

SPECIAL OLYMPICS REQUEST FOR CERTIFICATE OF INSURANCE



This form should only be utilized when a facility/organization requires a certificate of insurance

1. Date: _____ Person Completing this Form: **Mary Conroy**
2. US Program/Area: **Special Olympics New Hampshire**
3. US Program/Area Address: **650 Elm St Manchester, NH 03101**
4. US Program/Area Phone: **603 624 1250** Fax: **603 624 4911** Email: **maryc@sonh.org**
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? 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 Mary Conroy immediately at 603 624 1250 Ext 26, 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
- Over The Edge events
- 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
- Fundraising Events with more than 5,000 people (including spectators and participants) in attendance
- Inflatable Devices

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
- a. 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: _____ Fax: _____ Email: _____

***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

Original Certificate should be sent to: US Program

Requests should be submitted two weeks before the certificate is needed.
Send to SpecialOlympics@sonh.org