

# **DELTA TAU DELTA FRATERNITY**

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

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**EFFECTIVE FOR THE ANNUAL TERM:  
2011 – 2012**

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# INTRODUCTION

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Effective October 1, 1998, Delta Tau Delta Fraternity joined fifteen other fraternities; Acacia, Alpha Kappa Lambda, Alpha Epsilon Pi, Alpha Tau Omega, Delta Chi, FarmHouse, Kappa Alpha Order, Phi Kappa Psi, Phi Kappa Tau, Pi Kappa Phi, Pi Lambda Phi, Psi Upsilon, Theta Xi, Zeta Beta Tau and Zeta Psi in the first captive insurance company serving the fraternity world. Since that time twelve additional fraternities, Alpha Chi Rho, Alpha Gamma Rho, Alpha Sigma Phi, Chi Phi, Chi Psi, Delta Upsilon, Kappa Delta Rho, Phi Kappa Theta, Sigma Nu, Theta Chi, Delta Kappa Epsilon and Delta Phi Fraternity have also joined. The formation of the captive was the next logical step after 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 of the future of the fraternity.

The purpose of this manual is to give you an understanding of your insurance coverage 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 Delta Tau Delta Fraternity Central Office and Engle Martin Claims Administrative Services 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](http://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.



# DELTA TAU DELTA FRATERNITY

## 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.

Delta Tau Delta Fraternity insurance program provides Blanket Public General Liability Coverage of \$11,000,000 per occurrence with a \$12,000,000 general aggregate. (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 candidates 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.

### Insurance Policies:

|                   |                                     |
|-------------------|-------------------------------------|
| Primary Insurer:  | Landmark American Insurance Company |
| Policy Period:    | October 1, 2011 to October 1, 2012  |
| Policy Number:    | LHA108223                           |
| Umbrella Insurer: | RSUI Indemnity Company              |
| Policy Period:    | October 1, 2011 to October 1, 2012  |
| Policy Number:    | NHN057663                           |
| Umbrella Insurer: | James River Insurance Company       |
| Policy Period:    | October 1, 2011 to October 1, 2012  |
| Policy Number:    | 000186465                           |
| Excess Insurer:   | Torus Specialty Insurance Company   |
| Policy Period:    | October 1, 2011 to October 1, 2012  |
| Policy Number:    | 31180A111ALI                        |

### Delta Tau Delta Fraternity 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 Delta Tau Delta Fraternity 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 Delta Tau Delta Fraternity insurance contract is extended to protect other parties with whom a Delta Tau Delta Fraternity chapter may enter into a contractual agreement. No contract should be signed by any entity/chapter of Delta Tau Delta 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 Tau Delta Fraternity.

**6. WATERCRAFT LIABILITY**

Covers hired and non-owned boats/watercraft providing they are 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**

Provides coverage when providing alcoholic beverages at no charge to those of legal drinking age. If you are found to be in the practice of manufacturing, distributing, selling, serving or furnishing alcoholic beverages, or if minors are involved, your coverage and protection is jeopardized.

**Limits of Coverage**

| Coverage Level    | Insurer                             | Bodily Injury & Property Damage Combined Single Limit | Policy Aggregate | Occurrence limit applies per location? |
|-------------------|-------------------------------------|---|------------------|--|
| Primary Liability | Landmark American Insurance Company | \$1,000,000   | \$2,000,000      | Y                                      |
| Umbrella          | RSUI Indemnity Company              | \$1,000,000   | \$1,000,000      | Y                                      |
| Umbrella          | James River Insurance Company       | \$4,000,000   | \$12,000,000     | Y                                      |
| Excess            | Torus Specialty Insurance Company   | \$5,000,000   | \$5,000,000      | N                                      |



## Who is covered?

The insurance coverage will pay claims up to \$11,000,000 per occurrence and \$12,000,000 aggregate for the following organizations and/or people:

- A. The local undergraduate chapter that is chartered and colonies that are 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 Tau Delta Fraternity. Undergraduate chapter officers, executive committee, committee chairman and members while performing the duties of elected or appointed positions within the organization.
- B. House Corporations, Household 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 on behalf of Delta Tau Delta Fraternity.
- C. Officers, Directors, Trustees, Partners, Coordinators, Custodians, Committee Members, Council Members, Volunteers, Housemothers, Resident Advisors, Faculty Advisors, Fraternity Members, Member Candidates (Pledges) and Employees but only while acting within the scope of their duties on behalf of Delta Tau Delta Fraternity.

## 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).

## 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 26 to: Delta Tau Delta Fraternity, Attn: Candice McQuitty, Accounting, 10000 Allisonville Rd., Fishers, IN 46038, Phone # (317) 284-0203, (800) 335-8795, Fax # (317) 284-0214 or email to [candice.mcquitty@delts.net](mailto:candice.mcquitty@delts.net) at least (10) ten days prior to the date it is needed.

