



Schools Insurance Authority Special Events Liability Insurance Questionnaire

Please allow a minimum of 2 weeks for processing

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:

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

Games

Live animals (for display or petting)

Dunk Tanks

Inflatable devices

Live musical or other entertainment

Fireworks or pyrotechniques

Liquor (sold or served)

Motorized midway/carnival rides

Food or beverage

Live animal rides

Water slides

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.

Vendor Name	Product or Service	Certificate of Insurance provided
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

For insurance office use: Questionnaire reviewed by:

Date: