



## SPECIAL EVENTS QUESTIONNAIRE

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

Name of Group: \_\_\_\_\_

Address of Event / Site (Designated Premises): \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Description:

Date(s): \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Time: \_\_\_\_\_ Revenue Generated: \_\_\_\_\_

Is childcare offered during the event?    Yes    No

**Will there be 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

**E-mail This Form**

gis@gismn.com

**Mail This Form**

RecoverSource  
PO Box 309  
Grand Rapids, MN  
55744

**Fax This Form**

218-999-0393

**Questions?**

1-800-851-4291



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

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

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

Yes    No

Address of certificate holder:

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

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Additional comments:

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