Upon review and approval of the Additional Insured request by Delta Tau Delta Fraternity 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. 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.



- 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 Delta Tau Delta Fraternity 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. Delta Tau Delta's 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 Tau Delta Fraternity is required.

Those individuals who choose to violate these rules may void the protection for themselves under Delta Tau Delta's 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 Delta Tau Delta Fraternity's 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 Tau Delta Fraternity (in this case the entire chapter) most likely would be without insurance protection. The other named insureds would be protected (i.e. National Fraternity, or volunteer alumni).
- B. Two of the members of a 65-man chapter cause injury to someone in connection with a hazing incident. This activity was unauthorized and done secretly without the knowledge of the chapter, and strictly against chapter policy. In the event of an injury, claim or lawsuit, those persons (in this case, the two members) found to be in violation of the law and Delta Tau Delta Fraternity would be without insurance protection. The chapter, its officers and other volunteers would be protected.

Great effort has been made to ensure coverage will be provided to those individuals and entities exposed to claims. Its intent is to provide coverage for claims that arise from ordinary negligence. Chapters and chapter officers are protected from the unauthorized actions of individuals. Chapter advisors are protected from the unauthorized actions of their individual chapter members and the chapter as a whole, as are the chapter foundations and all other appointed alumni volunteers involved with the Fraternity.

All questions regarding insurance interpretation and coverage should be directed to:

Willis

Client Manager: 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

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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 23. 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 Delta Tau Delta Fraternity.

## SAFE TRANSPORTATION RECOMMENDATION FOR CHAPTER FUNCTIONS

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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 Tau Delta 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 Tau Delta 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 light 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 \$1,000,000.00 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 a lawsuit may be served on a member of your chapter. As there is only a limited time to answer a lawsuit, the following procedure applies:

- Treat any potential or actual claim or lawsuit as a high priority item and immediately notify the Central Office by phone.
- Utilizing the enclosed incident reporting form, note all relevant information.
- Forward the suit or incident report via fax or email to Jack Kreman, Director of Operations Delta Tau Delta Fraternity Central Office at (317) 284-0214 or jack.kreman@delts.net. If you do not have access to a fax machine or email, overnight the papers to Delta Tau Delta Fraternity, 10000 Allisonville Rd., Fishers, IN 46038. 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 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 Delta Tau Delta 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 Delta Tau Delta Fraternity (see phone numbers and address below). Delta Tau Delta Fraternity 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 Delta Tau Delta Fraternity's 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 Tau Delta Fraternity to report all known facts regarding bodily injury, property damage, or personal injury arising out of Delta Tau Delta Fraternity activities in a timely manner.

## **DELTA TAU DELTA** *INCIDENT/CLAIM REPORTING*

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Delta Tau Delta Fraternity  
Jack Kreman, Director of Operations  
10000 Allisonville Rd.  
Fishers, IN 46038  
(317) 284-0203 (Phone)  
(800) 335-8795  
(317) 284-0214 (Fax)  
jack.kreman@delts.net

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)

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# OTHER INSURANCE COVERAGE

## Chapter Property Insurance Program

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

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 their parents' homeowners coverage. If not, each member should purchase renters coverage through a local insurance agent to insure their personal property.

|                 |   |
|-----------------|---|
| Insurer:        | Property - RSUI Indemnity Co.<br>Equipment Breakdown - Hartford Steam Boiler Ins. Co. |
| Policy Period:  | April 1, 2011 - April 1, 2012   |
| Policy Numbers: | Property - NHD369563<br>Equipment Breakdown - FBP2202592                              |

### Policy Deductibles:

\$ 2,500 for all covered losses except;

#### Flood:

- \$100,000 -- Zone A or V only (i.e.100 year flood plain and most coastal properties)
- \$25,000 -- all other

#### Earthquake:

- \$25,000 All Locations Excluding California
- 5% of Total Insured Values but not less than \$25,000 for All California Locations on record with the office of Willis as having paid the additional premium for Earthquake coverage.

#### Named Storm:

- \$10,000 for all locations located in First Tier Wind Counties ( primarily coast counties from Virginia to Texas and complete state of Florida), and on record with the office of Willis as having paid the additional premium for Wind/Hail coverage; or
- 5% of Total Insured Values but not less than \$25,000 for all locations in First Tier Wind Counties, and on record with the office of Willis as having declined to pay the additional premium for Wind/Hail coverage with the lower deductible.

#### Other:

- \$10,000 Vacant Locations
- \$1,000 Equipment Breakdown

All above deductibles apply per location, for each occurrence and apply against all lines of coverage provided under the policy. For any one occurrence only one deductible per location will apply.



