

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 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 Teresa Capps-McGill at tcapps-mcgill@soky.org or 502-695-8222 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.

- | | |
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| - Alcohol | - Inflatable Devices |
| - Rock Climbing Walls | - Mechanical Rides |
| - Aircraft (other than a Plane Pull) | - Golf Ball Drops |
| - Animals (other than Equestrian practices/competitions) | - Fireworks |
| - Firearms | - Rodeos |
| - Fundraising Events lasting more than 7 consecutive days spectators | - Fundraising Events with more than 5,000 people (including and participants) in attendance |

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-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: Teresa Capps-McGill
Special Olympics Kentucky
105 Lakeview Court
Frankfort, KY 40601
502-695-8222 or 1-800-633-7403
502-695-0496 (fax)**