



P.O. Box 1967  
 Madison, MS 39130-1937  
 Phone: 601-898-8464  
 Toll Free: 800-844-0536  
 Fax: 601-707-1037  
 www.sportsfitness.com

## SHORT-TERM SPECIAL EVENT PROGRAM QUESTIONNAIRE

The Short-Term Special Events program provides primary event General Liability coverage for short-term non-sports events. Coverage for 5 additional set up days (if coverage is purchased far enough in advance) and 5 additional tear down days is automatically provided. Host Liquor coverage is available.

This program provides primary event liability coverage for short-term non-sports events. This program can provide coverage for events held at a single location up to 10 consecutive event days and up to a maximum total attendance of 15,000. Coverage for an additional 5 setup days (if coverage is purchased far enough in advance) and 5 tear down days is automatically provided. Host liquor coverage is available.

### POLICY INFORMATION

Policyholder Name:				
Policyholder Mailing Address:				
Policyholder Mailing	City:	State:	Zip:	
Contact Name:				
E-mail Address:				
Phone Number:				
Website: (if applicable)				

### UNDERWRITING INFORMATION

Event Start Date:		Event End Date:	
Event Start Time:		Event End Time:	
Event Name:			
Event Venue:			
Event City:		State:	Zip:
Estimated attendance per day:			
Number of years this event has taken place:			
Type of Event			
Description of event and any ancillary activities:			
Are alcoholic beverages served at this event? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please answer the following)			
Are you charging for Alcoholic Beverages?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, as the event organizer, charging individuals to attend your event?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the alcoholic beverages served by a licensed caterer hired or under contract to you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is permission to serve alcoholic beverages required from the venue where the event is being held?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, did you receive such permission?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there designated servers for the alcoholic beverages who have been instructed to not serve liquor to minors or intoxicated guests?			<input type="checkbox"/> Yes <input type="checkbox"/> No



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Does your event include any of the following activities:

• After-Hours Parties (e.g., After Prom, Graduation Night, Retirement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Amusement Rides, Mechanical Devices, Rock Climbing Walls, or Inflatables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Animal Rides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Animal Shows (e.g., Cat, Dog, Horse, Livestock Judging)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Cave Explorations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Concerts (except Christian Concerts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Fairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Fireworks or Pyrotechnics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Fishing Derbies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Fraternity or Sorority Parties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Gun Shows/Knife Shows/Shooting Events	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Haunted Houses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Motorsports Events (including Demolition Derbies, Mud Bogs, Tractor Pulls, Races, and Stunt Shows)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Overnight Accommodations or Camping Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Overnight Lock-ins	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Parades	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Political Rallies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Rodeos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Sporting Events	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Water Activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Wine Tastings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the facility had more than \$5,000 in claims within the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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**Fraud Notice:**

“Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.”

Please check this box to confirm that you have read and agree to our fraud notice.



I hereby represent and confirm that I have read all of the questions and answers contained herein and that, to the best of my knowledge, the information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured or Authorized Representative

\_\_\_\_\_  
Title

Send completed form to:

**Sports & Fitness Insurance Corporation**  
**Phone: (800) 844-0536**  
**Fax: (601) 707-1037**  
**E-mail: [submissions@sportsfitness.com](mailto:submissions@sportsfitness.com)**