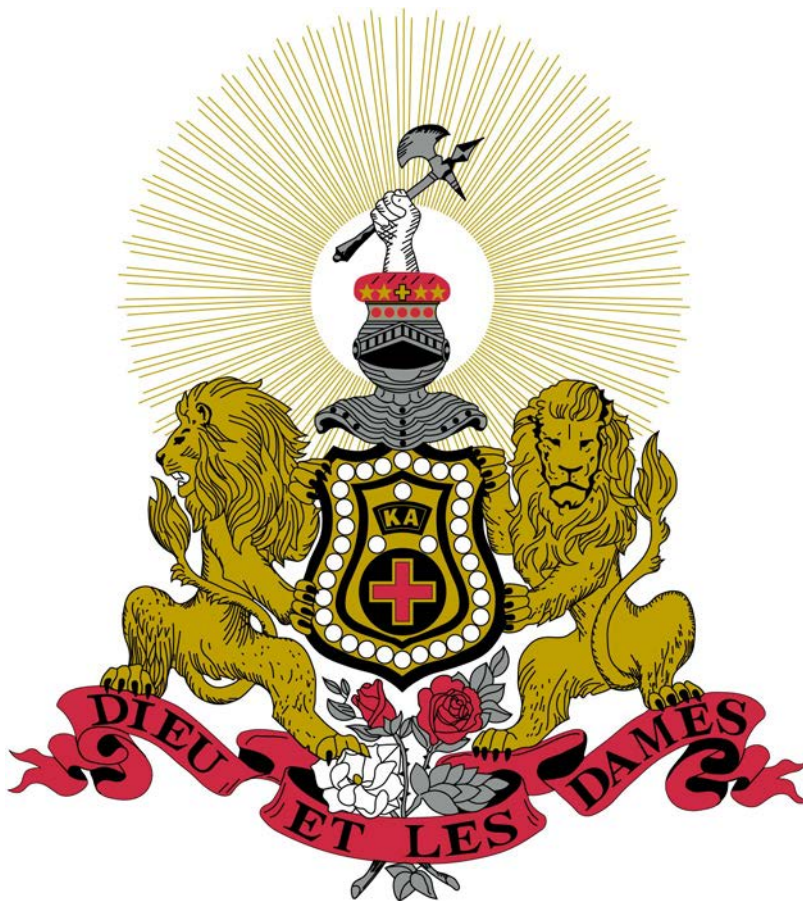


KAPPA ALPHA ORDER

INSURANCE AND CLAIM MANUAL



**EFFECTIVE FOR THE ANNUAL TERM:
2012 – 2013**

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INTRODUCTION

Effective October 1, 1992, Kappa Alpha Order joined three other fraternities; Delta Chi, Pi Kappa Phi, and Theta Xi in forming the first captive insurance company serving the fraternity world. Since that time twenty-six fraternities; Acacia, Alpha Chi Rho, Alpha Epsilon Pi, Alpha Gamma Rho, Alpha Kappa Lambda, Alpha Sigma Phi, Alpha Tau Omega, Chi Phi, Chi Psi, Delta Tau Delta, Delta Upsilon, FarmHouse, Kappa Delta Rho, Phi Kappa Psi, Phi Kappa Tau, Phi Kappa Theta, Pi Lambda Phi, Psi Upsilon, Zeta Beta Tau, Zeta Psi, Sigma Nu, Theta Chi, Delta Kappa Epsilon, Delta Sigma Phi and Delta Phi have joined the captive. The formation of the captive was the next logical step after participation in the Fraternity Risk Management Trust that was founded in October 1992, in an effort to reduce the dependence of the fraternity on the commercial insurance market and obtain greater control the future of the fraternity.

The purpose of this manual is to give you an understanding of insurance coverages and information to properly report all actual and potential liability and property claims with which you may become involved. The final responsibility for the success of the insurance program rests with our fraternity and 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 corner stone of our program.

In the event that an incident or claim does arise, the Kappa Alpha Order National Administrative Office and Engle Martin Claims Administrative Services (EMCAS) will oversee the effective handling of incident and claim investigation that arises during the policy year. 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 strives to provide risk management resources to complement the loss prevention and control efforts of its clients. Please visit www.willisfraternity.com to review the Willis website. You will find a number of risk management resources that can assist you in your daily fraternal 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.



KAPPA ALPHA ORDER

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.

Kappa Alpha Order insurance program provides Blanket Public General Liability Coverage of **\$100,000 per occurrence** for all participating chapters (Types of coverage are included at the end of this section).

