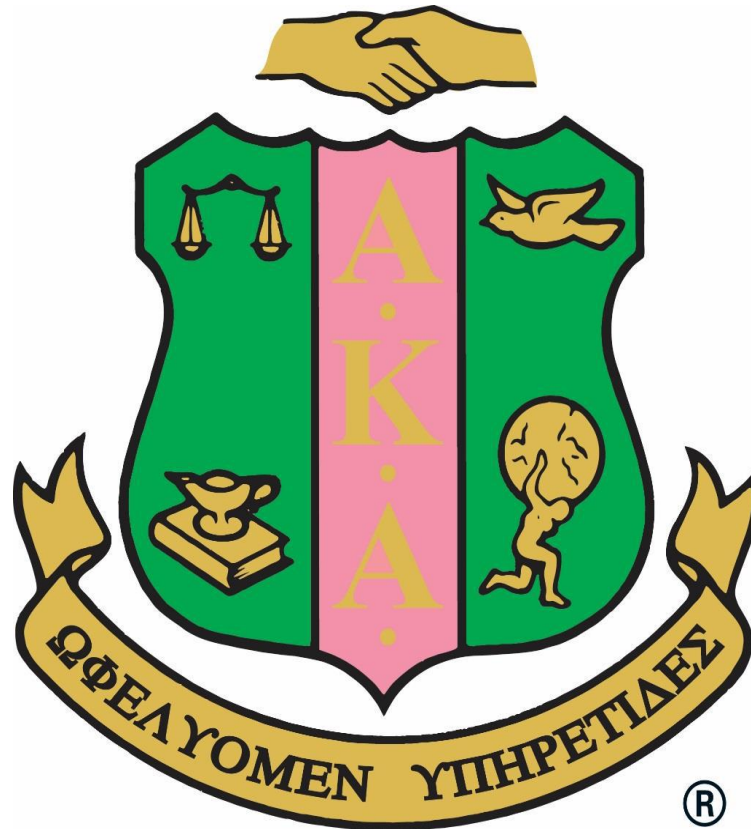


**HOLMES MURPHY FRATERNAL PRACTICE  
INSURANCE AND CLAIM MANUAL  
PREPARED FOR  
ALPHA KAPPA ALPHA SORORITY, INC.**

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**EFFECTIVE FOR THE ANNUAL TERM:  
2022-2023**

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# Section 1

## INTRODUCTION

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This manual is a work product of Holmes Murphy & Associates. Its purpose is to give you an understanding of the insurance coverage provided under the organization's insurance program. The information concerning insurance coverages found within this manual is a summary of coverages provided through your national organization. It is provided for informational purposes only and does not replace or supersede the actual insurance contract. For any specific questions regarding coverages, you should refer to the applicable insurance policy or contact your Client Service Consultant.

This manual also includes information to help you properly report all actual and potential insurance claims and assist you in locating other useful resources that you may find beneficial in your chapter or alumni organization's efforts to minimize your exposure to risk. Responsibility for the success in risk management rests with your chapter and members. It is always important to remember a successful risk management program is built on three pillars:

1. Loss Prevention
2. Loss Control
3. Risk Transfer (Insurance)

The undergraduate and graduate members' willingness to understand and assume the responsibility of sound risk management practices is a cornerstone of your organization's risk management program.

Holmes Murphy strives to provide risk management resources to complement the loss prevention and loss control efforts of our clients. Please visit [www.holmesmurphyfraternal.com](http://www.holmesmurphyfraternal.com) to review the Holmes Murphy website. You will find many risk management resources that can assist you in your daily operations such as information on your insurance protection, how to apply for additional lines of coverage, claim reporting, and how to request an Additional Insured Certificate.



# Section 2

## INSURANCE PROGRAM OVERVIEW

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### General Liability

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

Alpha Kappa Alpha Sorority, Inc. insurance program provides Commercial General Liability Coverage with the following carrier, policy period, and limits of coverage.

Primary Insurer: Admiral Insurance Company  
Policy Period: April 20, 2022 to April 20, 2023

### Limits of Coverage

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Insured Entity	Insurer	Bodily Injury & Property Damage Per Occurrence Limit	Policy Aggregate
All Recognized Entities of Alpha Kappa Alpha Sorority, Inc.	Admiral Insurance Company	\$1,000,000	\$2,000,000

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The General Liability policy provides coverage for claims brought by a third party alleging an Insured's negligence resulted in damages associated with bodily injury, property damage, or personal injury. This policy protects the regions, districts, states, graduate chapters, undergraduate chapters, local alumni associations, chapter related educational foundations, and each of their officers, directors, employees, members, and volunteers from these types of claims subject to the policy's limitations and exclusions.

