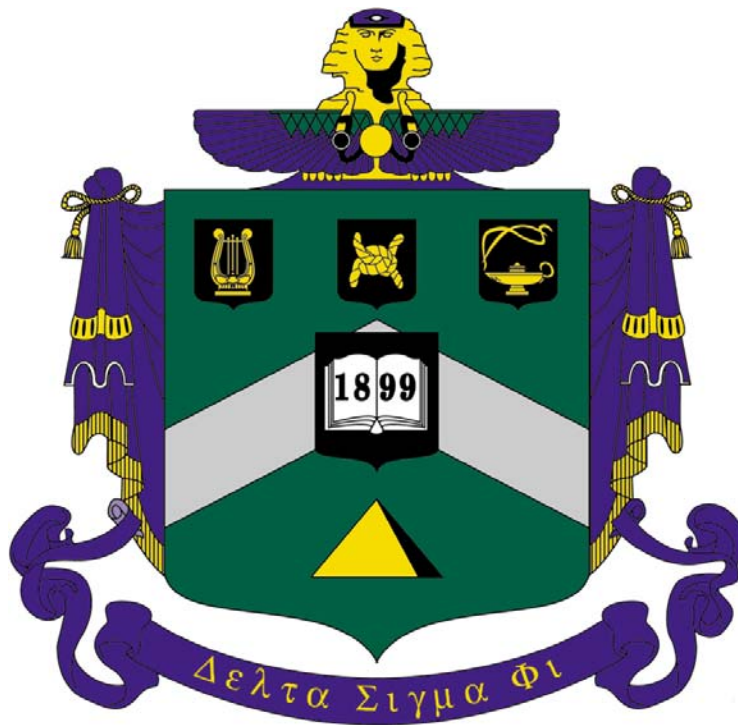


# **DELTA SIGMA PHI FRATERNITY**

## ***INSURANCE AND CLAIM MANUAL***

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**EFFECTIVE FOR THE ANNUAL TERM:  
OCTOBER 30, 2008 TO OCTOBER 30, 2009**

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# INTRODUCTION

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

The final responsibility for the success of the insurance program rests with Delta Sigma Phi 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 Executive Director of Delta Sigma Phi Fraternity and Willis HRH 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.

Willis HRH strives to provide risk management resources to complement the loss prevention and control efforts of its clients. Please visit [www.willisfraternity.com](http://www.willisfraternity.com) to review the Willis HRH 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, online forms for purchasing property coverage, liability and property claim reporting and making requests for additional insured protection.



# DELTA SIGMA PHI FRATERNITY

## THE GENERAL LIABILITY INSURANCE PROGRAM

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

The Delta Sigma Phi Fraternity insurance program provides Blanket Public General Liability Coverage of **\$6,000,000 per occurrence** with a **\$7,000,000 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, alumni corporations and alumni associations 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 chapter and alumni corporation employees.

Insurer:	Admiral Insurance Company
Policy Period:	October 30, 2008 to October 30, 2009
Policy Number:	CA00000116811

Insurer:	Interstate Fire & Casualty
Policy Period:	October 30, 2008 to October 30, 2009
Policy Number:	PFX1003096

### Delta Sigma Phi 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 Delta Sigma Phi Fraternity insurance contract is extended to protect other parties with whom a Delta Sigma Phi chapter may enter into a contractual agreement. No contract should be signed by any entity/chapter of Delta Sigma Phi 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 Delta Sigma Phi Fraternity.
- 5. WATERCRAFT LIABILITY**  
Covers hired and non-owned boats/watercraft providing they are 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. DAMAGE TO PREMISES YOU RENT**

\$1,000,000 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 premise rented for any period of time as well as other damage to a premise you rent for 7 or less days.

**8. WORLDWIDE COVERAGE**

Coverage worldwide for suits brought in the United States.

**9. HOST LIQUOR LIABILITY**

Provides coverage when providing alcoholic beverages at no Chapter 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.

**10. 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 Delta Sigma Phi 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.