The coverage is for bodily injury, property damage and personal injury. This protects the local undergraduate chapter, its officers and members house corporations, alumni associations and chapter related educational foundations including appointed volunteers, from claims arising out of bodily injury and property damage occurring out of chapter operations. It also protects against claims arising out of libel, slander, false arrest, invasion of privacy, eviction from the premises, and consumption of food and beverages and incidental malpractice.

It must be understood that our coverage is for general public liability. **It is not accident insurance covering members and membership selection 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.

Primary Insurer:	Landmark American Insurance Company
Policy Period:	October 1, 2012 to October 1, 2013
Policy Number:	LHA108226

Kappa Alpha Order Coverage includes:

- 1. COMMERCIAL GENERAL LIABILITY**
Covers liability arising out of Fraternity premises and operations.
- 2. HIRED & NON-OWNED AUTOMOBILE LIABILITY COVERAGE**
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. Intended to only cover entities of Kappa Alpha Order and individuals not involved in the accident. 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.
- 3. PRODUCTS/COMPLETED OPERATIONS LIABILITY**
Covers preparation and consumption of food and beverages.
- 4. PERSONAL INJURY & ADVERTISING INJURY**
Covers libel, slander, defamation of character, false arrest, detention, malicious prosecution, wrongful entry or eviction, invasion of privacy.
- 5. CONTRACTUAL LIABILITY COVERAGE**
Under certain circumstances, the liability coverage of Kappa Alpha Order insurance contract is extended to protect other parties with whom a Kappa Alpha Order chapter may enter into a contractual agreement. No contract should be signed by any entity/chapter of Kappa Alpha Order, without complete understanding of liabilities being assumed and insurance coverage, if any, that is provided. When any questions arise, please contact the Kappa Alpha Order National Administrative Office.
- 6. WATERCRAFT LIABILITY**
Covers hired and non-owned boats/watercraft providing it is less than 52 feet in length.
- 7. 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.



8. 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 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

Remember that all National Chapters must follow the FIPG/Kappa Alpha Order Risk Management policy. No alcohol may be purchased and/or served by the fraternity to anyone. If you are found to be in the practice of manufacturing, distributing, selling, serving or furnishing alcoholic beverages, or if minors are involved, **NO COVERAGE IS PROVIDED!!** Consult your FIPG Risk Management Manual for additional information. Call the Kappa Alpha Order National Administrative Office if you have any questions.

Limits of Coverage

General Liability:

\$100,000 Bodily injury & property damage Combined Single Limit.

\$200,000 Policy Aggregate per location/chapter.

Who is an insured?

The insurance coverage will pay claims up to \$100,000 per occurrence for the following organizations and/or people:

Each of the following is an Insured, but not a Named Insured:

- A. Fraternity chapters that are chartered and colonies that are recognized by the Named Insured;
- B. House Corporations, Householding Corporations, Chapter Education Foundations, House Associations, Alumni Control Boards, Alumni Advisory Boards, Alumni Associations, Alumni Corporations, Alumni Chapters, Board of Advisors, Board of Governors, Executive Councils, and Parent Clubs, but only while acting within the scope of their duties and in compliance with the Risk Management Policies of Kappa Alpha Order;
- C. Officers, Directors, Trustees, Partners, Coordinators, Custodians, Committee Members, Council Members, Volunteers, Housemothers, Resident Advisors, Faculty Advisors, Fraternity Members, Member Candidates (Pledges) and Employees of those entities listed in A and B above, but only while acting within the scope of their duties and in compliance with the Risk Management Policies of Kappa Alpha Order.

Who is *not* an insured?

- 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, advisor consuming alcohol with undergraduates, a fight between 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 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 24 to: Kappa Alpha Order National Administrative Office, P.O. Box 1865, Lexington, VA 24450, Phone # (540) 463-1865, or Fax # (540) 463-2140 at least (60) sixty days prior to the date it is needed.

Upon review and approval of the Additional Insured request by Kappa Alpha Order and the insurance carrier, a certificate of insurance will be issued by Willis, 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 enclosed Special Event Checklist to assist with your event planning.

What Does Our Coverage Not Include?

A. Violations of Risk Management Policy - There is no Duty to Defend, nor any insurance coverage provided by this policy for any Insured who supervises or directs others to participate, observe and/or participate in the excluded act, and the Insured entity to which they belong, for a claim arising out of or resulting from any violation of the National Fraternity's Risk Management Policy.

"Violation" will be determined in the sole discretion of the Executive Director of the National Fraternity or legal authority that some breach of the Risk Management Policy has occurred.

"Risk Management Policy" is the written rules, regulations, or policies regarding risk management in effect at the time of the occurrence established by the National Fraternity or its Local Chapter.

B. 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 locally with any employees.

C. Any claim of property damage to property owned by, rented by, used by, or cared for by the chapter. An 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 Kappa Alpha Order 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.

D. Any claim for Bodily Injury, Property Damage, Personal Injury or Advertising Injury arising out of hazing, sexual abuse or physical abuse, sexual harassment or discrimination by any Insured or any Additional Insured. The exclusion applies only to those Insureds who supervise or direct others to participate, observe and/or participate in the excluded act and the Insured entity to which they belong.

E. Any claim for Bodily Injury, Property Damage, Personal Injury or Advertising Injury arising out of assault or battery by any Insured or any Additional Insured. The exclusion applies only to those Insureds who supervise or direct others to participate, observe and/or participate in the excluded act and the Insured entity to which they belong.



Legal and Illegal Activity

Simply stated, no insurance policy in the world provides coverage for violations of the law. Kappa Alpha Order 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 Kappa Alpha Order is required.

Those individuals who choose to violate these rules may void the protection for themselves under Kappa Alpha Order insurance program. Every effort has been made to avoid their actions from jeopardizing the other members, other entities, or other named insureds protected by Kappa Alpha Order 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 Kappa Alpha Order (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 Kappa Alpha Order 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:

Willis
VP Client Management: Rohnda Roehrs
10707 Pacific St, Suite 200
Omaha, NE 68114
Phone- 402-498-0464, Ext 4185 or 800-736-4327 Ext.4185
Facsimile- 402-492-8421 or 800-328-0522
E-Mail: rroehrs@willis.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 volunteers to be engaged with the undergraduate chapters in the proper planning of Special Events. A Special Event Checklist is included on page 20, if the form is utilized and all sections are addressed the guidance provided by the Checklist can do a great deal to help avoid an injury from occurring.

Special Note:

Whenever chapters or members are transporting special event attendees, **personal vehicles should not be used**. Chapters should be encouraged to engage a licensed third party transportation vendor who will provide professional drivers. The transportation company assumes liability during the ride and removes the responsibility and risk from Kappa Alpha Order.



SAFE TRANSPORTATION RECOMMENDATION FOR CHAPTER FUNCTIONS

Liability exposure continues to be one of the biggest challenges facing men's general fraternal organizations. In fact, the exposure threatens the continued existence of many organizations. Kappa Alpha Order 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 Kappa Alpha Order 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 guests 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 \$100,000 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 undergraduate chapter business meeting. By working together to consistently meet these standards, we will be providing safe transportation that all previous measures had failed to accomplish and, together, we will be reducing the exposure to our brothers, chapters and the National Fraternity. This is an ultimate win-win situation we all want to achieve.

LAWSUITS

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

- a. Treat any potential or actual claim or lawsuit as a high priority item and immediately notify National Headquarters by phone.
- b. Utilizing the enclosed incident reporting form, note all relevant information.
- c. Call the Kappa Alpha Order Executive Director and notify him of the information received. Forward the suit or incident report via email to the Executive Director (lswiese@ka-order.org), fax (540) 463-2140 or overnight the papers to Kappa Alpha Order, P.O. Box 1865, Lexington, VA 24450. It is very important you notify the Executive Director and that 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 Kappa Alpha Order. 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 Kappa Alpha Order (see phone numbers and address below). The Executive Director of Kappa Alpha Order is responsible for providing the initial report of the claim to Engle Martin Claims Administrative Services (EMCAS) (see phone numbers and address below). Once the claim report is sent to EMCAS 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 Kappa Alpha Order 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 Kappa Alpha Order to report all known facts regarding bodily injury, property damage, or personal injury arising out of Kappa Alpha Order activities in a timely manner.

KAPPA ALPHA ORDER

INCIDENT/CLAIM REPORTING

Kappa Alpha Order
Executive Director or Director of Chapter Services
PO Box 1865
Lexington, VA 24450
(540) 463-1865 (Phone)
(540) 463-2140 (Fax)

Claim Administrator
c/o Engle Martin Claims Administrative Services
Attn: Linda Wright
5180 Roswell Road, Suite 200 North
Atlanta, GA 30342
(678) 553-3838 (Phone)
(888) 922-6335 (Toll Free)
(678) 553-3839 (Fax)



