

SPECIAL OLYMPICS NEW JERSEY

REQUEST FOR CERTIFICATE OF INSURANCE

*This form is only to be utilized when a facility / organization requires a certificate of insurance that names them as **additionally insured**.*

NAME OF PERSON COMPLETING THIS FORM: _____ DATE: _____

U.S. PROGRAM / AREA: _____ PHONE: _____

U.S. PROGRAM / AREA ADDRESS: _____

NAME OF EVENT: _____ DATE(S) OF EVENT: _____

SITE OR LOCATION OF EVENT: _____

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|----------------------------------------------------------------------------------|-----|----|
| 1. Is this event a fundraising activity? | YES | NO |
| 2. If yes, please provide the following information: | | |
| 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).

If the event involves any of the following, please contact Jina Doyle at jdoyle@amerspec.com or 260-673-1127 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 by the Insurer: Alcohol, Rock Climbing Walls, Aircraft (other than Plane Pull), Animals (other than equestrian practices/competitions), 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.

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|------------------------------------------------------------|-----|----|
| 3. Is the event exclusively for Special Olympics Athletes? | YES | NO |
| 4. Is the event sponsored by a Special Olympics Program? | YES | NO |
| 5. Is the event conducted by a Special Olympics Program? | YES | NO |
| 6. Is alcohol being served at the event? | YES | NO |

7. If yes, please provide additional details (such as alcohol is included in the ticket price, cash bar, donated):

8. Certificate Holder (Entity requiring certificate): _____

9. Does the certificate holder require additional insured status*? YES NO

10. If yes, please provide the following information:

 a. Please outline the requested Additional Insured wording: _____

 b. Please outline the Additional Insured's role in the event (such as sponsor, location of event, etc.): _____

11. Certificate Holder Contact Person: _____ Email: _____

12. Certificate Holder Address: _____

13. Certificate Holder Phone: _____ Fax: _____

**ADDITIONAL INSURED STATUS SHOULD BE PROVIDED ONLY IF IT IS A REQUIREMENT OF THE CERTIFICATE HOLDER.*

14. 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 yes, please attach a copy of the contract with the Certificate Request Form.

Original certificate will be sent to:

Person completing this form

Email: _____

Fax: _____

Send completed forms to: Joanne Monaco
Special Olympics New Jersey
1 Eunice Kennedy Shriver Way
Lawrenceville, NJ 08648

Email: JDM@sonj.org
Ph: (609) 896-8000
Fax: (609) 482-2256