## Limits of Coverage

Coverage Level	Insurer	Bodily Injury & Property Damage Combined Single Limit	Policy Aggregate
Primary Liability	Admiral Insurance Company	\$1,000,000	\$2,000,000
Umbrella	Interstate Fire & Casualty	\$5,000,000	\$5,000,000
Combined Total		\$6,000,000	\$7,000,000

\$100,000 Self Insured Retention (SIR) per occurrence

\$300,000 Self Insured Retention (SIR) aggregate

Note: SIR payments will be funded by National Fraternity unless the Chapter causing a claim is found to be in violation of Delta Sigma Phi Fraternity policies in which case the Chapter will be responsible for all of the SIR expense.

## Who is covered?

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 or colony that is recognized by the Fraternity **when it obeys the laws** of the institution, city, county, state and country in which it operates and the policies of Delta Sigma Phi Fraternity. Undergraduate chapter officers, executive committee, committee chairmen 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 alumni corporation while the directors are performing their duties as corporate officers.
- D. Alumni Associations and its officers, and appointed volunteers while performing the services of their positions.
- E. The Alumni Advisors and ACB members 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 whose illegal or intentional actions result in death or injury to an individual or property damage.
- C. Members' parents or family members and guests of chapter members.
- D. College/University administration (see Adding Additional Insureds next page).

## Adding Additional Insureds

Additional Insureds may be added to this policy. Such 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, with the Special Event Checklist to: Attn: Special Events, Delta Sigma Phi Fraternity Headquarters, 1331 North Delaware St, Indianapolis, IN 46202, Phone #(317)634-1899, or Fax #(317)634-1410 at least (30) thirty days prior to the date it is needed.

***Please see the Special Events Section of this manual so you understand the obligations of requesting Additional Insured protection within 30 days of the event.***

Upon acknowledgement of the request by Delta Sigma Phi Fraternity and the insurance carrier, a certificate of insurance will be issued by Willis HRH. The original will be sent to the Additional Insured and a copy to the National Headquarters.

## What Does Our Coverage *Not* Include?

- A. Any claim of bodily injury and/or property damage from an incident resulting when:
  1. An illegal act was performed.
  2. An intentional act was performed.
  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, if you have employees.
- 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 the Delta Sigma Phi's liability insurance contract. The only exception would be a premise rented for 7 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. The Delta Sigma Phi 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 Delta Sigma Phi Fraternity is required.

Those individuals who choose to violate these rules may void the protection for themselves under the Delta Sigma Phi 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 Delta Sigma



Phi 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 Delta Sigma Phi 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, Alumni Corporation, 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 Delta Sigma Phi Fraternity would be without insurance protection. The Chapter, Alumni Corporation, and other Named Insureds 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:

Willis HRH

Client Advocate: Kim Beckman

12231 Emmet Street Suite 5

Omaha, NE 68164

Phone- 800-736-4327 Ext. 207

Facsimile- 800-328-0522

E-Mail: [kbeckman@willis.com](mailto:kbeckman@willis.com)

## SPECIAL EVENTS

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In general, special events sponsored by a Chapter are covered under the general liability policy.

Poorly planned 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 the alumni advisors and other volunteers to be engaged with the undergraduate chapters in the proper planning of 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 as they are not covered.** Chapters should be encouraged to engage a licensed third party transportation vendor who will provide professional drivers. The transportation company assumes liability during the ride and removes the responsibility and risk from Delta Sigma Phi Fraternity.



# SAFE TRANSPORTATION RECOMMENDATION FOR CHAPTER FUNCTIONS

Liability exposure continues to be one the biggest challenges facing men's general fraternal organizations. In fact, the exposure threatens the continued existence of many organizations. Delta Sigma Phi 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 National level are implemented and strictly followed at the chapter level.

The safe use of automobiles is critical to the well being of all Delta Sigma Phi members.

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

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

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

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

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

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

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



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

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

The standards set forth should be addressed in a formal graduate 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 National Fraternity. This is an ultimate win-win situation we all want to achieve.

