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 Location of Event: ___________________________
7. Is this 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 Rene Waterson at rwaterson@amerspec.com or 260-969-5392 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)
- Obstacle Runs (including obstacles, barriers, paint, foam, or other non-traditional challenge features)
- Firearms
- Fundraising Events lasting more than 7 consecutive days
- Inflatable Devices
- Over The Edge events
- Mechanical Rides
- Golf Ball Drops
- Fireworks
- Rodeos
- Fundraising Events with more than 5,000 people (including spectators and participants) in attendance
- Aircraft (other than a Plane Pull)
- Fireworks
- Over The Edge events
- Inflatable Devices
- Rodeos

8. Is the Event Exclusively for Special Olympics Athletes? ❑ YES ❑ NO
9. Is the 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 the 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 PROVIDED 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-references event that contains assumption of liability, indemnnification, 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: rwaterson@amerspec.com
AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 100
FORT WAYNE, IN 46804-4133
TELEPHONE: 800.245.2744 FAX: 260.969.4729