Schools Insurance Authority
Special Events Liability Insurance Questionnaire

Please allow a minimum of 2 weeks for processing

Cost for coverage is $175.00

School District Name:

School Name:

School Level:

Group Conducting/Sponsoring Event:

Contact Person Name:

Phone Number: Fax Number:

Email:

Event Information

Event Name:

Event Description:

Event Date:

Event Start Time: Event Conclusion Time:

◯ On school / school district premises

◯ Off premises Specify location:

Mailing Address: *Mailing Address* *City* *State* *ZIP Code*

Event Attendance Information

◯ Restricted to students only ◯ Open to the public

Estimated number of attendees/participants:

Does the event include any of the following? Check all that apply:

- ☐ Activities in or on a lake, pond or open water (swimming, boating, fishing, etc.
- ☐ Overnight stay by attendees
- ☐ Alcoholic beverages sold, served or permitted
- ☐ Interscholastic athletic competition

Indicate if any of the following products or services will be provided for the event by an outside vendor or rental company:

- ☐ DJ, KJ or other recorded music
- ☐ Dunk Tanks
- ☐ Food or beverage
- ☐ Water slides
- ☐ Games
- ☐ Inflatable devices
- ☐ Liquor (sold or served)
- ☐ Live animal rides
- ☐ Live animals (for display or petting)
- ☐ Live musical or other entertainment
- ☐ Motorized midway/carnival rides

For any item marked above, list the name of the vendor, product or service being provided. Please attach insurance certificates from each vendor listing the district as an additional insured, including the *second page* titled the Additional Insured Endorsement.

Vendor Name	Product or Service	Certificate of Insurance provided

For insurance office use: Questionnaire reviewed by: Date:

Print Name of Site Administrator Sign Date

Please return to your district office

Revised 3/2013