



SPECIAL EVENTS & BINGO SUPPLEMENT

P.O. Box 3870, Glen Allen, VA 23058-3870
(800) 431-1270 Fax (804) 527-7966

(To be attached to ACORD applications)
Please complete a separate application for each event &/or location

NAMED INSURED: _____

For each special event or fundraising activity you sponsor or participate in, please attach the following:

Schedule of Events

Copies of Contracts, Lease Agreements and Hold Harmless Agreements between event management and any other party where the insured assumes the other's liability

For each special event or fundraising activity you sponsor or participate in, please complete the following:

- 1. Location: _____ Date(s): _____
Number of participants: _____ Spectators: _____ Ages of participants: _____ Spectators: _____
2. Describe the nature of the event: _____
3. How many events do you sponsor annually? _____
4. Number of your staff present at the event: _____ Number of volunteers: _____
5. What is your experience with this type of event? _____
If none, have you hired an event manager who has experience? [] Yes [] No
6. Who supervises youth at the event? _____
7. Who provides security? _____ What type of security? _____
Are security personnel armed? [] Yes [] No
If an outside entity provides security, do you obtain a certificate of insurance from them and are you named as an additional insured on their insurance [] Yes [] No
8. Is liquor being served? [] Yes [] No
If yes, is a charge being made? [] Yes [] No
Are you furnishing the liquor? [] Yes [] No
What percent of revenues are from liquor sales? _____%
Is a drink maximum imposed on attendees? [] Yes [] No
Is there a formal control in place to avoid serving alcohol to minors? [] Yes [] No
If yes, explain: _____
9. Are certificates of insurance obtained from all vendors and do they name you as additional insured? [] Yes [] No
10. If this is an athletic event, please list the numbers & types of medically trained personnel present during the event:
RN: _____ LPN: _____ EMT: _____ MD: _____ PA: _____ Other (describe): _____
11. List any additional insureds needed for this event (use Comments section if more space is needed):
Name: _____ Name: _____
Address: _____ Address: _____
City/State/Zip Code: _____ City/State/Zip Code: _____
Relationship to this event: _____ Relationship to this event: _____
12. Will you be using bleachers? [] Yes [] No
If yes, are they portable? [] Yes [] No
13. Will you have any amusement rides or devices? [] Yes [] No
If yes, describe all rides and devices: _____

SECTION II – BINGO (Complete only if you sponsor Bingo games OR games are held on your premises)

- 1. How many bingo games are held weekly? _____
- 2. Do you hold regular activities simultaneously with Bingo games? Yes No
- 3. Are you responsible for setting up the tables and chairs, lay-out, clean-up, and all premises maintenance, including snow removal, mopping wet floors, bathrooms, etc.? Yes No
If no, who is? _____
Do you obtain a certificate of insurance from them and are you named as an additional insured on their insurance? Yes No
- 4. Do you check all chairs to make sure they are in good repair and good working order? Yes No
- 5. Are you responsible for snacks or concessions? Yes No
If no, who is? _____
Do you obtain a certificate of insurance from them and are you named as an additional insured on their insurance? Yes No
- 6. Do you provide a staff member to supervise every time your facility is rented out? Yes No
- 7. Who monitors the capacity requirements of the facility? _____
- 8. What are the number of bingo admissions annually? _____
- 9. Who provides security? _____ What type of security? _____
Are security personnel armed? Yes No
If an outside entity provides security, do you obtain a certificate of insurance from them and are you named as an additional insured on their insurance? Yes No

Comments: _____
