



## POLICIES AND GUIDELINES

Special Events sponsored by Chapters, Districts, and Regions are covered under the General Liability policy provided by Alpha Phi Alpha Fraternity, Inc®. If any event other than a regular business and/or chapter meeting is held, the **Special Event Checklist** application must be completed and submitted to the Corporate Headquarters for approval **(30) thirty days prior the event date.**

In the event the Corporate Headquarters staff or the Risk Management Team determines the potential liability exposure of the event is too extreme, the chapter may be asked to enact additional protocols, which could include the purchase a separate liability policy for the event or pay a surcharge for the coverage under the Alpha Phi Alpha Fraternity, Inc ® insurance program. In most cases, you will receive your insurance certificate approximately 2 weeks before the event datelisted.

Failure to submit the checklist prior to the 30-day window will result in a **\$100 late fee** to be applied to the chapter account. **Additionally, the event will require permission from the Regional Risk Management Officer or the Chair, Risk Management, Education & Prevention Committee prior to being approved. ALL EVENTS** require the written approval of the Corporate Headquarters in the form of an Event Certificate before the chapter can hold them.

If a Special Event Checklist is not completed and approved by the Corporate Headquarters:

- the Fraternity's Insurance Policy will not extend to cover the event, meaning the chapter and individuals will be held liable should an incident occur,
- the chapter will be fined \$1,000
- and additional fraternal sanctions may be placed on the chapter including the loss of ability to host any special events.

## PLEASE ENTER THE FOLLOWING INFORMATION:

Chapter Name: \_\_\_\_\_ KEY #: \_\_\_\_\_

Chapter Type:      ALUMNI                   COLLEGE

Region: EASTERN  MIDWEST  SOUTHERN  SOUTHWEST  WESTERN

Regional Risk Management Officer: \_\_\_\_\_

District: \_\_\_\_\_ District Director: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Location Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Has the event been held previously? Yes  No  How many times prior? \_\_\_\_\_

**Have there been any previous claims or violations? Yes  No**

If yes, please provide further details: \_\_\_\_\_

PLEASE SEE PAGE (4) FOR EVENT SECURITY REQUIREMENTS BASED ON ATTENDANCE.



## EVENT DESCRIPTION:

---

---

## CO-SPONSOR INFORMATION:

Is there a co-sponsor? Yes  No  Not Applicable

If yes, please list the organization: \_\_\_\_\_

Organization Contact Email: \_\_\_\_\_

Does the co-sponsor have insurance coverage? Yes  No  Not Applicable

## ADDITIONAL INSURED

Entities requiring additional insurance coverage may be added to this policy. Such entities may be your, college, university and/or proprietor from whom the chapter may be renting property to host an event. **Additional insured certificates and endorsements take up to 5-7 business days to complete.** Please complete the information below:

## PLEASE ENTER THE FOLLOWING INFORMATION:

Company Name: \_\_\_\_\_

Location/Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Venue Type: Club/Lounge/Night Spot  Private Club  Catering Venue/Banquet Hall

Sports Facility  University/School Facility  Conference Center  Religious Venue

Museum  Other  If other, please list: \_\_\_\_\_

Please answer the below questions. If answered "yes," please include the proper documentation when submitting this checklist. **Please note all insurance documents from vendors need to be provided when submitting the checklist.**

Have any written contracts or agreements been signed for any part of the special event?

Venue: Yes  No  Not Applicable

Catering: Yes  No  Not Applicable

DJ/Band/Entertainment: Yes  No  Not Applicable

Security: Yes  No  Not Applicable

Transportation: Yes  No  Not Applicable

Other: Yes  No  Not Applicable

Have you obtained certificates of insurance from the following vendors?

**(Note: Refer to Vendor/Supplier Minimum Insurance Requirements)**

Venue: Yes  No  Not Applicable

Catering: Yes  No  Not Applicable

DJ/Band/Entertainment: Yes  No  Not Applicable

Security: Yes  No  Not Applicable

Transportation: Yes  No  Not Applicable

Other: Yes  No  Not Applicable



If No or N/A, please list why for each instance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the chapter named as an additional insured on all certificates from vendors?  
Yes  No  Not Applicable

Please provide a photograph of the external edifice of the venue (Not applicable for events held on College/University campuses).  
Attached: Yes  No

Please provide a general diagram of the space to be used for the event (Not applicable for events held on College/University campuses)  
Attached: Yes  No

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

Does the event require applicable permits and/or permission to be held?  
Yes  No  Not Applicable   
If yes, has the documentation been obtained? Yes  No

Are you obtaining a third-party promoter for the event?  
Yes  No  Not Applicable   
If yes, please provide the following information:

Contact Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact E-Mail: \_\_\_\_\_

Have you obtained proof of liability coverage? Yes  No

**Are you listed as an additional insured under the third-party contract?** Yes  No

Has each vendor or service provider signed the fraternity's insurance addendum?  
**(Refer to Sample enclosed)**  
Yes  No

If No, please explain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the AM Best Rating been listed for each of the vendor/supplier insurance certificates? \*  
Yes  No  **\*Proof of rating is required at the time of submission.**

If No, then please explain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this request has been made inside the 30-day window, has the Regional Risk Management Officer approved the event?  
Yes  No