### Alpha Kappa Alpha Sorority, Inc. Coverage includes:

- 1. COMMERCIAL GENERAL LIABILITY**  
Covers liability arising out of premises and operations.
- 2. HIRED & NON-OWNED AUTOMOBILE LIABILITY COVERAGE**  
Applies to the situation when a chapter member, chapter employee or volunteer alumni driving their own car on organization business is involved in an accident. Its intent is to only cover entities of Alpha Kappa Alpha Sorority, Inc. and individuals not involved in the accident. The intent is not to provide auto liability coverage to those who are not prudent enough to purchase their own auto liability policy or ensure the vehicle they are operating has ample coverage to protect their interest. The auto insurance of the driver and/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 Alpha Kappa Alpha Sorority, Inc. insurance contract is extended to protect other parties with whom an Alpha Kappa Alpha Sorority, Inc. chapter may enter into a contractual agreement. No contract should be signed by any entity/chapter of Alpha Kappa Alpha Sorority, Inc., without complete understanding of liabilities being assumed and insurance coverage, if any, that is provided.

## 6 WATERCRAFT LIABILITY

Covers hired and non-owned boats/watercraft providing it is less than 52 feet in length.

## 7. INCIDENTAL EMERGENCY MEDICAL CARE

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

Provides coverage for damages caused by an Insured's negligence to a premise rented by an Insured for a period of 7 days or less or if a lease is greater than 7 days, coverage is limited to the perils of smoke and fire.

## 9. WORLDWIDE COVERAGE

The USA (including its territories and possessions), Puerto Rico and Canada as well as International waters or airspace, but only if the third party injury or damage occurs in the course of travel or transportation between any places mentioned while out of the country on a short temporary basis.

## Who is an insured?

The insurance coverage will pay claims up to the stated liability for the following organizations and/or people only while in compliance with the health and safety<sup>1</sup> of Alpha Kappa Alpha Sorority, Inc.:

- A. Alumni/Graduate Chapters that are recognized by Alpha Kappa Alpha Sorority, Inc., and follow the Risk Management and Member Intake Policy.
- B. Undergraduate Chapters that are recognized by Alpha Kappa Alpha Sorority, Inc. and follow the Risk Management and Member Intake Policy.
- C. Region/Province, State and District Governing Boards, Interest Groups that are recognized by Alpha Kappa Alpha Sorority, Inc. and follow the Risk Management and Member Intake Policy.
- D. Individual Officers, Directors, Trustees, Partners, Coordinators, Custodians, Committee Members, Council Members, Volunteers, Faculty Advisors and fraternity Members and Candidates for Membership who are in financial good standing with Alpha Kappa Alpha Sorority, Inc. of those entities listed in A, B, and C but only while such persons are performing duties related to the conduct of Alpha Kappa Alpha Sorority, Inc.'s business and only while in compliance with Risk Management and Member Intake Policies of Alpha Kappa Alpha Sorority, Inc.

## Who is *not* an insured?

- A. Any individual member, alumnus, trustee, or advisor who is performing tasks outside of his responsibility or not in compliance with Alpha Kappa Alpha Sorority, Inc. policies (i.e. spontaneous social function planned by an individual member, chapter advisor consuming alcohol with undergraduates, hazing of members, etc.)

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<sup>1</sup> Note: Health and safety as noted above per the policy shall mean any written rules, regulations, policies, guidelines, manuals, memoranda, or other instructions regarding code of conduct or health and safety, as established by the Named Insured and in effect at the time of the alleged occurrence. In the event the insured is a chapter or colony, health and safety policies include all rules, regulations and policies imposed on such chapter or colony by its Host College or University. In the event that any individual rule, regulation, guideline, or instruction in the Named Insureds Health and Safety Policies conflicts with an individual rule, regulation, guidelines, or instruction of the host college or university, then that particular rule, regulation, guideline or instruction issued by the Named Insured shall control.



- B. Any member who's illegal or intentional actions result in death or injury to an individual or property damage.
- C. Any insured(s) that participate, supervise or direct others to participate in Excluded Acts, including but not limited to Assault and Battery, Sexual Abuse or Molestation, or Hazing. "Participate" means to take part in an excluded activity, whether as a direct perpetrator of the excluded activity or as an observer of such activity. "Participate" also means to have knowledge of the excluded activity and fail to aid or respond to the care of anyone injured as a result of the excluded activity.
- D. Members' parents or family members and guests of chapter members.
- E. College/University administration (see Adding Additional Insureds below).