OTHER INSURANCE COVERAGE

Directors' & Officers' Liability Coverage

The National Insurance Program of Kappa Alpha Order offers Directors' and Officers' Coverage to all Undergraduate Chapters, House Corporations, Alumni Associations and Chapter Educational Foundations. Directors' and Officers' Coverage protects all Directors, Officers, Volunteers and the Entity for claims arising out of the failure or negligence in carrying out your fiduciary duties of diligence, obedience and loyalty to the organization that you serve as a Director and/or Officer. Claims covered under a Directors' and Officers' Liability Contract are claims for financial injury and not bodily injury or property damage of a third party that are insured by the General Liability Coverage of the Fraternity. In addition, the Directors' and Officers' Liability Coverage of the Fraternity provides Employment Practices Liability Coverage that protects the Undergraduate Chapter, House Corporations, Alumni Associations and Chapter Educational Foundations from claims arising out of allegations of Discrimination, Harassment or Wrongful Termination arising in 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;

Insurance Carrier:	RSUI Indemnity Company
Renewal term:	October 1, 2011 – October 1, 2013
Renewal Policy Number:	NHP643471
Limit of Coverage:	\$5,000,000 Policy Aggregate
Deductible:	\$5,000 Affiliates

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

Commercial Crime Coverage

The Insurance Program of Kappa Alpha Order provides coverage for employee theft by House Corporation, alumni chapter, chapter educational foundation or undergraduate chapter officers. To avoid the opportunity for crime claims all chapters and house 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:	Fidelity and Deposit Company of Maryland
Policy Term:	October 1, 2012 - October 1, 2013
Policy Number:	CCP 0066174
Employee Dishonesty:	\$25,000 Per Occurrence
Deductible:	\$1,000 Each and Every Loss



Member Accident Protection Program

The Fraternity's insurance program includes member accident protection as a benefit of membership. This covers *all U.S. undergraduate members and members awaiting initiation* of Kappa Alpha Order that meet the following criteria:

- In good standing with the Fraternity
- Membership has been reported to Kappa Alpha Order National 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:	October 1, 2011 to October 1, 2012
Policy Number:	4102AH256700-7
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:

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



OPTIONAL INSURANCE COVERAGE

House Corporation Property Insurance Program

If a house corporation of Kappa Alpha Order owns a physical plant or building, there is no coverage for damage to the building under the general liability policy for Kappa Alpha Order. The *Kappa Alpha Laws* prohibit chapters from entering into housing agreements over \$5,000. The Fraternal Property Management Association Insurance Program is voluntary and open for participation of any house corporation of Kappa Alpha Order. If you wish 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 can you participate in the property program?

If your house corporation is interested in receiving a coverage and premium proposal, please have an officer request a coverage and premium proposal from Willis, 10707 Pacific St, Suite 200, Omaha, NE 68114, Attn: Tiffanie Havelka or e-mail her at thavelka@willis.com. She can also be reached by phone at 800-736-4327 Ext. 4191.

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 and go to the FPMA Property Program button and fill out the Fraternal Property Management Association Automated Application.

Workers' Compensation Coverage

The Insurance Program of Kappa Alpha Order does not provide Workers' Compensation Coverage for Housing Corporation 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.

KAPPA ALPHA ORDER PROHIBITION AGAINST CHAPTER EMPLOYEES: An Active Chapter shall not have employees. Any employees intended to support the operations of an Active Chapter or chapter house shall be employed by a properly organized Chapter Housing Corporation. An Active Chapter may engage an independent contractor for various services, but may not pay that contractor a regular salary, provide or participate in benefits for the contractor, or direct the execution of work assignments tasked to the contractor.

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, your insurance broker, to obtain coverage. It is important to note that in addition to payrolls paid to a chapter cook and housemother, subsidized housing provided to chapter members in exchange for service in a position (i.e. house manager, kitchen steward, chapter officer) is also considered payroll and if injured, the individual likely has the right to recover damages under the Workers' Compensation laws of your State. We will work with you to help you place this coverage only if we also place the property coverage for your location.

All questions can be directed to Trude Smouse, Willis, Telephone # (402) 498-0464 (ext. 4163), (800) 736-4327 (ext. 4163), Fax # (402) 492-8421 or email tsmouse@willis.com.



APPENDIX



10707 Pacific Street, Suite 200
 Omaha, NE 68114
 (800-736-4327
 (402-498-0464
 3 800-328-0522
 : www.WillisFraternity.com
 : www.WillisSorority.com

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

Is this classified as a historic building? Yes No

BUILDING CONSTRUCTION

Check the appropriate answer:

Walls: Brick Stone Wood Frame Other

Floors: Wood Concrete

Roof Structure: Wood Concrete



Roof Covering: Asphalt Shingles 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.

