



# SHORT-TERM SPECIAL EVENT PROGRAM QUESTIONNAIRE

The Short-Term Special Events program provides primary event General Liability coverage for short-term non-sports events. Coverage for 5 additional set up days (if coverage is purchased far enough in advance) and 5 additional tear down days is automatically provided. Host Liquor coverage is available.

This program provides primary event liability coverage for short-term non-sports events. This program can provide coverage for events held at a single location up to 10 consecutive event days and up to a maximum total attendance of 15,000. Coverage for an additional 5 setup days (if coverage is purchased far enough in advance) and 5 tear down days is automatically provided. Host liquor coverage is available.

## POLICY INFORMATION

Policyholder Name: \_\_\_\_\_  
Policyholder Mailing Address: \_\_\_\_\_  
Policyholder Mailing City, State, ZIP: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Website: (if applicable) \_\_\_\_\_

## UNDERWRITING INFORMATION

Event State Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_  
Event State Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_  
Event Name: \_\_\_\_\_  
Event Venue: \_\_\_\_\_  
Event City, State, ZIP: \_\_\_\_\_  
Estimated attendance per day: \_\_\_\_\_  
Type of Event: \_\_\_\_\_  
Description of event and any ancillary activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are alcoholic beverages served at this event?  Yes  No

If yes, please answer the following:

Are you charging for Alcoholic Beverages?  Yes  No

Are you, as the event organizer, charging individuals to attend your event?  Yes  No

Are the alcoholic beverages served by a licensed caterer hired or under contract to you?  Yes  No

Is permission to serve alcoholic beverages required from the venue where the event is being held?  Yes  No

If so, did you receive such permission?

Are there designated servers for the alcoholic beverages who have been instructed to not serve  Yes  No

liquor to minors or intoxicated guests?

Does your event include any of the following activities:

After-Hours Parties (e.g., After Prom, Graduation Night, Retirement)  Yes  No

Amusement Rides, Mechanical Devices, Rock Climbing Walls, or Inflatables  Yes  No

Animal Rides  Yes  No

Animal Shows (e.g., Cat, Dog, Horse, Livestock Judging)  Yes  No

Cave Explorations  Yes  No

Concerts (except Christian Concerts)  Yes  No

Fairs  Yes  No

Does your event include any of the following activities (continued)

- Fireworks or Pyrotechnics  Yes  No
- Fishing Derbies  Yes  No
- Fraternity or Sorority Parties  Yes  No
- Gun Shows/Knife Shows/Shooting Events  Yes  No
- Haunted Houses  Yes  No
- Motorsports Events (including Demolition Derbies, Mud Bogs, Tractor Pulls, Races, and Stunt Shows)  Yes  No
- Overnight Accommodations or Camping Facilities  Yes  No
- Overnight Lock-ins  Yes  No
- Parades  Yes  No
- Political Rallies  Yes  No
- Rodeos  Yes  No
- Sporting Events  Yes  No
- Water Activities  Yes  No
- Wine Tastings  Yes  No
- Has the facility had more than \$5,000 in claims within the past three years?  Yes  No

Do you sublease space?  Yes  No

Do you have cryotherapy? \*Please note that our program does NOT insure Cryotherapy.  Yes  No

**FRAUD NOTICE**

“Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.”

Please check this box to confirm that you have read and agree to our fraud notice.

I hereby represent and confirm that I have read all of the questions and answers contained herein and that, to the best of my knowledge, the information is true and correct.

\_\_\_\_\_  
Signature of Insured or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Send completed form to:

**Sports & Fitness Insurance Company**  
Phone: (800) 844-0536  
Fax: (601) 707-1037  
E-mail: submissions@sportsfitness.com