## LAWSUITS

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

- a. Treat any potential or actual claim or lawsuit as a high priority item and immediately notify National Headquarters by phone.
- b. Complete the attached Incident Reporting Form, note all relevant information.
- c. Forward the suit or incident report via fax to Executive Director, Scott Wiley, Delta Sigma Phi Fraternity, National Headquarters, at (317)634-1410. If you do not have access to a fax machine, overnight the papers to Delta Sigma Phi Fraternity, 1331 North Delaware St, Indianapolis, IN 46202. It is very important the claim or lawsuit be sent immediately.



# GENERAL LIABILITY CLAIMS

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

While on the scene, if possible, get names, addresses and phone numbers of all parties involved, as well as those of any witnesses to the accident. Immediately complete the attached Incident Reporting Form and submit to the National Fraternity.

## **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 Delta Sigma Phi 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 the Delta Sigma Phi Fraternity (see phone numbers and address below). The Executive Director of Delta Sigma Phi Fraternity is responsible for providing the initial report of the claim to Willis HRH. (see phone numbers and address below). Once the claim report is sent to Willis HRH you will likely be contacted directly by them or an insurance company representative to discuss the incident. If you are unable to obtain all necessary details when first notified of any incident, still report any known facts.

Success or failure of the Delta Sigma Phi Fraternity insurance program and our ability to obtain reasonably priced insurance is contingent upon accurate and timely reporting. It is incumbent upon you, as a member of Delta Sigma Phi Fraternity, to report all known facts regarding bodily injury, property damage, or personal injury arising out of Delta Sigma Phi Fraternity activities in a timely manner.

## DELTA SIGMA PHI FRATERNITY *INCIDENT/CLAIM REPORTING*

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Delta Sigma Phi Fraternity  
Executive Director: Scott Wiley  
1331 North Delaware Street  
Indianapolis, IN 46202  
Phone: (317)634-1899 Ext. 436  
Fax: (317)634-1410  
E-mail: [wiley@deltasig.org](mailto:wiley@deltasig.org)

Willis HRH  
ATTN: Steve Wilson  
Manager of Claim Advocacy & Loss Control  
12231 Emmet Street, Suite 5  
Omaha, NE 68164  
800-736-4327 Ext. 209  
Fax: 800-328-0522  
[swilson@willis.com](mailto:swilson@willis.com)  
[www.willisfraternity.com](http://www.willisfraternity.com)  
*Alternate:*  
Mick McGill, Senior Client Advocate  
[mmcgill@willis.com](mailto:mmcgill@willis.com)



# OTHER INSURANCE COVERAGE

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## Chapter Property Insurance Program

**If a chapter of Delta Sigma Phi Fraternity owns a physical plant or building, there is no coverage for damage to the building under the general liability policy for Delta Sigma Phi Fraternity.** The Fraternal Property Management Association Insurance Program is voluntary and open for participation of any chapter of Delta Sigma Phi Fraternity. If your chapter wishes to be provided a coverage and premium proposal for the property program, please see below the contact information for Willis HRH.

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 insurance policy or their parents' homeowner 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 Willis HRH, 12231 Emmet Street, Suite 5, Omaha, NE 68164, Attn: Tiffanie Havelka or e-mail her at [thavelka@willis.com](mailto:thavelka@willis.com). She can also be reached by phone at 800-736-4327 Ext. 217.

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.willisfraternity.com](http://www.willisfraternity.com) and go to the Fraternity Property Management Association button and fill out the FPMA online application.



## Directors' and Officers' Liability Coverage

The National Insurance Program of Delta Sigma Phi offers Directors' & Officers' Coverage to all Undergraduate Chapters, Alumni Corporations and Alumni Associations. 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, Alumni Corporations and Alumni Associations from claims arising out of allegations of Discrimination, Harassment or Wrongful Termination arising in a 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;

<b>Insurance Carrier:</b>	RSUI Indemnity Company
<b>Policy Term:</b>	November 17, 2008 –November 17, 2011
<b>Policy Number:</b>	NHP623114
<b>Limit of Coverage:</b>	\$1,000,000 Policy Aggregate \$1,000,000 Per Occurrence
<b>Deductible:</b>	\$5,000 Each and Every Loss \$2,500 Affiliates

