 or 800-328-0522.



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

Inspection Contact E-mail: _____

Year property was built? _____ Number of stories? _____

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

Is property currently occupied? Yes No If No, how long has it been vacant? _____

Property Condition Excellent Above Average Average Below Average

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



SIGMA TAU GAMMA

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 a Sigma Tau Gamma General Counsel, so please be thorough. Do not withhold reporting an incident to obtain all required information. Because timeliness is of the essence, report it immediately and send a copy within **24 hours** to the National Headquarters of Sigma Tau Gamma Fraternity, P. O. Box 54, Warrensburg, MO 64093. If the bodily injury is of a serious nature, a **telephone call** should also be made. Phone #: (660)747-2222.

Chapter Name: _____ Date of Incident: _____
Address: _____ Injured Party (IP) _____
City, State, Zip: _____ IP Address: _____
Phone #: _____ IP City, State, Zip: _____
Chapter President: _____ IP Phone #: _____
Chapter Advisor (CA): _____ House Corp President (HC): _____
CA Address: _____ HC Pres Address: _____
CA Phone#: _____ HC Pres Phone #: _____

Witnesses & Phone #'s:

Did Incident Happen Off Premises? (Leased or Rented) Yes or No _____

If yes, Owner's Name _____ Owner's Phone # _____

Owner's Address _____

Police Investigation? Yes or No _____

Name of Agency & Case # _____

Description of Injury & Where Was Injured Party Taken:

Description of What Happened: (What, When, Where, How)

Form Completed by (Name, Title, Telephone #, E-mail Address):

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



SIGMA TAU GAMMA

SPECIAL EVENT CHECKLIST

PLEASE TYPE OR PRINT LEGIBLY

Chapter Name: _____ Chapter Number: _____
Graduate Undergrad
Purpose of Event: _____ Location of Event: _____
Date(s): _____ Location Address: _____

City State Zip

EVENT ACTIVITIES

Type of event and details: _____

Athletic Event? Yes No If yes, waivers are needed for each participant.

ADMINISTRATION

1. Event Chairman: Name: _____ Phone #: _____
2. Is there a co-sponsor? Yes No If Yes, who? _____
3. Is a sorority involved in planning or working the event? Yes No
If Yes, name of sorority and person in charge. _____
Does the sorority have insurance? Yes No
4. Planned Attendance: _____
5. Estimated Attendance: _____
6. Will there be a special construction, alterations or decorations for this event? Yes No
If yes explain: _____
7. Has this event been held in the past? Yes No How many times? _____
8. Have there been any previous claims? Yes No
If so, explain in detail what changes you have made to prevent additional claims:

9. Will alcohol beverages be permitted? Yes No If yes, refer to "Alcohol" section.



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 guest or members be served alcohol by bar workers?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
6. Is there only one centralized location where alcohol and food are being served?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
7. Is there a guest and member list at the door?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
8. Are food and alternative non-alcoholic beverages available, visible and easily accessible?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
9. Do you have a policy on confiscating keys from intoxicated guests?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

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



TRANSPORTATION

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 National Fraternity if needed



SIGMA TAU GAMMA

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, Mail or Email the completed form to: Sigma Tau Gamma Fraternity, Attn: Clint McCurry,
 Fax: (660)747-9599, e-mail: clint@sigmataugamma.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
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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?*

	Yes	No	Not Applicable
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6. Have you received any correspondence requesting proof of insurance for the event?

	Yes	No	Not Applicable
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Please utilize the back side of this form if you should run short of room.



SIGMA TAU GAMMA

ATHLETIC EVENT PARTICIPATION WAIVER

I, _____, a registered participant in an activity sponsored by _____ Chapter of Sigma Tau Gamma Fraternity, understand and agree that I am participating in this event on my own free will and accord and that neither _____ Chapter, nor Sigma Tau Gamma 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 Sigma Tau Gamma 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 Sigma Tau Gamma Fraternity and in the even of bodily injury, property damage, necessity of medical expenses or other loss, I agree to incur my own expenses without input or participation from _____ Chapter, or Sigma Tau Gamma Fraternity, or its insurer(s).

Guest/Participant

Chapter Representative

Witness

Witness

Date

Date

This form should be only used for athletic events and completed for all participants. Chapters should keep the waiver forms for possible liability issues and record keeping purposes.



DEFINITIONS

Certificate of Liability Insurance: This is a certificate issued by the insurance company detailing the particulars of the insurance coverage in place for all chapters and regions under the general liability policy. This certificate may be used to document the existence of coverages for chapters and regions. This document is not sufficient when a third party requests a certificate where they are named as an additional insured.

Certificate of Liability Insurance for an Additional Insured: This is a certificate issued by the insurance company detailing the particulars of the insurance coverage in place for all chapters and regions under the general liability policy. This document specifically identifies a third party as being expressly covered under the general liability policy for a specified period of time (i.e. an additional insured). This form of insurance certificate is often requested by facilities where chapters or regions are planning to hold events.

Special Event: Events other than those where Fraternity business is the primary purpose of the meeting are considered Special Events. In general, all special events are covered under the general liability policy. However, there are specific events that have been deemed to be high risk. When these sorts of events are planned by chapters, approval from the National Headquarters must be sought 30 days prior to the event date (See special events section in the manual on page 7).

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

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

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

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

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

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

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

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