## ALCOHOL

The possession, use, and consumption of alcohol during events sponsored, endorsed, hosted, or observed by Fraternity must follow all applicable laws of the state, province, county, city, town, institution, or other controlling entity and must be facilitated through a Third-Party Vendor (TPV) system. **Bring Your Own Beverage (BYOB) is no longer an acceptable option due to increased liability.**

### THIRD-PARTY VENDOR GUIDELINES

The Chapter and/or Third-Party Vendor (TPV) must agree to, in writing, all the responsibilities that any other purveyor of alcoholic beverages would assume in the normal course of business, including but not limited to:

- Checking ID cards upon entry
- Not serving minors
- Not serving individuals who appear to be intoxicated
- Maintaining control of all alcoholic containers present
- Prohibiting use of common containers for serving such as kegs, punch bowls, etc. unless supplied and managed by the TPV

### GENERAL ALCOHOL GUIDELINES

- Non-use of Chapter treasury for the purchase and distribution of alcohol
- Not participating in “drinking games” or other activities that encourage excessive consumption of alcohol
- Not serving alcohol at informational seminars, IMDP activities and/or ritual ceremonies.
- Mature party monitors/chaperons must not partake in alcoholic beverages while fulfilling the role of chaperon at the hosted event.
- Possession, sale, distribution, and/or use of any illegal or prescription drugs not directly prescribed to the user at any Chapter venue, sponsored event, or event an observer would associate with the Fraternity is strictly prohibited.

Please answer the below questions. If answered “yes,” please include the proper documentation when submitting this checklist:

Has your vendor(s) provided proof of a liquor license and temporary license to sell on the premise where the function is being held? Yes  No  Not Applicable

If yes, is the TPV insured with a minimum of one million dollars of general liability through their completed certificate of insurance? Yes  No

Are there methods provided for designating minors? Yes  No  Not Applicable



## SECURITY

### GENERAL GUIDELINES

The Chapter must agree to, in writing, all security recommendations, including but not limited to, as outlined below:

- **All special events with alcohol must have security present**
- Must have at least one (1) security officer for every 100 guests.
- Must have at least one (1) sworn law enforcement or armed private security office for all special events with alcohol an estimated attendance of 100 guests or more.
- Formal special events with alcohol (i.e. balls, galas, and fundraisers) **do not** require security unless otherwise required by the host venue.

Please answer the below questions. If answered “yes,” please include the proper documentation when submitting this checklist:

Has your vendor(s) provided a certificate of insurance?

Yes  No  Not Applicable

What type of security is being used?

Public Police  Private Police  Security Team  N/A

If N/A, please explain? \_\_\_\_\_

## SAFETY

### GENERAL GUIDELINES

The Chapter must agree to, in writing, all safety regulations, including but not limited to, as outlined below:

- Must be chaperones at any Fraternity sponsored youth activity.
- Must have both male and female chaperones during co-ed youth events.
- Must use the rule of three (two (2) adults and one (1) minor and/or two (2) minors and one (1) adult) when supervising youth events.
- Emergency and guardian contact information must be provided before any youth participates in Fraternal activities.
- Volunteers must be checked through the National Sex Offender Website (<https://www.nsopw.gov/>)
- Activity must follow best practices as listed in Fraternal Risk Management Handbook.
- Volunteers must provide contact of three references that can speak to their engagement with youth.
- If the event involves physical activity (both youth and adult), the chapter must obtain an Athletic Participation Waiver for each individual participant. The forms must be kept on file with the Chapter.



## TRANSPORTATION

Whenever chapters or members are transporting special event attendees, **personal vehicles should not be used, as they are not covered.** 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 Alpha Phi Alpha Fraternity, Inc. **If a third-party transportation vendor is obtained, a certificate of insurance must be provided and submitted with the Special Event Checklist.** Transportation (taxi, Safe Rides, Sober Rides, etc.) outside of personal vehicle and/or third-party transportation vendor should be available for guests to request.



## AUTHORIZING SIGNATURES

By signing the Special Event Checklist, the Chapter is complying and adhering to the guidelines presented within the form.

\*President: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Risk Management Officer: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Event Chairman: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Advisor (College Chapters Only): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Required signatures for College Chapters. The checklist will not be accepted nor processed if all required signatures are not listed.**

Before submitting, please remember to include the following items:

- Any additional insured entities to be included on the policy
- All written contracts or agreements with vendors or suppliers
- Include **ALL** certificates of insurance from the participating vendors or suppliers
- Proof of A.M. Best rating for each insurance carrier of participating vendors or suppliers
- Collect Athletic Participation Waivers from attendees (if applicable)
- Include copy of flier/promotional materials for requested event
- Required signatures from chapter officers

The Special Event Checklist must be submitted to the Corporate Headquarters via the online application form **(30 days) prior to the event**. Failure to submit this form within the appropriate time frame will be subject to a **late processing fee of \$100** and could result in the certificate not being processed in time for the event as well as additional approvals being required. **Forms received five (5) days or less before the event will not be processed.**

Please review the Insurance Manual on the National Website at [www.apa1906.net](http://www.apa1906.net) for additional questions.