## 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 committed.
  - 2. An intentional act was committed
  - 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.
  - 6. Any act excluded from coverage by the insurance policy.
- B. Any claim of property damage to property owned by, rented by, used by, or cared for by an Insured. 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 Alpha Kappa Alpha Sorority, Inc. liability insurance policies. The only exception would be a premise rented for 7 or less days in which the Damage to Premises You Rent limit would apply.

## Adding Additional Insureds

An entity under contract with your organization may request to be added as an Additional Insured. This could be your landlord, school, and/or proprietor from whom the chapter may be renting an event venue.

Please contact Diane Washington at 773.684.1282 or [dWASHINGTON@AKA1908.COM](mailto:dWASHINGTON@AKA1908.COM) to submit the required documentation (please include the original application when submitting your check payment of \$50.00.) We also recommend you refer to the Holmes Murphy Resources provided in Section 4 of this manual for additional information and forms that are helpful when planning events and/or requesting certificates of insurance.

## Special Events, Regional Conferences & Cluster Meetings

In general, Special Events sponsored by Chapters, Districts and Regions are covered under the general liability policy. A special event is defined by the sorority to mean an organized event when:

- 1. Attendance will exceed a member to guest ratio of 2 to 1 and not to exceed 250 attendees for an alcohol-free event.
- 2. Step shows (Must have Regional Director's approval)
- 3. Fashion Shows/Cotillions.
- 4. Any other event, which due to the nature of the activity or size of the event, may not be approved by the International Sorority.

Examples of types of events that are not considered a special event would be: chapter business meetings, small social gatherings, luncheons, and participation in parades.



If any event other than those listed above is held, the Special Events Application, (see Appendix of this manual), must be completed and submitted to the Executive Director at Corporate Headquarters for approval at least **(60)** sixty days prior to the event date. **These events require the written approval of the Corporate Office before they can be held by the chapter.** After the Special Event Application has been reviewed, the Corporate Office will notify you to inform you if your chapter's event has been approved. If your chapter's event is approved and covered under the General Liability policy, you will be advised at that time if it requires an additional premium payment to the International Sorority.

In some instances, a special event that is not approved can still be held with evidence of proof of purchase of a Special Event Liability policy specifically covering the event. The policy should clearly show the local chapter organizing and holding the event as the Named Insured and Alpha Kappa Alpha Sorority, Inc. being named as an Additional Insured under the Special Event policy. The Special Event Liability policy should provide, at a minimum, a \$1,000,000 per occurrence and \$1,000,000 aggregate liability limit. **Failure to receive proper approval for any special event or holding an event that has been unapproved by the International Sorority will result in a \$2,500 fine being assessed against your chapter.**

**Regional Conferences and Cluster Meetings**

The following fee schedule indicates the additional insurance costs to Regions when hosting a Regional Conference. This fee covers all events sponsored by the Regional Director. This fee does not cover any events sponsored by individual chapters or sorority members.

<b>Attendance</b>	<b>Insurance Fee</b>	<b>Attendance</b>	<b>Insurance Fee</b>
Less than 1,000	\$300.00	4,001-4,500	\$1,000
1,000-1,500	\$400.00	4,501 -5000	\$1,100
1,501-2,000	\$500.00	5,001-5,500	\$1,200
2,001-2,500	\$600.00	5,501-6,000	\$1,300
2,501-3,000	\$700.00	6,000-6,500	\$1,400
3,001-3,500	\$800.00	6,501-7,000	\$1,500
3,501-4,000	\$900.00	7,001 & Greater	\$1,600

Cluster meetings held by Regions do not require the completion of the Special Events Application Form if the activities planned are restricted to sorority members and the administration of sorority business. However, if the venue in which the cluster is held requires a Certificate of Liability Insurance for an Additional Insured, the Additional Insured Request Form and a \$50 payment will be required.



## Alpha Kappa Alpha Special Events Application

Date: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

University Affiliation: \_\_\_\_\_

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

Attention: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Time: \_\_\_\_\_ to \_\_\_\_\_

Admission Charge: Circle one: Yes/No

If yes, amount \$ \_\_\_\_\_

Description of Event (type of event, name of performers, etc.):

\_\_\_\_\_

Name of Venue: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Venue Capacity: \_\_\_\_\_

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

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

Do you need to name anyone else as an additional insured (check your contracts) -

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

\_\_\_\_\_

Seating type (bleachers, folding, permanent or temporary): \_\_\_\_\_

If temporary seating: Copy of contract for installation and removal along with certificate of insurance with \$ 1,000,000 general liability limit must be submitted listing AKA organization executing contract and Alpha Kappa Alpha Sorority, Inc. as an "Additional Insured".

Reserved or General Admission: Circle one: Reserved/General Admission

Type and number of security (uniform, peer group, ushers, etc.):

\_\_\_\_\_

Note: Security should be in ratio of 1 security members to 100 attendees

Who is supplying security: \_\_\_\_\_

(If outside firm, they must have certificate of insurance with \$1,000,000 general liability limit must be submitted listing AKA organization executing contract and Alpha Kappa Alpha Sorority, Inc. as an "Additional Insured".)

Describe first aid/ medical arrangements: \_\_\_\_\_

\_\_\_\_\_

Are you responsible for parking:

Circle one: Yes/No

Is lot attended:

Circle one: Yes/No





Will alcohol be sold: Circle one: Yes/No

Alcohol sold by whom: \_\_\_\_\_

If alcohol will be sold the company providing the alcohol needs to have a certificate of insurance form issued with \$1,000,000 general liability limit shown, as well as specifying liquor liability coverage of \$1,000,000 and it must be submitted listing AKA organization executing contract and Alpha Kappa Alpha Sorority, Inc. as an "Additional Insured"

Describe procedures/ safeguards for preventing the serving of alcohol to minors and intoxicated persons:

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

Undergraduate/Graduate Chapter: \_\_\_\_\_

Graduate Advisor's/Basileus' Name (Graduate Chapter): \_\_\_\_\_

Graduate Advisor's (Undergrad Only)/Basileus' (Grad Chapter) Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Fax or Mail completed form to:  
**ALPHA KAPPA ALPHA SORORITY, Inc.**  
**ATTN: Cynthia D. Howell**  
**Executive Director**  
**5656 South Stony Island Avenue**  
**Chicago, IL 60637**  
**(773) 288-8251 - Fax**



**ALPHA KAPPA ALPHA SORORITY, INC.**  
**ADDITIONAL INSURED REQUEST FORM**

Include the following information:

Chapter Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax (if available): \_\_\_\_\_

Additional Insured's Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

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

Fax or Mail completed form to:

ALPHA KAPPA ALPHA SORORITY, Inc.

ATTN: Cynthia D. Howell

Executive Director

5656 South Stony Island Avenue

Chicago, IL 60637

(773) 684-1282 – Phone (773) 288-8251 – Facsimile [exec@aka1908.com](mailto:exec@aka1908.com) – Email

***Please answer the below questions and if any answer is “Yes” please include the documentation.***

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 sorority 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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# Member Accident Protection Program

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Insurance Carrier: Markel Insurance Company  
Policy Term: April 1, 2022 to April 1, 2023  
Limits of Coverage: \$100,000 Accidental Medical Expense and/or Dental Injury-  
Accident Maximum  
\$5,000 Accidental Dismemberment and/or Accidental Death Benefit  
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 thereof;
- 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 workers compensation 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.

The organization's insurance program includes member accident protection as a benefit of membership. This covers *all U.S. undergraduate members* of Alpha Kappa Alpha Sorority, Inc. that meet the following criteria:

- In good standing with the organization
- Membership has been reported to Alpha Kappa Alpha Sorority, Inc. Administrative Office
- Currently enrolled at the college or university where your chapter is located.

If the accident occurs during summer or holiday break, the member must have been enrolled during the prior school term and be enrolled for the next term.

This coverage is intended to complement health insurance. The student should have health insurance through their parents or another arrangement. The Member Accident Protection Program 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.



# Section 3

## INCIDENT CLAIM REPORTING

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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 property damage or injury to someone other than an employee or an officer of the Organization.

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 of anyone other than an employee and any property damage for which there is the possibility a claim may be made against Alpha Kappa Alpha Sorority, Inc. If you question whether to report a potential claim, **report it!**

It is imperative all losses or incidents be reported immediately to Alpha Kappa Alpha Sorority, Inc. (See phone numbers and address below.) The Executive Director of Alpha Kappa Alpha Sorority, Inc. is responsible for providing the initial report of the claim to Holmes Murphy. If you are unable to obtain all necessary details when first notified of any incident, still report any known facts.

