



greaterinsurance
SERVICE

Special Events Questionnaire

Name: _____

Name of Group: _____

Policy Number: _____

Address of Event / Site (Designated Premises): _____

City: _____

State: _____

ZIP: _____



Description:

Date(s): _____ Number of Participants: _____

Time: _____ Revenue Generated: _____

Swimming? Yes No

IF YES, FILL OUT THE FOLLOWING:

Are lifeguards on duty? Yes No

Are they hired by our insured at place event is being held? Yes No

Are the lifeguards certified? Yes No

Certificate received by insured? Yes No

Is alcohol being served? Yes No

IF YES, FILL OUT THE FOLLOWING:

Are bartenders hired by our insured at place event is being held? Yes No

Are they trained in T.I.P.P.S. Yes No

How is the drinking limited: _____

(For example, are tickets given out?) Yes No

Certificate received by insured? Yes No

Is a sporting activity being played? Yes No

IF YES, FILL OUT THE FOLLOWING:

Which Sport? _____

Are participants required to sign a waiver? Yes No

Do participants have to show proof of personal health insurance? (participants are currently excluded under standard CGL): Yes No

Are safeguards in place to prevent injury to spectators? Yes No

E-mail This Form

gis@gismn.com

Mail This Form

Recoversource

PO BOX 309

Grand Rapids, MN 55744

Fax This Form

You can fax it to us at:

218-999-0393

Questions?

Call us at:

1-800-851-4291



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Organizations or agencies which will need to be named as Certificate Holder and/or Additional Insured including their interest in the event (such as City or County or building owner):

E-mail This Form

gis@gismn.com

Mail This Form

Recoversource
PO BOX 309
Grand Rapids, MN 55744

Fax This Form

You can fax it to us at:
218-999-0393

Questions?

Call us at:
1-800-851-4291

Are you sure the Certificate holder needs to be named as an Additional Insured?

Yes No

Do we need to provide a certificate of insurance? Yes No

If so, give date by which certificate must reach this organization: _____

Address of certificate holder

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Additional comments:

