



Phi Kappa Sigma International Fraternity

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RISK MANAGEMENT & FUNCTION PLANNING FORM

Chapter: _____
Date: _____

School: _____

THIS FORM MUST BE COMPLETED IN FULL, WITH ALL REQUIRED ATTACHMENTS AND RECEIVED IN OUR OFFICE AT LEAST **30** DAYS PRIOR TO THE PLANNED FUNCTION. IF THE FORM RECEIVED IS INCOMPLETE, MISSING ATTACHMENTS OR LATE, IT WILL BE CONSIDERED "Not Submitted".

FRATERNITY HEADQUARTERS AND INSURANCE UNDERWRITERS REVIEW OF THE INFORMATION PROVIDED WILL RESULT IN: 1) "FUNCTION PLANNING APPEARS SUFFICIENT", OR 2) "FUNCTION PLANNING NEEDS ADJUSTMENTS".

FRATERNITY HEADQUARTERS AND INSURANCE UNDERWRITERS DO NOT EXPRESSLY APPROVE OF OR DISAPPROVE OF EVENTS. IT IS THE CHAPTER'S SOLE RESPONSIBILITY TO PROPERLY PLAN AND IMPLEMENT EVENTS.

GENERAL INFORMATION

1. Type of Function: _____
Purpose of Function: _____
2. Function Date: _____
Time & Duration: _____
Location: _____
Distance from Chapter House/Campus: _____
3. Narrative description of function/activities: _____
4. Planned Attendance
 # of Members: _____ # of Guests: _____
 # of Alumni: _____ # of Public: _____
 # of Dates: _____
Estimated Total Attendance: _____
 Estimated Gross Receipts: _____
5. Will there be any special construction, alteration or decorations for this function?
Explanation: _____
6. Is University permission required to have this function?
Has it been obtained? (**ATTACH COPY**)
7. Has the function been held in the past?
If yes, how many times?
8. Have there been any previous claims, injuries or incidents as a result of this function?
If yes, explain in detail: _____

CONTACT PERSONS

Chapter member responsible for function: Name: _____ Address: _____ Phone (Home): _____ Phone (Other): _____	Alumni responsible for function: Name: _____ Address: _____ Phone (Work): _____ Phone (Home): _____
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ALCOHOLIC BEVERAGE EXPOSURES

A. Alcohol Approval Policies

1. Will alcohol be provided or permitted during this function?
2. Is alcohol an essential part of this function?
If yes, why?
3. Is University permission required for the use of alcohol at this function?
4. Has the use of alcohol been acknowledged by the Fraternity Headquarters?
5. Have you read, and do you understand Fraternity alcohol policy?
6. What procedures will be followed if minors are observed drinking?

COPIES OF THE ABOVE APPROVAL AND POLICY FORMS MUST BE ATTACHED

B. Service of Alcoholic Beverages

1. When will alcoholic beverages be provided or permitted?
2. Who will purchase and/or provide the alcoholic beverages served?
3. Amounts of alcoholic beverages purchased?
4. Amounts to be spent or budgeted for alcoholic beverages?
5. Will any direct or indirect charge be made for the alcoholic beverages?
6. Method of Charge:
7. Method of Service:
8. What kinds of alcoholic beverages will be served?
9. Will ample non-alcoholic beverages be provided without charge at this function?
10. What is the legal drinking age for:
11. Hours of alcoholic beverage service (**YOU MUST STOP SERVICE AT LEAST 1 HOUR BEFORE EVENT ENDS**):
12. Will there be any licenses or permits required for this function?

COPIES OF ANY LICENSES OR PERMITS MUST BE ATTACHED

C. Legal Age Identification

TWO FORMS OF ID, WITH ONE BEING PHOTO, ARE REQUIRED

1. When and how will the verification of legal drinking age be accomplished?
2. How will those serving or providing the alcoholic beverages identify persons of legal drinking age?

D. Drunk Driving Prevention

USE PUBLIC TRANSPORTATION ONLY

1. Which form of public transportation will be provided for intoxicated persons?

II. CONTRACTUAL EXPOSURES

YOUR LEGAL COUNSEL SHOULD REVIEW ALL CONTRACTS BEFORE THEY ARE EXECUTED. EXECUTING ANY CONTRACT, LEASE OR RENTAL AGREEMENT MAY OBLIGATE YOU, YOUR CHAPTER, OR OTHERS FOR LOSSES THAT MAY NOT BE COVERED BY INSURANCE.

ALL CONTRACTS SHOULD REFER TO THE NAME OF THE CHAPTER, NOT PHI KAPPA SIGMA. CHAPTERS TO NOT HAVE AUTHORITY TO BIND THE NATIONAL ORGANIZATION TO ANY CONTRACT.

