



## SPECIAL EVENTS QUESTIONNAIRE

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

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

Policy Number: \_\_\_\_\_

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

Street \_\_\_\_\_

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

Description:

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

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

**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

**Is a sporting activity being played?** Yes No

IF YES, FILL OUT THE FOLLOWING:

Which Sport? \_\_\_\_\_

**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



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 City or County or building owner):

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: \_\_\_\_\_

Street \_\_\_\_\_

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

Additional comments:

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