

# Commitment Statement

## Alcohol-Free Chapter Facility | Licensed Vendor Pledge

Claims analysis shows that the absence of alcohol in chapter facilities greatly reduces the likelihood and severity of potential injury or loss to our chapters, members and guests.

Risk management data also demonstrates that the use of licensed vendors to handle any alcohol purchase and distribution is the most effective method to transfer risk and will significantly reduce exposure for chapter activities.

This statement affirms our chapter's pledge that upon our honor:

- All chapter residential or meeting facilities shall be alcohol-free for the upcoming academic year, and
- Any chapter events where alcohol is present shall be held off-site and in conjunction with a licensed vendor. This also includes any chapter events hosted at a member's residence, off-campus house or apartment.

\* Exceptions may be granted for key events where several adults will be present, such as Homecoming or graduation, given adequate notice and planning with the RMF.

#### ALCOHOL SERVICE VENDORS MUST:

- Be licensed, trained, insured professionals fully responsible for checking IDs, purchasing, selling and serving any alcohol.
- Be properly licensed by the appropriate local and state authority. This may require a liquor license or temporary license to sell on the premises.
- Be properly insured in compliance with RMF policies.
- Provide a certificate of insurance prepared by the vendor's provider, evidencing both "off-premise liquor liability coverage" and "non-owned and hired auto coverage" and must name as additional insured the local chapter of Sigma Chi as well as Sigma Chi International Fraternity/ Foundation.

Upholding this chapter-wide decision earns a **22% reduction** in RMF fees.

**Failure to uphold this pledge will result in a removal of the credit, a 7% surcharge, suspension of RMF credits for 3 years and notice to the Fraternity's Chapter and Member Accountability Committee (CAMAC).**

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

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Consul Name: \_\_\_\_\_ Annotator Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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