



GREAT AMERICAN INSURANCE COMPANIES Specialty Human Services Division



SPECIAL EVENT ADDENDUM

Name of organization: _____

Website address (URL): www. _____

Complete one questionnaire per event.

1. Name of event: _____

2. Date and time: _____

3. Location: _____

4. a. Do you co-sponsor this event? YES NO

If no, skip to question #5.

b. Is there a written agreement defining which entity is responsible for the liability for this event?

YES

c. Are you the organization responsible for the liability for this event?

YES NO

NO

c. Have you obtained a certificate of insurance naming you as additional insured on the other organization's GL policy, as respects this event? YES NO

EVENT INFORMATION:

5. Describe in detail the activities taking place in the event and attach flyer or handbill for event:

6. Is this an annual event? YES NO

If yes, has any claim or incident ever arisen out of this event?

YES NO

If yes, describe all claims or incidents: _____

7. Total estimated attendance during the entire period of the event: _____

8. Indicate receipts from each source:

Admissions: \$ _____

Food or non-alcoholic beverage sales: \$ _____

Alcohol sales: \$ _____

Other sales or income: \$ _____

Describe source of other sales or income: _____

9. If alcohol is indicated above, is any employee or volunteer of your organization responsible for serving alcohol? YES NO

If yes, what liquor controls are in place? _____

10. Is there emergency medical equipment and personnel at the event? YES NO

11. Do you have security personnel for this event? YES NO

PARADES:

12. Do you sponsor a parade? YES NO

If yes, how many: floats _____ horses _____ participants _____

13. Do you require certificate of insurance, with \$1,000,000 liability limits, from all participants? YES NO

MECHANICAL RIDES OR NON-MECHANICAL ENTERTAINMENT DEVICES:

16. Do you sponsor events including mechanical rides, non-mechanical rides or entertainment devices (e.g. inflatable bouncers and slides). YES NO

If yes, please provide a list of all devices.

17. Are devices indicated in question 16 provided and operated by a contractor? YES NO

If yes, attach a certificate of insurance from the contracted company and describe all services to be provided by the contractor.

Completed by: _____

Date completed: _____

