



greaterinsurance
SERVICE

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?

1-218-327-1854



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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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