

Schools Insurance Authority Special Events Liability Insurance Questionnaire

School District Name:

School Name:

School Level:

Group Conducting/Sponsoring Event:

Contact Person Name:

Phone Number:

Fax Number:

Email:

Event Information

Event Name:

Event Description:

Event Date:

Event Start Time: Event Conclusion Time:

On school / school district premises

Off premises Specify location:

Event Attendance Information

Restricted to students only

Open to the public

Estimated number of attendees/participants:

Does the event include any of the following? Check all that apply:

Activities in or on a lake, pond or open water (swimming, boating, fishing, etc.)

Overnight stay by attendees

Alcoholic beverages sold, served or permitted

Interscholastic athletic competition

Indicate if any of the following products or services will be provided for the event by an outside vendor or rental company:

DJ, KJ or other recorded music

Dunk Tanks Inflatable devices

Fireworks or pyrotechniques Liquor (sold or served)

Food or beverage Live animal rides