**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 Coverage

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

- In good standing with the Fraternity
- Membership has been reported to Delta Sigma Phi's Headquarters
- 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:

<b>Insurance Carrier:</b>	Markel Insurance Company.
<b>Policy Term:</b>	October 30, 2008 – October 30, 2009
<b>Policy Number:</b>	4102AH258501-4
<b>Limits of Coverage:</b>	\$100,000 Accidental Medical Expense and/or Dental Injury Accident Maximum \$5,000 Accidental Dismemberment and/or Death Benefit 52 Week Benefit Period Excess of undergraduate member's primary health insurance \$0 Deductible

The Policy does not cover Loss nor provide benefits for:

- Expenses for treatment on or to the teeth, except for treatment resulting from Injury to natural teeth
- Eyeglasses, hearing aids, and examination for the prescription or fitting there of
- Suicide, attempted suicide or intentionally self-inflicted Injury
- Injury due to participation in a riot
- Cosmetic surgery
- Loss resulting from air travel, except as a fare-paying passenger on a commercial airline
- Injury or Sickness resulting from any declared or undeclared war
- Injury or Sickness while in the armed forces of any country
- Injury or Sickness covered by any worker's comp or occupational disease law
- Treatment provided in a government Hospital unless the Insured is legally obligated to pay such charges
- Infections except pyogenic or bacterial infections caused wholly by a covered Injury or Sickness; 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 insureds being under the influence of any narcotic unless administered on the advice of a physician



## Commercial Crime Coverage

The Insurance Program of Delta Sigma Phi provides coverage for employee theft and forgery and alteration of checks by Alumni Corporation, Alumni Chapter, or undergraduate Chapter officers.

To avoid the opportunity for crime claims all Chapters and alumni corporations should be certain that all checks require signature of two parties and that the bank statements are balanced by someone other than the individual who has check writing authority.

Overview of the coverage is as follows:

Insurance Carrier:	Zurich North America/Fidelity & Deposit Co of Maryland
Policy Term:	October 30, 2008 to October 30, 2011
Policy Number:	CCP006531000
Limit of Coverage:	\$25,000 Per Occurrence
Deductible:	\$2,500 Each and Every Loss

## Workers Compensation Coverage

The Insurance Program of Delta Sigma Phi does not provide Workers Compensation Coverage for chapter employees. It is the duty of each alumni 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 Willis HRH, 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, Willis HRH, Telephone #; 800-736-4327 Ext. 207, Fax #; 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 County

Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name

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

Billing Contact Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mortgage/Loss Payee: \_\_\_\_\_ Loan # \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name

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

Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name

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

Inspection Contact E-mail: \_\_\_\_\_

Year property was built? \_\_\_\_\_ Number of stories? \_\_\_\_\_

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

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

Property Condition Excellent  Above Average  Average  Below Average

**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)



Other  Please List \_\_\_\_\_  
Basement Walls: Brick  Concrete

**If built prior to 1970, please provide when each of the following was updated (mm/yy):**

Electrical Wiring: \_\_\_\_\_ Heating: \_\_\_\_\_ Cooling: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_

**\*\* If unable to provide updates and the physical plant was built prior to 1970, please answer the questions in Section 1 (If updates are provided, or if the physical plant was built after 1970, please skip to Section 2) \*\***

## SECTION 1

### ELECTRICAL WIRING

Does the system use a fuse box with removable fuses or a circuit breaker box?

Removable Fuses  Circuit Breaker Box

Is there an annual inspection of the system by an outside contractor?

Yes  No

### HEATING, VENTILATION, AIR CONDITIONING

Does the heating system appear to be original or an updated system?

Original  Updated

Is there an annual inspection of the system by an outside contractor?

Yes  No

### PLUMBING

Are there any know leaks or problems with the plumbing system?

Yes  No

Please check the box that best describes the plumbing system:

Plastic  Copper  Galvanized Steel

### ROOF

Are there any known leaks?

