

James R. Favor & Company

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FRATERNITY/SORORITY RISK MANAGEMENT PROGRAM RISK MANAGEMENT / UNDERWRITING QUESTIONNAIRE & FUNCTION PLANNING FORM

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|--|---|
| Fraternity / Sorority National Account | School Name |
| Chapter / Alumni Group Name | |
| Date JRF & Co. First Contacted & Form Sent | Date Form & All Materials Received by JRF & Co. |

(PLEASE PRINT OR TYPE)

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 REJECTED. UNDERWRITERS REVIEW OF THE INFORMATION PROVIDED WILL RESULT IN: 1) ACCEPTANCE, 2) REJECTION, OR 3) FUNCTION PLAN ADJUSTMENTS.

GENERAL INFORMATION

- TYPE OF FUNCTION: _____
PURPOSE OF FUNCTION: _____
- FUNCTION DATE: _____
TIME & DURATION: _____
LOCATION: CHAPTER HOUSE OTHER EXPLAIN: _____

DISTANCE FROM CAMPUS/CHAPTER HOUSE: _____
- NARRATIVE DESCRIPTION OF FUNCTION/ACTIVITIES: _____

- PLANNED ATTENDANCE: # MEMBERS _____ # ALUMNI _____ # DATES _____ # GUESTS _____ # PUBLIC _____
ESTIMATED TOTAL ATTENDANCE: _____ ESTIMATED GROSS RECEIPTS: _____
- WILL THERE BE ANY SPECIAL CONSTRUCTION, ALTERATIONS OR DECORATIONS FOR THIS FUNCTION? YES NO
IF YES, EXPLAIN: _____
- IS UNIVERSITY PERMISSION REQUIRED TO HAVE THIS FUNCTION? YES NO
HAS IT BEEN OBTAINED? YES NO **ATTACH A COPY.**
- HAS THIS FUNCTION BEEN HELD IN THE PAST? YES NO
- HOW MANY TIMES? _____
- HAVE THERE BEEN ANY PREVIOUS CLAIMS, INJURIES OR INCIDENTS AS A RESULT OF THIS FUNCTION? _____
EXPLAIN IN DETAIL: _____

CONTACT PERSONS

ALUMNI RESPONSIBLE FOR FUNCTION

NAME: _____

ADDRESS: _____

PHONE #: WORK _____

HOME _____

CHAPTER PERSON RESPONSIBLE FOR FUNCTION

NAME: _____

ADDRESS: _____

PHONE #: HOME _____

OTHER _____

I. ALCOHOLIC BEVERAGE EXPOSURES

A. ALCOHOL APPROVAL & POLICIES

1. WILL ALCOHOL BE PROVIDED OR PERMITTED DURING THIS FUNCTION? YES NO PERMITTED? PROVIDED?
2. IS ALCOHOL AN ESSENTIAL PART OF THIS FUNCTION? YES NO
WHY? _____
3. IS UNIVERSITY PERMISSION REQUIRED FOR THE USE OF ALCOHOL AT THIS FUNCTION? YES NO
4. HAS THE USE OF ALCOHOL AT THIS EVENT BEEN APPROVED BY YOUR NATIONAL ORGANIZATION? YES NO
5. HAVE YOU READ, AND DO YOU UNDERSTAND YOUR NATIONAL ORGANIZATION'S ALCOHOL POLICY? YES NO
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? BEFORE DURING AFTER
2. WHO WILL PURCHASE AND/OR PROVIDE THE ALCOHOLIC BEVERAGES SERVED?
 CHAPTER HOUSE CORPORATION INDIVIDUAL MEMBERS GUESTS BYOB OTHER _____
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? YES NO
6. METHOD OF CHARGE: ADMISSION CONTRIBUTIONS CHARGE BY DRINK DONATIONS OTHER _____
7. METHOD OF SERVICE: OPEN ACCESS CHAPTER MEMBERS ALUMNI PROFESSIONAL BARTENDERS OTHER _____
8. WHAT KINDS OF ALCOHOLIC BEVERAGES WILL BE SERVED? WINE 6.0% BEER 3.2% BEER SPIRITS
9. WILL AMPLE NON-ALCOHOLIC BEVERAGES BE PROVIDED WITHOUT CHARGE AT THIS FUNCTION? YES NO
10. WHAT IS THE LEGAL DRINKING AGE FOR: _____
11. HOURS OF ALCOHOLIC BEVERAGE SERVICE
WINE _____ 6.0% BEER _____ 3.2% BEER _____ SPIRITS _____
YOU MUST STOP SERVICE AT LEAST 1 _____ **TO** _____
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?
 HAND STAMP UNREMOVABLE WRIST BAND OTHER _____

