

Sample: Hold-harmless agreement

INSTRUCTIONS FOR USE

1. Kiwanis International requires that local clubs obtain a hold-harmless agreement from contractors and service providers in most instances. (Refer to the risk management program for Kiwanis International.) This sample wording is provided in order to give your attorney a starting point in drafting language appropriate for your specific circumstances. The drafting of a contract is a complex matter, and neither Kiwanis International nor Hylant can accept any responsibility for the use of this language without review by your attorney.
2. Your basic contract with contractors and service providers should contain the hold-harmless agreement. A separate hold-harmless agreement is confusing at best and may well be voided by the merger provision of your basic contract.
3. The degree to which one party can hold the other party harmless varies, depending on the nature of the activity and local law. However, you can almost never be held harmless for your own gross negligence or recklessness. Be sure to have your attorney review your agreement to be sure it does not go too far.

SAMPLE WORDING FOR A HOLD-HARMLESS AGREEMENT

Contractor/service provider agrees that it will indemnify and hold harmless Kiwanis International and _____, a Kiwanis club, from and against all losses, claims, suits or other legal liability and legal expenses of any nature imposed upon or brought against them by reason of any act or omission of the contractor/service provider or its agent or employees in the course of performing the work of providing the services that are the subject of this contract.

Blank copies of all forms are available for download at www.KiwanisOne.org/liability

Sample: Waiver of subrogation

This agreement is between _____, a Kiwanis club and _____,
an owner or lessor of property located at _____.

Whereas the Kiwanis club wishes to use the property for an event to be held on or around _____;
and whereas owner/lessor wishes to make the premises available for their use;

Therefore, in consideration of the exchange of promises contained herein and other valuable consideration, the Kiwanis club and owner/lessor agree as follows:

1. Owner/lessor agrees to waive all rights of subrogation against Kiwanis International, the Kiwanis club and their insurers for damages to the premises to the extent that such damages are covered by the owner's/lessor's insurance or would have been covered but for the application of a deductible.
2. Kiwanis club agrees to waive all rights of subrogation against owner/lessor and its insurers for damages to property belonging to the Kiwanis club or its members to the extent that such damages are covered by the Kiwanis club's or member's insurance or would have been covered but for the application of a deductible.
3. This agreement is separate and distinct from any other lease or other agreement regarding or relating to the use of the premises. It is expressly agreed that this Agreement is not a part of the consideration offered under any other agreement, and that no merger clause of any other agreement shall serve to extinguish this separate and distinct agreement.

Signed this day of _____
Month Day Year

by: _____

For owner/lessor

For Kiwanis club

How to report a liability claim



Using the incident investigation report

All claims should be reported using the incident investigation report form (at right). The form should be completed with as much detail as possible, and a copy sent to:

Hylant
Attn: Claims Department
301 Pennsylvania Parkway
Suite 201
Indianapolis, IN 46280

If you receive a letter of representation from an attorney or are served with a summons and complaint, immediately phone Hylant. These are time-sensitive documents and require special handling and immediate attention. Prompt reporting of occurrences is critical in keeping claim costs at a minimum.

Keep a photocopy of the incident investigation report form for your club files. Any serious bodily injury claims should be reported to Hylant by telephone at 1-800-678-0361 or +1-317-817-5000, or by fax at +1-317-817-5151, and then followed up with a completed incident investigation report form. After 5 p.m. CST, call 1-800-252-1363.



Incident investigation report

CLUB INFO	Club name:	Key number:
	Club president name:	Email address:
	Address:	Phone number:

OCCURRENCE	Date of occurrence:	Time:	Date reported:
	Kiwanis event:	Location:	Name of injured party/ owner of damaged property:
	Kiwanis member: (YES) (NO)	Address:	Phone number:
	Email address:	Date of birth:	Occupation:
	Work phone number:	Nature of injury:	Medical treatment sought: (YES) (NO)
	Medical provider/hospital:	Police/fire/paramedics:	Police/fire/paramedics report number if applicable:

DESCRIPTION	Describe clearly and in full detail what occurred. Include all materials, equipment and people involved (Why-What-Where-When-Who-How)

WITNESS	Witness name:	Witness address & phone number:
	Kiwanis member: (YES) (NO)	Email address:

COMMENTS	(Please attach any supporting documentation and/or photographs. Use the reverse side of this form to draw a diagram, if needed.)

REPORT BY	Name:	Address & phone number:
	Kiwanis member: (YES) (NO)	Email address:

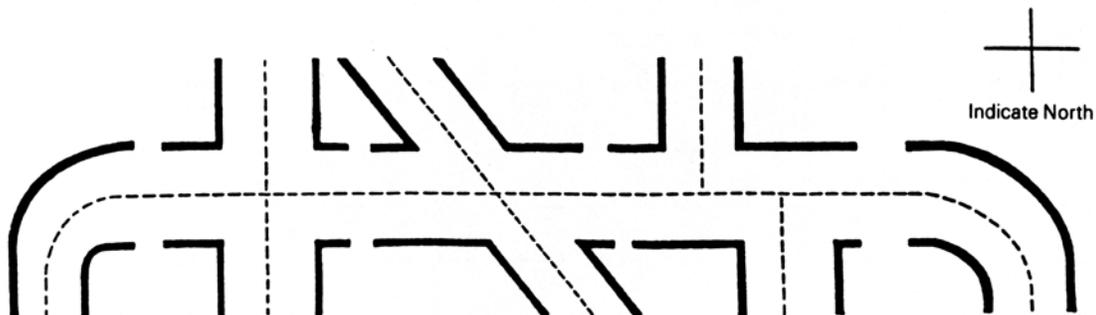
Blank copies of all forms are available for download at www.KiwanisOne.org/liability

GET THE FACTS BY STUDYING THE JOB AND SITUATION INVOLVED. QUESTION EACH MANAGEMENT CONTROL TO DETERMINE THE DEFICIENCIES AND THE CORRECTIVE ACTION WHICH MUST BE TAKEN TO CONTROL THE ACTUAL CAUSES OF THE LOSS. THE QUESTIONING GUIDE WILL ASSIST BUT MAY NOT CONTAIN ALL OF THE QUESTIONS NECESSARY.

OPERATING FACTORS	MANAGEMENT CONTROLS	QUESTIONING GUIDE
P E O P L E	PLACEMENT	WHO WAS INVOLVED? What qualifications are necessary to perform the task? Who is most qualified? Why was this employee selected if not most qualified?
	TRAINING	What instructions or training were provided? What additional training is needed?
	ENFORCEMENT	What instructions or rules were not followed? What additional rules or enforcement action should be established?
E Q U I P M E N T	DESIGN AND ARRANGEMENT	WHAT EQUIPMENT WAS INVOLVED? Why was this equipment used? What equipment should be used? What guards were or were not used? What arrangement problems were present? What additional design and arrangement controls are necessary?
	PURCHASING	How did the quality or hazards of the equipment contribute to the loss? What additional purchasing controls are necessary?
	MAINTENANCE	What maintenance problems were evident? When should maintenance be performed? How can maintenance be improved? What Personal Protective Equipment is provided? When should Personal Protective Equipment be used? What Personal Protective Equipment should be provided?
M A T E R I A L	DESIGN AND ARRANGEMENT	WHAT MATERIAL (CARGO) WAS INVOLVED? What design characteristics contributed to the loss? How should the material be designed? How was the material arranged, handled and used? How should the material be arranged, handled and used? Where should the material be arranged?
	PURCHASING	Why was this material being used? What material should be used?
E N V I R O N M E N T	DESIGN AND ARRANGEMENT	WHAT ENVIRONMENTAL FACTORS (BUILDING, NOISE, VAPOR, ILLUMINATION, ETC.) WERE INVOLVED? Why was it designed and arranged this way? How should it be designed and arranged?
	PURCHASING	What purchasing controls are necessary?
	HOUSEKEEPING	When should housekeeping be performed? How should housekeeping be improved?
	MAINTENANCE	What maintenance problems are evident? When should maintenance be performed? How should maintenance be improved?

MOTOR VEHICLE DIAGRAM

Complete the following diagram showing direction & positions of vehicles involved, designating clearly point of contact.



INSTRUCTIONS:

(1) Show vehicles and direction of travel

YOUR VEH. OTHER VEH.

(2) Use solid line to show path of each vehicle before accident dotted line after accident...

(3) Give street names

Loss prevention worksheet

Event: _____ Dates: _____

Location: _____ Times: _____

Description: _____

Events Sponsored (low hazard): Complete Part A & D
 Sponsored (high hazard): Complete Part A & B & D
 Service activity: Complete Part A & C & D

Report completed by _____
 Signature _____

Loss Prevention Worksheet - Part A

- Have certificates of insurance been obtained?
State policy limits Yes No Comments _____
- Have hold-harmless agreements been executed? Yes No _____
- Have buildings and grounds self-inspection been completed?
All deficiencies corrected? Yes No _____
- Have all Kiwanians been briefed on responsibilities?
Accident/incident response reporting? Yes No _____
- Will members trained in first aid, or other emergency
medical care, be available at the event at all times? Yes No _____

Loss Prevention Worksheet - Part B

- Provide detailed description of event and hazards presented.
What action has been taken to address these hazards? Comments _____
- Has event been reviewed with the Kiwanis International
insurance coordinator? Yes No _____
Date and time: _____
Name of contact: _____

Loss Prevention Worksheet - Part C

- Has written release/permission been obtained
for all minors involved? Yes No Comments _____
- Have certificates of insurance been obtained
from transportation provider?
State limits _____ Yes No _____
- Have adequate chaperones been planned? Yes No _____
- Are chaperones trained in first aid? Yes No _____

Blank copies of all forms are available for download at www.KiwanisOne.org/liability

Loss Prevention Worksheet - Part D

IMPORTANT: Periodic inspection of your organization's buildings and grounds can alert you and your maintenance staff to potential danger to your property and those who use it. This form is provided for periodic self-inspection and is recommended for use on a quarterly inspection basis and prior to any event to assist you in discovering hazards before an accident can occur. Correct all negative conditions immediately.

INSTRUCTIONS: Please check Yes, No, or NA (not applicable) answers to all questions. All "No" answers indicate an area of unsatisfactory conditions and a comment regarding same should be made in the space provided on the back of this form. Use a separate sheet for each building.

NAME OF ORGANIZATION: _____ (if other than Kiwanis building or grounds)

BUILDING LOCATION: _____

NAME OF INSPECTOR: _____ DATE OF INSPECTION: _____ THIS IS PAGE NO. ____ OF ____ PAGES

SECTION I GROUNDS

- | | | |
|--|---|---|
| <p>1. Are parking areas, walkways, stairs, driveways, etc. free from conditions that may cause clipping or falling?</p> <p>2. Is exterior lighting adequate in all areas?</p> <p>3. Are exterior fire escapes in good condition?</p> <p>4. Are exterior fire escapes painted regularly?</p> <p>5. Do exterior fire escapes have securely attached handrails?</p> <p>6. Are exterior fire escapes kept clear of storage and obstructions?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> | <p style="text-align: center;">Describe deficiencies and corrective action taken</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|---|

SECTION II INTERIOR DOORS AND STAIRWAYS

- | | | |
|---|---|---|
| <p>1. Are all exit doors properly marked?</p> <p>2. Are all exit doors easily accessible?</p> <p>3. Do all exit doors open outward?</p> <p>4. Are all exit doors equipped with panic hardware?</p> <p>5. Are all doors easily opened and closed?</p> <p>6. Are all doorways and areas adjacent to them free of obstructions?</p> <p>7. Are full-length, clear-glass doors and windows properly identified?</p> <p>8. Do all interior stairs have anti-slip treads?</p> <p>9. Are stairway and exit doors kept closed at all times?</p> <p>10. Do all interior stairways have properly secured hand rails?</p> <p>11. Are interior stairways kept free of storage and obstructions at all times?</p> <p>12. Are interior stairways properly lighted?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> | <p style="text-align: center;">Describe deficiencies and corrective action taken</p> <p>_____</p> |
|---|---|---|