Yes  No

## SECTION 2

### SMOKE ALARMS

Battery  Wired  Number of Smoke Alarms: \_\_\_\_\_ Number of Fire Extinguishers: \_\_\_\_\_

### SQUARE FOOTAGE

What is the square footage including the basement? \_\_\_\_\_

### KITCHEN

Is there a kitchen on premise? Yes  No

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

### BOILER

Is there a boiler on premise? Yes  No

### SPRINKLER SYSTEM

Is the building sprinkled? Yes  No

If building is sprinkled please answer the following questions:

What percent of the total area is covered? \_\_\_\_\_ %

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 Willis HRH.

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

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

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

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

**Please remit to:**

Willis HRH 12231 Emmet Street Omaha, NE 68164 Fax 800-328-0522

DELTA SIGMA PHI FRATERNITY  
INSURANCE AND CLAIM MANUAL



# DELTA SIGMA PHI FRATERNITY

## 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 Delta Sigma Phi Fraternity 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 Delta Sigma Phi Fraternity, 1331 North Delaware St., Indianapolis, IN 46202. If the bodily injury is of a serious nature, a **telephone call** should also be made. Phone: 317-634-1899 Ext 436.

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): \_\_\_\_\_ Alumni Corp Board President (ACB): \_\_\_\_\_  
 CA Address: \_\_\_\_\_ ACB Pres Address: \_\_\_\_\_  
 CA Phone#: \_\_\_\_\_ ACB 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.







8. If yes, is there a designated smoking area?
- Yes                      No
9. Has event facility been inspected to ensure that it complies with applicable federal, state and local safety and fire codes?
- Yes                      No
10. Are guests and members informed of emergency evacuation routes?
- Yes                      No
11. Is there one well lit entrance that is controlled and monitored?
- Yes                      No
12. Are security personnel and/or monitors trained on preventing sexual abuse and harassment?
- Yes                      No

### **ALCOHOL**

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1. Are security personnel, monitors, bar workers and/or vendors trained on how to deal with intoxicated guests and members?
- Yes                      No
2. Are wrist bands or other method provided for designating those who are not of legal drinking age?
- Yes                      No
3. Are all who are allowed to enter presenting I.D.?
- Yes                      No
4. Are those bringing alcoholic beverages given a punch card showing alcoholic quantity and type?
- Yes                      No
5. Will intoxicated guest or members be served alcohol by bar workers?
- Yes                      No
6. Is there only one centralized location where alcohol and food are being served?
- Yes                      No
7. Is there a guest and member list at the door?
- Yes                      No
8. Are food and alternative non-alcoholic beverages available, visible and easily accessible?
- Yes                      No
9. Do you have a policy on confiscating keys from intoxicated guests?
- Yes                      No

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



## TRANSPORTATION

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

Yes

No

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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

**Please return this Special Event Checklist to the National Headquarters no later than thirty days prior to the event. Failure to submit this form within the appropriate time frame will result in a \$ 100 expedited handling fee being due prior to issue of the required certificate of insurance . Waiver forms should be signed by the participants involved in athletic events, however the Chapter keeps the waiver forms for their records and do not have to forward them with the Checklist. (Awaiting Approval)**



# DELTA SIGMA PHI FRATERNITY

## 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 with the Special Event Checklist to:**

Delta Sigma Phi Fraternity  
Attn: Special Events  
1331 North Delaware St.  
Indianapolis, IN 46202

Fax: 317-614-1410  
E-mail: [Arenstein@DeltaSig.org](mailto:Arenstein@DeltaSig.org)

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

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



**DELTA SIGMA PHI FRATERNITY**  
**ATHLETIC EVENT PARTICIPATION WAIVER**

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I, \_\_\_\_\_, a registered participant in an activity sponsored by \_\_\_\_\_ Chapter of Delta Sigma Phi 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 Delta Sigma Phi 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 Delta Sigma Phi 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 Delta Sigma Phi 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 Delta Sigma Phi 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

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

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

**Special Event:** Events other than those where Fraternity business is the primary purpose of the meeting are considered Special Events. In general, all special events are covered under the general liability policy. However, there are specific events that have been deemed to be high risk. When these sorts of events are planned by chapters, approval from the 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.

**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.