**The Property coverage includes;**

1. "ALL RISKS" OF PHYSICAL LOSS OR DAMAGE

Extends protection of physical loss or damage to include vandalism, malicious mischief, burglary and theft, etc. Coverage is included for all causes of loss except those excluded by the insurance contract.

2. REPLACEMENT COST COVERAGE

Provides for the full replacement of the building and contents owned by the chapter or housing corporation if the physical plant is damaged or completely destroyed, up to the limits of coverage purchased for their premises. If the property is valued at the current BVS (Boeckh Valuation System) on file, Blanket Limit coverage applies. Blanket Limit coverage will pay for full replacement of the structure regardless of the building limit shown on the policy. All Chapter housing corporations should at least annually assess the replacement cost of their premises to make sure the location is properly insured. All limits of coverage/ value of property changes should be reported in writing to Delta Tau Delta Fraternity, 10000 Allisonville Rd., Fishers, IN 46038, Attn: Alan Selking, Director of Business Affairs, Fax (317)284-0214 or [alan.selking@delts.net](mailto:alan.selking@delts.net).

3. AGREED AMOUNT COVERAGE

Provides for removal of the coinsurance clause ensuring that a chapter will not be penalized for unintentional undervaluation of a chapter property. A chapter must still ensure that the values reported to the insurance carrier are correct, the policy will only pay up to the values reported. For example, if a local housing corporation reports replacement cost building values of \$400,000 and the chapter suffers a total loss and is in need of \$800,000 to replace the structure, the insurance carrier will only pay \$400,000.

4. BUSINESS INCOME (LOSS OF RENTS) COVERAGE

Provides for the payment of rental income to the house corporation that would otherwise be lost if the house can no longer be occupied due to a fire or to other extensive damage that prohibits occupancy.

5. EXTRA EXPENSE COVERAGE

Provides for the payment of additional expenses that a chapter or corporation might incur if a fire or extensive property damage requires extraordinary expenditures.

6. EARTHQUAKE AND FLOOD COVERAGE

Coverage can be provided if requested.



## 7. LAW AND ORDINANCE COVERAGE

Provides the full building limit of coverage should the undamaged portion of the structure have to be torn down due to local building ordinances and reconstruction from ground up be required. Policy also provides \$500,000 as a combined limit for demolition and increased costs of construction (e.g. mandated installation of sprinklers, elevator, handicap ramp etc.) to bring damaged structures up to current building code requirements following a fire or other extensive damage to a chapter house. Standard property insurance policies only require the insurance company to return the property to its original state and likely will not provide the additional funds needed to bring the property in compliance with current building code requirements. Any owner of an insured property that believes they have the need for additional Law & Ordinance protection, above the \$ 500,000 limit provided at no additional charge, can purchase an additional limit by contacting Alan Selking, Director of Business Affairs, [alan.selking@delts.net](mailto:alan.selking@delts.net). Additional protection is not in force until written verification is provided.

## 8. EQUIPMENT BREAKDOWN COVERAGE

Provides protection for losses suffered as a result of accidental damage or mechanical or electrical system failure in a chapter house from boilers, heating and cooling systems, hot water supply tanks, compressors, pumps transformers, circuit breakers, electrical panels, etc.

### **What is covered?**

The property program will pay for property claims, up to the limit of coverage provided by the local chapter or housing corporation, resulting from a covered cause of loss for damage to or loss of:

- A) Building owned by the local housing corporation or chapter.
- B) Contents owned by the local housing corporation or chapter.
- C) Business Income (Loss of Rents) suffered by the housing corporation.
- D) Extra Expense suffered by the housing corporation or chapter.
- E) Boiler, Machinery or Electrical Apparatus owned by the housing corporation or chapter.

### **What is not covered?**

- A) Damage to personal property of chapter members, employees or guests.
- B) Losses arising out of pollution contamination or asbestos.

### **How does a chapter participate in the Chapter Property Insurance Program?**

If your chapter is interested in receiving a coverage and premium proposal, please have a Housing corporation officer or alumnus/chapter advisor contact Alan Selking, Director of Business Affairs, Delta Tau Delta Fraternity, 10000 Allisonville Rd., Fishers, IN 46038 (317) 284-0203, (800) 335-8795 Telephone, (317) 284-0214 Facsimile or [alan.selking@delts.net](mailto:alan.selking@delts.net). Attached is a questionnaire that will need to be completed, signed and submitted by a housing corporation officer or alumnus/chapter advisor before coverage can be bound. Please complete, fax or mail the questionnaire and a written premium indication will be returned by mail.



## Directors' & Officers' Liability Coverage

The National Insurance Program of Delta Tau Delta 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   |
| Policy Term:          | October 1, 2011 - 2012   |
| Policy Number:        | NHP634540  |
| Limit of Coverage:    | \$ 5,000,000 Policy Aggregate                                    |
| Retention/Deductible: | \$ 5,000 Affiliates  |
|                       | \$ 0 Individual D&O Each Claim                                   |
|                       | \$ 0 Individual D&O Aggregate                                    |
|                       | \$ 5,000 Co. Reimbursement Entity and Employment Practices Claim |

- **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 Delta Tau Delta Fraternity provides coverage for employee dishonesty 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, 2011 - October 1, 2012        |
| Policy Number:     | CCP 0018579                              |
| Limit of Coverage: | \$ 100,000 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 pledges* of Delta Tau Delta that meet the following criteria:

- In good standing with the Fraternity
- Membership has been reported to Delta Tau Delta's Central 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:      | 4102AH257164   |
| Limits of Coverage: | \$100,000 Accidental Medical Expense and/or Dental Injury-Accident Maximum<br>\$5,000 Accidental Dismemberment and/or Accidental Death Benefit<br>52 Week Benefit Period |

The Policy does not cover Loss nor provide benefits for:

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



# OPTIONAL INSURANCE COVERAGE

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## Workers' Compensation Coverage

The Insurance Program of Delta Tau Delta does not provide Workers' Compensation Coverage for chapter employees. It is the duty of each house corporation to make certain they are familiar with their State laws and requirements to carry Workers' Compensation Coverage for employees of the Chapter.

Each State provides a State Assigned Risk Pool that can insure the Workers' Compensation exposures of the Chapter. The State Assigned Risk Pool can be accessed by contacting a local insurance agent or 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 Grosenbach, Willis, Telephone # (402) 498-0464 (ext. 4163), (800) 736-4327 (ext. 4163), Fax # (402) 492-8421, (800) 328-0522 or email [tgrosenbach@willis.com](mailto:tgrosenbach@willis.com).



# APPENDIX





10707 Pacific Street, Suite 200  
 Omaha, NE 68114  
 800-736-4327  
 402-498-0464  
 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:** Delta Tau Delta Fraternity  
Attn: Alan Selking  
10000 Allisonville Rd.  
Fishers, IN 46038  
Fax: 317-284-0214  
[alan.selking@delts.net](mailto:alan.selking@delts.net)



# DELTA TAU DELTA

## 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 Tau Delta 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 Central Office of Delta Tau Delta Fraternity, 10000 Allisonville Rd., Fishers, IN 46038, (317)284-0214 (Fax). If the bodily injury is of a serious nature, a **telephone call** should also be made to (317)284-0203 or (800)335-8795.

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

Witnesses & Phone #'s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, Owner's Name \_\_\_\_\_ Owner's Phone # \_\_\_\_\_

Owner's Address \_\_\_\_\_

Police Investigation? Yes or No \_\_\_\_\_

Name of Agency & Case # \_\_\_\_\_

Description of Injury & Where Was Injured Party Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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



# DELTA TAU DELTA

## 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 International 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 are being served?  

|     |    |
|-----|----|
| Yes | No |
|-----|----|
7. Is there a guest and member list at the door?  

|     |    |
|-----|----|
| Yes | No |
|-----|----|
8. Are food and alternative non-alcoholic beverages available, visible and easily accessible?  

|     |    |
|-----|----|
| Yes | No |
|-----|----|
9. Do you have a policy on confiscating keys from intoxicated guests?  

|     |    |
|-----|----|
| Yes | No |
|-----|----|

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



## TRANSPORTATION

---

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

Yes

No

---

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

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

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

Alumnus Advisor: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### DISCLAIMER

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

### DID YOU REMEMBER TO?

- ✓ Complete the form in total
- ✓ Get all parties noted above to review and obtain required signatures
- ✓ Submit Additional Insured request form to International Fraternity if needed



# DELTA TAU DELTA

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

Limits Requested by Additional Insured: \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Description: \_\_\_\_\_

Fax, Mail or Email the completed form to: Delta Tau Delta Fraternity, Attn: Accounting, Fax: (317)284-0214, 10000 Allisonville Rd, Fishers, IN 46038, candice.mcquitty@delts.net.

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.**



# DELTA TAU DELTA

## ATHLETIC EVENT PARTICIPATION WAIVER

---

I, \_\_\_\_\_, a registered participant in an activity sponsored by \_\_\_\_\_ Chapter of Delta Tau Delta 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 Tau Delta 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 Tau Delta 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 Tau Delta 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 Tau Delta Fraternity, or its insurer(s).

\_\_\_\_\_  
Guest/Participant

\_\_\_\_\_  
Chapter Representative

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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



# DEFINITIONS

---

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

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

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

