



# OMEGA PSI PHI FRATERNITY, INC.

## *SPECIAL EVENT CHECKLIST*

PLEASE TYPE OR PRINT LEGIBLY

Chapter Name: _____	Chapter Number: _____	Chapter Type _____
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 either questions 15 or 16 a copy must be submitted with this form!*

### **ADDITIONAL INSUREDS**

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

2. Reason for adding Additional Insured: \_\_\_\_\_

*NOTE: If event requires additional insured, (page 6) 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 enforcing illegal drug use?	Yes	No
5. Are monitors and security personnel trained on preventing disorderly conduct or hazing?	Yes	No
6. Are members or guest hand 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***

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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 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**

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1. Is transportation (taxi, Safe Rides etc) available for guest 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 \_\_\_\_\_

Chapter Treasurer: \_\_\_\_\_ Signed: \_\_\_\_\_ Date \_\_\_\_\_

Chapter Vice President: \_\_\_\_\_ Signed: \_\_\_\_\_ Date \_\_\_\_\_

Chapter Risk Manager: \_\_\_\_\_ Signed: \_\_\_\_\_ Date \_\_\_\_\_

\*Event Chairman: \_\_\_\_\_ Signed: \_\_\_\_\_ Date \_\_\_\_\_

\*Advisor (College Chapters): \_\_\_\_\_ Signed: \_\_\_\_\_ Date \_\_\_\_\_

\* Required Signatures - Checklist will be returned and not processed if all required signatures are not listed.

**DISCLAIMER**

**This questionnaire is being used to assist the chapter in having a safe event.**

December 19, 2005

**DID YOU REMEMBER TO?**

- ✓ Get all required signatures
- ✓ Include all additional insured (Additional Insured line 1-2 and supplemental form p. 6) to be included on the policy (if applicable)
- ✓ Indicate how the certificate of insurance should be returned to the chairperson
- ✓ Present a complete and professional form

**Please return this Special Event Checklist to the International Headquarters no later than thirty days prior to the event. Failure to submit this form within the appropriate time frame will result in a \$ 50 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.**



# Insurance Contact Information Form

Please provide the following information to ensure that the certificate of insurance will be sent to the appropriate person.

Event Chairperson: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Chapter Name: \_\_\_\_\_ Key#: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

*Please select how the certificate of insurance should be sent to the event chairperson.*

Mail       Fax       Email

**Omega Psi Phi Fraternity, Inc.**  
**Headquarters**  
**3951 Snapfinger Parkway**  
**Decatur, GA 30035**  
**404-284-5533 Phone**  
**404-284-1734 Fax**



**OMEGA PSI PHI FRATERNITY, INC.**  
*ADDITIONAL INSURED REQUEST FORM*

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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: \_\_\_\_\_

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**Fax or Mail completed form with the Special Event Checklist to:**

**Omega Psi Phi Fraternity, Inc.**

Attn: Special Events  
Omega Psi Phi Fraternity, Inc.  
3951 Snapfinger Parkway  
Decatur, GA 30035  
404-284-5533 Phone  
404-284-1734 Fax  
Specialevents@opphf.org

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

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



**OMEGA PSI PHI FRATERNITY, INC.**  
*ATHLETIC EVENT PARTICIPATION WAIVER*

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I, \_\_\_\_\_, a registered participant in an activity sponsored by \_\_\_\_\_ Chapter of Omega Psi Phi Fraternity, Inc., understand and agree that I am participating in this event on my own free will and accord and that neither \_\_\_\_\_ Chapter, nor Omega Psi Phi Fraternity, Inc., 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 Omega Psi Phi Fraternity, Inc. 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 Omega Psi Phi Fraternity, Inc. and in the even of bodily injury, property damage, necessity of medical expenses or other loss, I agree to incur my own expenses without input or participation from \_\_\_\_\_ Chapter, or Omega Psi Phi Fraternity, Inc., 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 International Headquarters must be sought 30 days prior to the event date (See special events section in the manual on page 2.).

**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.