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.

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 EXTENT 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? _____
 - a. REAL PROPERTY (i.e. BALLROOM, HOTEL ROOM, UNIVERSITY FACILITIES, BARN, CAMP, ETC.)
 - b. PERSONAL PROPERTY (i.e. BOATS, PROPS, BAND OR PARTY EQUIPMENT, ETC.)
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 THE 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? OWNER MANAGER OTHER _____

A WRITTEN REQUEST MUST BE PROVIDED DIRECTLY FROM THOSE REQUIRING INSURANCE INFORMATION.

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? YES NO
3. TYPE OF SECURITY SERVICES TO BE USED? UNIVERSITY/COLLEGE HOTEL OUTSIDE
4. WILL A SEPARATE SECURITY SERVICE CONTRACT BE REQUIRED? YES NO
5. A CERTIFICATE OF LIABILITY INSURANCE MUST BE OBTAINED FROM THE SECURITY SERVICE WHICH NAMES YOUR CHAPTER, HOUSE CORPORATION AND NATIONAL ORGANIZATION AS AN ADDITIONAL INSURED.
SECURITY SERVICE 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? YES NO

COPIES OF THE CERTIFICATE AND CONTRACT MUST BE ATTACHED.

D. ENTERTAINMENT

1. WILL ANY ENTERTAINMENT SERVICES BE USED (i.e., BAND, D.J.)? YES NO EXPLAIN: _____

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? YES NO

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? YES NO
3. A CERTIFICATE OF AUTOMOBILE LIABILITY INSURANCE MUST BE OBTAINED FROM THE TRANSPORTATION COMPANY WHICH NAMES YOUR CHAPTER, HOUSE CORPORATION AND NATIONAL ORGANIZATION 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 THE CERTIFICATE AND CONTRACT MUST BE ATTACHED.

IV. EMERGENCY PROCEDURES

1. ARE EMERGENCY SERVICES READILY AVAILABLE AT THIS FUNCTION? YES NO
2. WHO WILL BE RESPONSIBLE FOR CONTACTING THE FOLLOWING, IF THE NEED FOR ASSISTANCE ARISES?
 - a. POLICE DEPARTMENT
 - b. SECURITY GUARDS NAME: _____
 - c. MEDICAL SERVICES/HOSPITAL/PARAMEDICS TITLE: _____
 - d. FIRE DEPARTMENT
3. WHO WILL BE RESPONSIBLE FOR COMPLIANCE WITH LIQUOR LAWS AND YOUR ORGANIZATION'S ALCOHOL POLICY AND PROCEDURES?
NAME: _____
TITLE: _____

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



WE ARE SUBMITTING THIS REQUEST FOR THE 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 ORGANIZATION, 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 INSURANCE COVERAGE.

SUBMITTED BY _____ TITLE _____
CHAPTER PRESIDENT'S SIGNATURE _____
CHAPTER SOCIAL CHAIRMAN'S SIGNATURE _____
ALUMNI SUPERVISOR'S SIGNATURE _____
CC: NATIONAL OFFICE

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR FILES

ADDITIONAL COMMENTS: