

## **Junior Colleges and Community Colleges Supplemental**

Are students allowed to operate any school vehicles? Yes: No:							s: 🗆 No: 🗆			
Does the college lend their vehicles to student groups?							Yes	s: 🗆 No: 🗆		
a. If yes, does the college provide a driver?							Yes	s: 🗆 No: 🗆		
		checks ar	e made o	n the driv	er opera	ting the veh	icle while		Yes	s: 🗆 No: 🗆
	borrowed?									
	Does the college have a student lounge or pub that sells liquor?  Yes:  No:									
	Does the school have fraternities and sororities?  Yes:  No:									
Does the sc									Yes	
Are the frate liquor liabili		sororities	s required	d to carry	their ow	n liability ins	surance, includii	ng	Yes	s:
Housing & Ot			or each r	esidence	hall the a	applicant ow	n or manage.			
Building	City	State	Area	#	#Units	#	Construction	Smo		% Sprinklered
			Sq. Ft.	Stories		Students		Alarn	ns?	
16 (5.1)		ا المالية		(4)	1: 1: 1		-+ 1000/	<u> </u>		
If any of the above buildings are four (4) stories or higher, and are not 100%  Sprinklered, does the applicant have plans to retrofit them to make them 100%  Yes:   No:   No:  No:										
sprinklered?										
If yes, please provide details:										

For each residence hall:				Key card/fob/security code access during daytime hours?						No: □
				Key card/fob/security code access during nighttime hours?					Yes:	No: □
				re all visito uilding?	ors require	d to sign	n in for enti	rance to	Yes:	No: □
			re	esidence h	all?		e front desl		Yes:	No: □
			d D	Are the dormitories accessible to only residents of the dormitory through card-keys or security fobs?  Describe the security in place  Yes:  No:  No:  No:  No:  No:  No:  No:  No						
				If no to any of the above, please describe the security program in place at the residence halls:						
							st housing:		Yes: □	
	a. If yes to the above, plea footage of each guest h			ase provide the total number of residential units & provide total square nousing unit:						
		_		all classroc it owns or		and oth	er non-resi	dential building	s that are f	our (4)
Building	City	State	Year Built	ear Area Sq. # of # of Construction Smoke				% Sprinkle red		

# Alcohol:

List the total annual alcohol sales from all facilities under the ownership or control of the educational					
institution, which sells or serves alcoholic beverages (athletic facility, inn, tavern, faculty club, restaurant,					
pub, etc.):					
Does the educational institution	On-campus parties or events by any fraternities,	Yes: ☐ No: ☐			
have a written policy that	sororities or other student organizations?	N/A: □			
regulates the conditions under	Off-campus parties or events by any fraternities,	Yes: ☐ No: ☐			
which alcohol may be served at:	sororities or other student organizations?	N/A: □			

	Athletic events?		Yes:	□ No: □
			N/A: [	]
Does the educational institution	Establish standards	of conduct and disciplinary	Yes:	□ No: □
have written policies that:	procedures governi	procedures governing alcohol?		
	a. If Yes, Pleas	e provide who person or committ	tee that h	andles
	infractions of	of the alcohol policy:		
		alcohol awareness and	Yes:	
	·	ining for campus events?	N/A:	]
Establish standards alcohol aware	ness and responsible h	nost training for campus events?		
Complete the following table for a alcohol and provide the sales from		pplicant's ownership or control the	hat serve	or sell
Name of Facility		pe of Operation	Alcoh	nol Sales
,		росторогиног	\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			<u>,                                    </u>	
Athletics:				
Indicate the educational institution	n's program	No recognized athletics		
classifications (check all that apply	r):	Club sports, intramurals, recrea	itional	
		leagues, etc.		
		NAIA, NJCAA or Independent so	chool	
		athletics		
		NCAA Div. I		
		NCAA Div. II		
		NCAA Div. III		
Do the applicant require students waiver or hold harmless prior to page 1	•		Yes: □	No: □
·		e wording of agreements prior	Vec. □	No: □
to uso?	and approve the	c	1es. □	INU. L

Yes: ☐ No: ☐

Does the applicant, the NCAA, or another outside organization provide accident

insurance for the applicant's athletic participants?

Please provide a list of all activities, clubs, or sports that the institution sponsors, or competes in; and als
designate the conference, league or club level that each participates in or is a member of:

### Stadiums/Arenas

Complete the followi	ing table for all	stadiums, arenas,	and other similar f	acilities:	
Name of Building	Seating Capacity	Use of Building by The applicant	Use of Building by Others	Annual Receipts	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

## Fraternities & Sororities:

Are there any fraternities or sororities	On campus?	Yes: ☐ No: ☐			
	Off campus, but under	Yes: ☐ No: ☐			
	applicant's control?				
Does applicant require certificates of liability insura	Yes: ☐ No: ☐				
chapters?					
If yes, what is the minimum limit of liability required?					
Does the applicant have an established policy to wo	Yes: ☐ No: ☐				
fraternity and sorority chapters on alcohol and life					

If yes, please describe how the policy is communicated to the local chapters:
Please provide a list of all fraternities and sororities associated, affiliated with institution:

## International:

How many of the school's students do the applicant estimate will travel for school-sponsored study							
outside of the United States and Canada in the upcoming year:							
Does the applicant require each	student to sign a liability waiver or	hold	Yes: ☐ No: ☐				
harmless agreement prior to the	harmless agreement prior to the travel?						
Does the applicant sponsor any	Does the applicant sponsor any student travel to countries on the United States Yes: No:						
State Department Travel Warnir	ngs list?						
Do the applicant have a respons	e plan for emergencies and disaster	s occurring	Yes: ☐ No: ☐				
outside the United States and Ca	anada?						
Does the institution have a crisis management/evacuation plan to respond to Yes: ☐ No: ☐							
foreign travel emergencies,(medical/political unrest)?							
Does the institution maintain, alone or in partnership with another Yes: ☐ No: ☐							
organization, any fixed based ca	mpus or other site (owned or leased	d), outside					
the United States?							
If yes, please describe the	Location:						
following for each location:	Number of Students:						
	Number of Students.						
Description of Facilities:							
	Carrier providing foreign general	Carrier:					
	liability coverage and limits of insurance:						
		Limit:					