

**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 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 Jina Doyle at [jdoyle@amerspec.com](mailto:jdoyle@amerspec.com) or (260)673-1127 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
- Mechanical Rides
- Golf Ball Drops
- Fireworks
- Rodeos
- Fundraising Events with more than 5,000 people (including spectators and participants) in attendance

- 8) Is Event Exclusively for Special Olympics Athletes?  YES  NO
- 9) Is 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 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 CHECKED 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.**  
**P.O. BOX 309**  
**ROANOKE, IN 46783-0309 TELEPHONE: (800) 245-2744 FAX: (260) 672-8835**