Capitol Indemnity Corporation P.O. Box 5900

Madison, WI 53705

SPECIAL EVENTS & SPORTS QUESTIONNAIRE (to be attached to ACORD Application)

Named Insured Policy Number Policy Number						
Type of Events(s). Please submit Program or Advertisement with a schedule of events						
I. SPECIAL EVENTS ☐ Animal Rides ☐ Anniversary or Annual Celebration ☐ Athletic or Sports Exhibitions* ☐ Auctions - Animal ☐ Auctions - Home/Farm ☐ Auto Demo Derby** ☐ Automobile Shows** ☐ Bachelor Auction ☐ Bazaars ☐ Beauty Pageants ☐ Bingo Games ☐ Blood Drive ☐ Bowling Tournaments ☐ CarnivalsH ☐ Card Tournament ☐ Casino Night ☐ Christmas Caroling ☐ CircusesH ☐ Clubs - Athletic Sports* ☐ Concerts - not hard rock		Dance Recitals* Dances Demonstrations in Stores Display Booths Dog & Cat Shows Dunk Tanks Easter Egg Hunt Exhibition Booths Exhibitions Fairs (Local and County) Festivals & Celebrations(see specific class) Flea Markets Golf Tournament/Hole-In-One Horse Shows*, Kiddie Pull' Lectures Markets Meetings Model Homes Model Legislature Mud Events-motorized/otherwise*', Musical Events - not hard rock		Parade - Participants Parade - Sponsors Petting Zoos Picnics Pig Roasts Plays Post Prom Parties Punt, Pass & Kick* Racing-motorized*, Refreshment Stands Religious Meetings Reunions Rodeos I, Santa House Sidewalk Sales Singing Valentines Special Gatherings Street Dance Tagged Fish Contests Teen Dance Theater Performances Toys for Tots		
☐ Concession Stands ☐ Craft Shows II. SPORTS CAMPS		Outstanding Youth Program Outings Pancake Feed		Tractor Pulls',* Turkey Shoots Weight Pulling Contests',*		
 □ Baseball School □ Basketball School □ Cheerleader Competition 		Football Schools (no scrimmage or tackle) Soccer Schools		Softball Schools Volleyball Schools		
III. ATHLETIC OR SPORTS; LEAGUES, TOURNAMENT & SPORT EVENTS						
 □ Baseball □ Basketball □ Bike-a-Thons □ Cheerleader Competition 		Run-a-Thons Soccer Tennis		Volleyball Tournament Walk-a-Thons Walking		
☐ Other Events (please list)						

Special Event or short term policies are written on a Non-Renewable Policy. If the company issues a policy, it will contain various exclusions including: Fireworks, Assault or Battery, Mechanical Amusement Devices, Injury to Participants, Velcro or Bungee Jumping.

- * Participants will be excluded (Optional coverage available for certain activities in III above)
- ** No Racing
- **H** Sponsor's Risk Only
- I Personal Injury Excluded
- Damage by Participants to property in their care, custody and control is excluded.
- Acceptable stadium, arena, or track (with proper fencing) submit diagram

REQUESTED INFORMATION

1.	Describe the program.					
2.	List all locations, including off premises locations.					
2	Total posticipants for all days					
٥. ₁	Total participants for all days.					
	Total expected spectators Total games in sport programs.					
5. 6	Time period (if a comp. include opening and closing dates)					
7	Time period (if a camp, include opening and closing dates). Interest of applicant (sponsor, owner, etc.).					
/. Q	If the event is held within buildings, are premises appropriate for such use?	□Vec	□No			
	Will there be overnight operations?	☐Yes				
9.			□NO			
	If yes, a) total number staying overnight					
	b) number of overnight participants		<u> </u>			
	c) describe sleeping facilities	□Yes				
	e) are there working fire extinguishers?	☐ Yes				
10	Will any grandstands, bleachers, or seating stands be used?	_				
10.	Are they permanent portable	□Yes				
11	· —·					
11.	If rodeo, horse show or similar type of exhibition, are fences,	□Vos				
10	barricades and pens adequate to confine animals?	□Yes	□N0			
12.	If this event is dangerous to the spectators attending, is there	□V ₂₃	□N ₁			
10	a perimeter guard or barricade?	□Yes	<u> </u>			
13.	List and describe any amusement devices whether owned or operated by the (carnival rides excluded).	appiican	t			
14.	Are food products dispensed on premises by applicant?	□Yes	□No			
	If yes, describe products and estimated receipts.					
	Are fireworks part of the program? (If yes, certificate of insurance required)					
16.	Do you provide transportation?	□Yes	□No			
	If yes, describe.					
17	Please describe your procedure in case of injury or medical emergency.					
1/.	rease describe your procedure in case of injury of medical emergency.					
18.	For special events, list the law enforcement agency(s) involved.					
19.	Is there Accident Medical coverage on campers/athletes?	□Yes	□No			
	If yes, name of insurance company.		_			

•	ever been canceled or non-renewed? t applicable in Missouri).	□Yes □No
I HEREBY DECLARE TO THE BE	EST OF MY KNOWLEDGE AND BELIEF T	HAT ALL THE FOREGOING STATEMENTSARE
COMPLETE AND TRUE, AND TH	HAT THESE STATEMENTS ARE OFFERED	O AS AN INDUCEMENT TO THE COMPANY TO
ISSUE THE POLICY FOR WHICH	I AM APPLYING. IT IS UNDERSTOOD A	ND AGREED THAT COMPLETION OF THIS
QUESTIONNAIRE DOES NOT BII	ND THE INSURANCE COMPANY.	
Signature of Applicant	Date	
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