Schools Insurance Authority
Special Events Liability Insurance Questionnaire

Phone Number: Fax

Event Information

Event Name:

Event Description:

Event Date / Start Time

Location / Address of Event

Event Attendance Information

Restricted to students only Open to the public

and/or other

list the name of the vendor, product or service being provided. Please attach insurance certificates from each vendor listing the district as an additional insured, including the second page titled the Additional Insured Endorsement.

Vendor Name	Product or Service	Certificate of Insurance provided

Revised