SECTION III HEATING AND AIR CONDITIONING EQUIPMENT

- | | | |
|--|--|--|
| <p>1. Has heating equipment been thoroughly inspected by a qualified service man within the past year?
Service date: _____</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>Describe deficiencies and corrective action taken</p> |
| <p>2. Is heating equipment (including flues and pipes) properly insulated from combustible materials?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>_____</p> |
| <p>3. Are heating and air conditioning equipment rooms free of storage?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>_____</p> |
| <p>4. Are heating and air conditioning rooms restricted areas?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>_____</p> |
| <p>5. Is air conditioning equipment cleaned and serviced annually?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>_____</p> |

SECTION IV ELECTRICAL EQUIPMENT & CONTROL PANELS

- | | | |
|---|--|--|
| <p>1. Are electrical panels always kept closed?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>Describe deficiencies and corrective action taken</p> |
| <p>2. Are electrical panels always kept clean of storage and obstruction?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>_____</p> |
| <p>3. Is circuitry adequate to handle load demand (not requiring frequent fuse replacement or circuit breaker resetting)?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>_____</p> |
| <p>4. Was electrical system installed by a competent electrician? Date of installation: _____</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>_____</p> |
| <p>5. Is electrical system regularly maintained by a competent electrician?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>_____</p> |
| <p>6. Are all electrical appliances properly grounded and cleaned?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>_____</p> |
| <p>7. Are electric motors adequately ventilated to prevent overheating and are they cleared regularly?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>_____</p> |
| <p>8. Are proper size electrical cords used and are they in good condition?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <p>_____</p> |

Loss prevention worksheet CONTINUED

SECTION V KITCHEN EQUIPMENT COMMERCIAL TYPE

- | | | |
|---|--|---|
| 1. Is all cooking equipment installed and protected as recommended by NFPA No. 96? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Describe deficiencies and corrective action taken

_____ |
| 2. Is hood and duct system installed according to NFPA No. 96 recommendations? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 3. Are grease filters provided in hood? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 4. Was the hood and duct system installed with recommended clearances between unprotected combustible materials according to NFPA No. 96? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 5. Do you have a contract for the commercial cleaning of the complete hood and duct system on at least a semi-annual basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 6. Does your kitchen have a complete, automatic fire protection system installed as approved by the Insurance Services Office? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 7. Is there an automatic timing device with signal light installed on exhaust fan system? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 8. Is exhaust fan, hood and filter system completely inspected on a semi-annual basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |

SECTION VI HOUSEKEEPING

- | | |
|---|--|
| 1. Are storage and supply rooms kept clean and orderly? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 2. Are trash and rubbish stored in metal containers? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 3. Are all flammable items (paint, lacquer, paint thinner, etc.) kept in proper containers and stored in approved metal cabinets? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 4. Are adequate ashtrays and metal waste receptacles provided in each room? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 5. Are only non flammable cleaning agents used throughout the entire building? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 6. Is ready disposal of combustible wastes provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 7. Are areas used for public meetings or other functions always thoroughly checked before securing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 8. Are rags, dust cloths, etc. used in cleaning stored in an approved, self-closing metal container? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

SECTION VII FIRE PROTECTION

- | | |
|--|--|
| 1. Are all fire extinguishers serviced and inspected annually?
Date of inspection: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 2. Are all fire extinguishers tagged with latest service record and inspection date? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 3. Are fire extinguishers located within 75 feet from any point of exit on each floor? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 4. Are extinguishers properly protected from damage and freezing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 5. Is fire alarm and/or detection system inspected and tested regularly?
Date tested: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 6. Is standpipe and hose tested and inspected quarterly?
Date tested: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

Reviewed and approved by safety coordinator _____ Signature _____

CONTACT INFORMATION

Kiwanis International

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3636 Woodview Trace
Indianapolis, IN 46268-3196 USA
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Hylant

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Indianapolis, IN 46280
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Telephone: 1-317-817-5139 (Canada)
Fax: +1-317-817-5151
Certificate requests: KiwanisCert@hylant.com

ONLINE RESOURCES

For complete club information,
visit the Kiwanis website:

www.KiwanisOne.org

Blank copies of all insurance forms
are available for download at:

www.KiwanisOne.org/liability