Alpha Kappa Alpha Sorority, Inc.  
Attn: Cynthia Howell, Executive Director  
Email: [chowell@aka1908.com](mailto:chowell@aka1908.com)  
Phone: 773.684.1282  
Mailing Address: 5656 S. Stony Island Ave  
Chicago, IL 60637

Holmes Murphy  
Attn: Cassie Gibson Sherry  
Email: [Csherry@holmesmurphy.com](mailto:Csherry@holmesmurphy.com)  
Phone: 402-898-4183  
Mailing Address: 13810 FNB Pkwy., Ste. 300  
Omaha, NE 68154

There will be occasions when lawsuits may be served on a member of your chapter. As there is only a limited time to answer a lawsuit, the following procedure applies:

- a. Treat any potential or actual claim or lawsuit as a high priority item and immediately notify National Headquarters by phone.
- b. Utilizing the enclosed incident reporting form, note all relevant information.
- c. Forward the suit or incident report via fax or email to Cynthia Howell, at [chowell@aka1908.com](mailto:chowell@aka1908.com) or 773.684.1282. If you do not have access to a fax machine or email, overnight the papers to Alpha Kappa Alpha Sorority, Inc., 5656 S. Stony Island Ave, Chicago, IL 60637. It is very important the claim or lawsuit be sent immediately.

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

Holmes Murphy  
13810 FNB Parkway, Suite 300  
Omaha, NE 68154  
Fax: 800.328.0522

Emily Baker, Client Service Consultant  
Phone: 402.898.4175 or 800.736.4327 Ext. 4175  
Email: [ebaker@holmesmurphy.com](mailto:ebaker@holmesmurphy.com)

Cheryl Stratman, Account Manager  
Phone: 402.898.4182 or 800.736.4327 Ext.4182  
Email: [cstratman@holmesmurphy.com](mailto:cstratman@holmesmurphy.com)

Richard Jungman, VP Client Services  
Phone: 402.898.4179 or 800.736.4327 Ext.4179  
E-Mail: [rjungman@holmesmurphy.com](mailto:rjungman@holmesmurphy.com)



## INCIDENT / CLAIM REPORTING FORM

When an incident occurs causing bodily injury or property damage to any person, the following information must be obtained immediately. This report is being prepared for submission to the Organization's 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 National Headquarters. If the bodily injury is of a serious nature, a **telephone call** should also be made.

<b>CHAPTER CONTACTS</b>	
Chapter Name _____	Phone No _____
Address _____	
President _____	Phone No _____
Advisor _____	Phone No _____
Advisor Address _____	
<b>INCIDENT</b>	
Date of Incident _____	Time _____
Location _____	
Description of Incident	
<b>INJURED PARTY</b>	
Name _____	
Address _____	
Injury Description _____	
Where was injured party taken? _____	
How were they transported? _____	
<b>WITNESSES</b>	
Name _____	Phone No _____
Name _____	Phone No _____
<b>POLICE / EMERGENCY PERSONNEL</b>	
Name of Agency _____	Case No _____

Completed by \_\_\_\_\_ Title \_\_\_\_\_  
 Phone No \_\_\_\_\_ Email \_\_\_\_\_

# Section 4

## HOLMES MURPHY RESOURCES

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Event planning is critical; here are some tools available on our website to help you plan events:  
**HOLMESMURPHYFRATERNAL.COM**

[Downloadable Resources for Sororities and Fraternities](#)

[Contract Template for Third Party Vendors](#)

[BYOB Checklist](#)

[Security Vendor Checklist](#)

[Building a Guest List](#)

[Event Monitor Resource](#)

[Designated Driver Guidelines](#)

[Crisis Management Plan](#)

[Definitions for Insurance & Claim Manual](#)

### **We can also assist you in reviewing contracts.**

Our review and analysis of your contract is provided to assist you in complying with the contract's Insurance Requirement Provisions and should not be read to infer or guarantee coverage for a loss. Any descriptions of the insurance coverage pursuant to our analysis of the Insurance Requirements and Provisions of the provided contract are subject to the terms, conditions, exclusions, and other provisions of the policies as provided by the carrier and any applicable insurance regulations, rules, and plans. Our review should not be inferred to be nor, does it constitute legal advice or a legal opinion concerning any portion of the contract, including the Insurance Requirement Provisions listed above. We have not undertaken to identify all potential liabilities that may arise under the contract and, therefore do not guarantee the indemnification of all potential liabilities that may be assumed under the contract. Our review is provided for your information only and should not be relied upon by any third party for any purpose, including, but not limited to, as any comprehensive representation of your insurance exposures or coverage.

**CONTRACT REVIEW:** [fraternitycontracts@holmesmurphy.com](mailto:fraternitycontracts@holmesmurphy.com)

**Available at HOLMESMURPHYFRATERNAL.COM:** [Contract Template for Third Party Vendors](#)

*Holmes Murphy offers this educational information to provoke thought and discussion and it should not be viewed as a mandate or requirement. We view part of our role as an insurance and risk management professional to anticipate your needs and educate you in an effort to complement the organization's loss prevention and control efforts, not replace the decision-making autonomy of our client organizations. We hope you find this educational piece to be of value and stand ready to discuss it further with you or any of your constituents.*

*Updated April 25, 2022*

