

**SPECIAL OLYMPICS**  
**REQUEST FOR CERTIFICATE OF INSURANCE**  
*(This form is only utilized when a facility/organization requires a certificate of insurance)*

1. Date: \_\_\_\_\_ Person Completing this Form: \_\_\_\_\_
2. U.S. Program/Area: \_\_\_\_\_
3. U.S. Program/Area Address: \_\_\_\_\_
4. U.S. Program/Area Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_
6. Site or Location of Event: \_\_\_\_\_

7. Is this Event a Fundraising Activity?  YES  NO If the event is a Fundraising Activity, please provide answers to the following:
- a. Will the event last more than 7 consecutive days?  YES  NO
- b. Will more than 5,000 spectators/participants be in attendance of the event?  YES  NO
- c. Are participants required to sign a Release of Liability Waiver?  YES  NO

*Please attach any pertinent information regarding fundraising activities (brochure, advertisement, specific details)*

**Note:** If the event involves any of the following, please contact Rene Waterson at [rwatson@amerspec.com](mailto:rwatson@amerspec.com) or 260-969-5392 immediately, as the policy either specifically **EXCLUDES** coverage for these events or requires the U.S. Program to meet certain underwriting requirements. Coverage is not provided for the following activities unless approved in advance by the Insurer.

- Alcohol
- Rock Climbing Walls
- Aircraft (other than a Plane Pull)
- Obstacle Runs (including obstacles, barriers, paint, foam, or other non-traditional challenge features)
- Firearms
- Fundraising Events lasting more than 7 consecutive days
- Inflatable Devices
- Over The Edge events
- Mechanical Rides
- Golf Ball Drops
- Fireworks
- Rodeos
- Fundraising Events with more than 5,000 people (including spectators and participants) in attendance

8. Is the Event Exclusively for Special Olympics Athletes?  YES  NO
9. Is the Event Sponsored by a Special Olympics Program?  YES  NO
10. Is the Event Conducted by a Special Olympics Program?  YES  NO
11. Is Alcohol Being Served at the Event?  YES  NO

If so, please provide additional details (such as alcohol is included in the ticket price, cash bar, donated): \_\_\_\_\_

12. Certificate Holder (entity requiring certificate): \_\_\_\_\_
13. Does the Certificate Holder require Additional Insured status\*?  YES  NO
- a. If so, please outline the requested Additional Insured wording: \_\_\_\_\_
- b. If so, please outline the Additional Insured's role in the event (such as sponsor, location of event, etc.): \_\_\_\_\_

14. Certificate Holder Contact Person: \_\_\_\_\_
15. Certificate Holder Address: \_\_\_\_\_
16. Certificate Holder Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*ADDITIONAL INSURED STATUS SHOULD BE PROVIDED ONLY IF IT IS A REQUIREMENT OF THE CERTIFICATE HOLDER.**

17. Are you required to enter into an agreement/contract/permit with another party relative to the above-referenced event that contains assumption of liability, indemnification, or hold harmless language?  YES  NO If so, please send a copy of the contract with the Certificate Request Form.
- Original Certificate should be sent to:  Certificate Holder  U.S. Program

**SEND TO:** ATTN: RENE WATERSON E-MAIL: [rwatson@amerspec.com](mailto:rwatson@amerspec.com)  
AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.  
7609 W. JEFFERSON BLVD., SUITE 100  
FORT WAYNE, IN 46804-4133  
TELEPHONE: 800.245.2744 FAX: 260.969.4729