WE WOULD BE PLEASED TO DISCUSS THE RISK MANAGEMENT AND INSURANCE CONSIDERATIONS OF CONTRACTS WITH YOUR ATTORNEY. TO HELP LIMIT CONTRACT LIABILITY EXPOSURES WITHIN THE SCOPE OF YOUR INSURANCE, WE SUGGEST THAT THE WORDS "TO THE EXENT PROVIDED BY OUR INSURANCE" BE INSERTED INTO ALL HOLD HARMLESS AND INDEMNITY CLAUSES OF ANY AGREEMENTS.

A. Rental Property

COVERAGE IS NOT PROVIDED UNDER YOUR INSURANCE POLICY FOR PROPERTY DAMAGE TO "PROPERTY LOANED TO YOU," "PROPERTY YOU OWN, RENT, OR OCCUPY," OR "PERSONAL PROPERTY IN YOUR CARE, CUSTODY OR CONTROL."

1. Which of the following types of property will you be renting, borrowing and/or using?
2. Will there be any permits or licenses required for the use of the above property?
3. Will you be required to sign any agreements or contracts for the use of the above property?

COPIES OF THESE TYPES OF CONTRACTS MUST BE ATTACHED

B. Request for Evidence of Insurance

1. Is evidence of insurance required?
2. Who is requiring the evidence of insurance?
3. What is their insurable interest?

A WRITTEN REQUEST FOR EVIDENCE OF INSURANCE MUST BE ATTACHED

C. Crowd Control/Security

1. How will admission or attendance be controlled?
2. Have arrangements been made to use security service?
3. Type of security service to be used?
4. Will a separate security service contract be required?
5. A certificate of liability insurance must be obtained from the security service which names your chapter, house corporation and Phi Kappa Sigma International Fraternity, Inc. as additional insureds.

Security Name: _____

Phone Number: _____

Contact Person: _____

6. How many security guards will be present? _____
Hours of Service: _____ to _____
7. Possession of firearms by security personnel is prohibited! Do they understand this and agree?

COPIES OF THE INS. CERTIFICATE AND CONTRACT MUST BE ATTACHED

D. Entertainment

1. Will any entertainment services be used (i.e., Band, D.J.)?

A COPY OF ANY CONTRACT OR AGREEMENT MUST BE ATTACHED

E. Food

1. What food will be served? (Foods other than the salty snack variety should be served)
2. Who will provide the food?
3. If food is provided by an outside service, have you signed a contract?

A COPY OF ANY CONTRACT OR AGREEMENT MUST BE ATTACHED

III. OFF-PREMISES/TRANSPORTATION EXPOSURES

ROUNDTRIP PUBLIC TRANSPORTATION SHOULD BE UTILIZED BY ALL PERSONS ATTENDING OFF-CAMPUS FUNCTIONS

1. Distance from campus/chapter house?
2. Will you be required to sign a contract with the transportation company?
3. A certificate of automobile liability insurance must be obtained from the transportation company which names your chapter, house corporation and Phi Kappa Sigma International Fraternity as an additional insured.

Transportation Company Name: _____

Phone Number: _____

Contact Person: _____

ALCOHOLIC BEVERAGES ARE NOT PERMITTED AT ANY TIME DURING TRAVEL/TRANSPORTATION. THE TRANSPORTATION COMPANY WILL BE CONTACTED TO VERIFY COMPLIANCE WITH THIS POLICY.

COPIES OF INSURANCE CERTIFICATES AND CONTRACTS MUST BE ATTACHED

IV. EMERGENCY PROCEDURES

1. Are emergency services readily available at this function?
2. Who will be responsible for contacting the following, if the need for assistance arises?
 - a. Police Department
 - b. Security Guards
 - c. Medical Services/Hospital/Paramedics
 - d. Fire Department
3. Who will be responsible for compliance with liquor laws and Phi Kappa Sigma Fraternity alcohol policy and procedures?

Name: _____

Title: _____

Phone #: _____

Name: _____

Title: _____

Phone #: _____

THESE PERSONS SHOULD NOT BE ALLOWED TO CONSUME ANY ALCOHOLIC BEVERAGE.

We are submitting this request for the Fraternity and Underwriter's review of our planned function. The undersigned declare that to the best of our knowledge and belief, the statements set forth herein are true. This questionnaire does not bind the Underwriters, and the undersigned, on behalf of the Phi Kappa Sigma Fraternity, Inc., and agrees that this form and said statements shall be the basis of consideration. The Underwriters are hereby authorized to make any investigation and inquiry desired about this function.

**VARIATIONS FROM THE FUNCTION DESCRIBED HEREIN MAY ADVERSELY AFFECT
LIABILITY INSURANCE COVERAGE**

Submitted by: _____ Title: _____

Chapter President's Signature: _____

Chapter Social Chairman's Signature: _____

Chapter Advisor's Signature: _____

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR FILES