

Budget Code

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 /Spans		
Contact Person Name:	Fax	
Phone Number:	Email:	
Event Information		
Event Name:		
Event Description:		
Event Date/Event Start Time:		
Location/Address of Event		
Event Attendance	e Information	Max Number of attendees/participants:
Restricted to students only	Open to the public	
Any Activities in or on a lake, pond or open bo Overnight stay by attendees Alcoholic beverages sold, served, or permitted Interscholastic athletic competition Mechanical Bulls Rock Climbing; Zip Lining; Ropes Courses	dy of water	or the below activities
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 Pony rides Fun/Color Runs (see revers	Live animals (for display or petting) Live music or other entertainment Motorized Midway/Carnival Rides e side) (some exclusions)
	dor listing the district as	ct or service being provided. Please attach an additional insured, including the second

SIA Office Use: Questionnaire reviewed By:

Vendor Name

Name of Administrator: Signature of Administrator: Product or Service

Certificate of Insurance provided

Date

Special Events Additional Items Needed:

For Fun Runs/Color Runs:

- 1. Map/Route
- 2. How will traffic flow and crossing the street be handled
- 3. Itinerary for the event

^{*}carrier will not approve these activities without the above