

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 or 260-673-1135 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)
- Animals (other than Equestrian practices/competitions)
- 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
AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
P.O. BOX 309
ROANOKE, IN 46783-0309
TELEPHONE: 800-245-2744 FAX: 260-672-8835