

# SPECIAL OLYMPICS REQUEST FOR CERTIFICATE OF INSURANCE

Special Olympics  
New Hampshire



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

1. Date: \_\_\_\_\_ Person Completing this Form: \_\_\_\_\_
2. US Program/Area: Special Olympics New Hampshire
3. US Program/Area Address: \_\_\_\_\_
4. US Program/Area Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
5. Name of Event: \_\_\_\_\_ Date 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 & 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](mailto:SpecialOlympics@sonh.org)