

# Philadelphia Insurance Companies

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(610) 617-7900

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## SPECIAL EVENTS QUESTIONNAIRE

1. Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date(s): \_\_\_\_\_

3. Time: \_\_\_\_\_

4. Number of participants: \_\_\_\_\_

5. Revenue generated: \_\_\_\_\_

6. Number of volunteers: \_\_\_\_\_

7. Swimming:  Yes  No

*If yes:*

Are lifeguards on duty?  Yes  No

Are they hired by our insured at place event is being held?

Are they lifeguard certified? \_\_\_\_\_ C.P.R. trained? \_\_\_\_\_

Certificate received by insured? \_\_\_\_\_

8. Is alcohol being served?  Yes  No

*If yes:*

Are bartenders hired by our insured at place event is being held?

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

9. Is a sporting activity being played?  Yes  No

*If yes:*

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

10. Organizations or agencies which will need to be named as Certificate Holder and/or Additional Insured including their interest in the event (such as City or County or building owner):

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Are you sure the Certificate holder needs to be named as an Additional Insured?

Yes  No

Do we need to provide a certificate of insurance?  Yes  No

If so, give date by which certificate must reach this organization \_\_\_\_\_

Address of certificate holder \_\_\_\_\_

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