



**Mail, Fax or Email application to:**

Schifman Remley & Associates, Inc.,  
5201 Johnson Drive, Mission, KS 66205  
Fax #: 913-831-4730  
Email to: Sue Courtney at [sue\\_c@srains.com](mailto:sue_c@srains.com) or Carol Stevens at [carol\\_st@srains.com](mailto:carol_st@srains.com)

**SPECIAL EVENTS QUESTIONNAIRE**

Name of Insured \_\_\_\_\_

1. Description of Event:

\_\_\_\_\_

2. Date(s): \_\_\_\_\_

3. Time: \_\_\_\_\_

4. Number of participants: \_\_\_\_\_

5. Revenue generated: \_\_\_\_\_

6. Number of Volunteers: \_\_\_\_\_

7. Swimming: Yes \_\_\_ No \_\_\_

If yes:

Are lifeguards on duty? Yes \_\_\_ No \_\_\_

Are they hired by our insured at place event is being held? \_\_\_\_\_

Are they lifeguard certified? \_\_\_\_\_ C.P.R. trained? \_\_\_\_\_

Certificate received by insured? \_\_\_\_\_

8. Is alcohol being served? Yes \_\_\_ No \_\_\_

If yes:

Are bartenders hired by our insured at place event is being held? \_\_\_\_\_

Are they trained in T.I.P.P.S? Yes \_\_\_ No \_\_\_

How is the drinking limited? \_\_\_\_\_

(for example are tickets given out Yes \_\_\_ No \_\_\_)

Certificates received by insured? Yes \_\_\_ No \_\_\_

9. Is a sporting activity being played? Yes \_\_\_ No \_\_\_

If yes:

Which sport? \_\_\_\_\_

Are participants required to sign a waiver? Yes \_\_\_ No \_\_\_

Do participants have to show proof of personal health insurance (participants are currently excluded under a standard general liability coverage)? Yes \_\_\_ No \_\_\_

Are safeguards in place to prevent injury to spectators? Yes \_\_\_ No \_\_\_

10. Organizations or agency which will need to be named as Certificate Holder and/or Additional Insured including their interest in the event (such as City or County or building owner):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you sure, the Certificate holder needs to be named as an Additional Insured?

Yes \_\_\_ No \_\_\_

Do we need to provide a certificate of insurance? Yes \_\_\_ No \_\_\_

If so give date by which certificate must reach this organization \_\_\_\_\_

Address of certificate holder

\_\_\_\_\_  
\_\_\_\_\_

11. Are inflatables being used? Yes \_\_\_ No \_\_\_ If yes, please provide the following the following additional information:

➤ Description of each inflatable including height and dimensions: \_\_\_\_\_

\_\_\_\_\_

➤ Who is setting up and taking down and what is their training? \_\_\_\_\_

\_\_\_\_\_

➤ Who is monitoring the number of kids in the inflatable? \_\_\_\_\_

\_\_\_\_\_

➤ How many children are allowed in the inflatable at one time? \_\_\_\_\_

➤ Are you securing waivers from all parents/guardians? \_\_\_ yes \_\_\_no (Please note that waivers are required for approval.)

**If the inflatables are approved, the following procedures must be maintained:**

**If inflatable is rented from an outside vendor:**

- Controls must be in place and vendor monitors set up, take down and monitors safe use of inflatable
- Need Waivers signed by parents or legal guardian for children using the inflatables holding the church harmless. These waivers need to be retained by the church for at least 5 years.
- Need a copy of certificate of insurance from vendor; with additional insured status to the church if possible.

**If church owns the inflatable:**

- Controls must be in place with knowledgeable adults setting up, taking down and monitoring safe use of inflatable.
- Need waivers signed by parents or legal guardian for children using the inflatables holding the church harmless. These waivers need to be retained by the church for at least 5 years.