Completed by: _____ Signature: _____

Title: _____ Date: _____

Address: _____
Street City State Zip

Email Address: _____ Phone : _____

Please remit to: Willis
Attn: Tiffanie Havelka



10707 Pacific Street, Suite 200
Omaha, NE 68114
Fax 800-328-0522
E-mail: thavelka@willis.com

KAPPA ALPHA ORDER

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 Kappa Alpha Order 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 by calling the National Administrative Office of Kappa Alpha Order (540) 463-1865. The next step is to fax the completed information to (540) 463-2140, email it to swhetsell@ka-order.org or mail it to Kappa Alpha Order, P.O. Box 1865, Lexington, VA 24450.

Chapter Name: _____ Date of Incident: _____

Address: _____ Injured Party (IP): _____

City, State, Zip: _____ IP Address: _____

Phone #: _____ IP City, State, Zip: _____

Number I: _____ IP Phone #: _____

Alumnus Advisor (AA): _____ House Corp President (HC): _____

AA Address: _____ HC Pres Address: _____

AA 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.

KAPPA ALPHA ORDER

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.
10. Who is responsible for security? _____
11. Are Certificates of Insurance obtained from vendors?*
- | | | | |
|----|------------------------|-----|----|
| A. | Liquor Legal Liability | Yes | No |
| B. | General Liability | Yes | No |
12. Has vendor(s) provided proof of liquor license and temporary license to see on premises?*
- | | |
|-----|----|
| Yes | No |
|-----|----|
13. Is the fraternity named as an additional insured on all certificates from vendors?*
- | | |
|-----|----|
| Yes | No |
|-----|----|
14. Have applicable permits and permission been obtained from authorities:
- | | | | |
|----|--------------------|-----|----|
| A. | College/University | Yes | No |
| B. | Fund Raiser | Yes | No |
15. Has any written contract or agreement been signed for any part of this special event?*
- | | |
|-----|----|
| Yes | No |
|-----|----|
16. Have you received any correspondence requesting proof of insurance for the event?*
- | | |
|-----|----|
| Yes | No |
|-----|----|

***NOTE :** If yes is answered to questions 11, 12, 13, 15 or 16 a copy should be reviewed by an advisor!

ADDITIONAL INSUREDS

1. Name, Address, city, state and zip code of any Additional Insured to be added to the National policy: _____

2. Reason for adding Additional Insured: _____

NOTE: If event requires additional insured Additional Insured Request Form must also be completed.

SECURITY

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

- | | | | | |
|---|----------------|-------------|------|----|
| Public Police | Private Police | Combination | Paid | |
| 2. Is there a security guard? | | | Yes | No |
| 3. Does security guard check for weapons? | | | Yes | No |
| 4. Are security personnel trained on preventing illegal drug use? | | | Yes | No |
| 5. Are monitors and security personnel trained on preventing | | | | |



disorderly conduct or hazing?	Yes	No
6. Are members or guests hands stamped if they want to leave? and return to party?	Yes	No
7. Is smoking permitted at event?	Yes	No
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 is being served?	Yes	No
7. Is there a guest and member list at the door?	Yes	No
8. Are food and alternative non-alcoholic beverages available visible and easily accessible?	Yes	No
9. Do you have a policy on confiscating keys from intoxicated guests?	Yes	No

**YOU MUST STOP 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;

Number I: _____ 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



KAPPA ALPHA ORDER

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: _____

Limits Requested by Additional Insured: _____

Description: _____

Fax the completed form to: Kappa Alpha Order, Attn: Executive Director, Fax: (540)463-2140.

The following questions are taken from the second page of the Special Event Checklist. Please answer the below questions and if any answer is "Yes" please include the documentation with this request;

- 1) Are Certificates of Insurance obtained from vendors?

A.	Liquor Legal Liability	Yes	No	Not Applicable
B.	General Liability	Yes	No	Not Applicable
- 2) Has vendor(s) provided proof of liquor license and temporary license to see on premises?

	Yes	No	Not Applicable
--	-----	----	----------------
- 3) Is the fraternity named as an additional insured on all certificates from vendors?

	Yes	No	Not Applicable
--	-----	----	----------------
- 4) Have applicable permits and permission been obtained from authorities:

A.	College/University	Yes	No	Not Applicable
B.	Fund Raiser	Yes	No	Not Applicable
- 5) Has any written contract or agreement been signed for any part of this special event?

	Yes	No	Not Applicable
--	-----	----	----------------



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

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

KAPPA ALPHA ORDER

ATHLETIC EVENT PARTICIPATION WAIVER

I, _____, a registered participant in an activity sponsored by _____ Chapter of Kappa Alpha Order 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 Order, 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 Order 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 Order 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 Kappa Alpha Order, 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 60 days prior to the event date (See special events section in the manual on page 8).

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

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.

