

OMEGA PSI PHI FRATERNITY, INC.

SPECIAL EVENT CHECKLIST

PLEASE TYPE OR PRINT LEGIBLY

Chapter Name: _____		Chapter Number: _____		Graduate <input type="checkbox"/>		Undergrad <input type="checkbox"/>	
Purpose of Event: _____				Location of Event (Venue Name): _____			
Date(s): _____		Physical Address (No P. O. Box): _____					
		City		State		Zip	
*Venue Contact Name(s): _____							
*Phone No.: _____		Fax No.: _____		*E-Mail: _____			
*Must Be Provided-No Exceptions!							

EVENT ACTIVITIES

Type of event and details:

Athletic Event? Yes No If yes, waivers are needed for each participant.

Will special event attendees be transported to event? Yes No

If yes, list name and address of third party transportation vendor. (Attach copy of contract)

*Please note: Chapter Members **cannot** use personal vehicles.

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 serve alcohol 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 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 15) Additional Insured Request Form must also be completed.

SECURITY

1. Name and type of security service _____

Types of security service (circle all applicable): Public Police, Private Police, Combination, Paid

**** Please note the requirement of 1 security guard per 100 attendees****

2. Is there a security guard? Yes No

**** Please note the security guards must be of no relation to Omega Psi Phi Fraternity****



- | | | |
|---|------------------------------|-----------------------------|
| 3. Does security guard check for weapons? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are security personnel trained on preventing illegal drug use? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are monitors and security personnel trained on preventing disorderly conduct or hazing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Are members or guest hand stamped if they want to leave and return to party? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Is smoking permitted at event? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. If yes, is there a designated smoking area? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Has event facility been inspected to ensure that it complies with applicable federal, state and local safety and fire codes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Are guests and members informed of emergency evacuation routes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Is there one well lit entrance that is controlled and monitored? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Are security personnel and/or monitors trained on preventing sexual abuse and harassment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

ALCOHOL

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

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



TRANSPORTATION

1. Is transportation (taxi, Safe Rides etc- **not** personal vehicles of chapter members) available for guest who need or request it? Yes No

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

*Chapter Basileus: _____ Signed: _____ Date _____

Chapter Vice Basileus: _____ Signed: _____ Date _____

Chapter KRS: _____ Signed: _____ Date _____

Chapter KF: _____ Signed: _____ Date _____

*Event Chairman: _____ Signed: _____ Date _____

*Advisor (College Chapters): _____ Signed: _____ Date _____

This Special Event Checklist has been reviewed and approved by the chapter's District Counselor.

Date _____

District Counselor/District Representative
Printed Name

* _____
District Counselor/District Representative
Signature

* 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.

DID YOU REMEMBER TO?

- ✓ Get all required signatures
- ✓ Include all additional insured (Additional Insured line 1-2 and supplemental form p. 21) 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 via email to Judy Spencer at IHQ-Paralegal@oppf.org 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 and an additional \$100 for additional insured 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.

****All Special Event Checklists received within 10 days of event may be denied.**

****All Special Event Checklists received within 5 days of event will be denied.**



OMEGA PSI PHI FRATERNITY, INC. ADDITIONAL INSURED REQUEST FORM

Chapter Name: _____
Your Name: _____
Your Address: _____
City, State, Zip: _____
Phone: _____ E-Mail Address: _____
Fax (if available): _____
Additional Insured's Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ E-Mail Address: _____
Date and Time of Event: _____
Description: _____

Fax or Mail completed from with the Special Event Checklist to:

Attn: Special Events
Omega Psi Phi Fraternity, Inc.
3951 Snapfinger Parkway
Decatur, GA 30035
Phone 404-284-5533; Fax 404-284-0333; email
ihq-paralegal@oppf.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 insureds status is granted.

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
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- 3) Is the fraternity named as an additional insured on all certificates from vendors?

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

		Yes	No	Not Applicable
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Please utilize the back side of this form if you should run short of room.



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
404-224-5533 Phone
404-284-1734 Fax



OMEGA PSI PHI FRATERNITY, INC.
ATHLETIC EVENT PARTICIPATION WAIVER

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

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.

