



<b>Section B</b>			
The following Special Events and activities require additional information for coverage. Please indicate all Special Events that you are interested in applying for and complete the Special Event Details section for each SECTION B. Special Event:			
<input type="checkbox"/> Festival <input type="checkbox"/> After School Programs <input type="checkbox"/> Beer Garden/Beer Tent <input type="checkbox"/> All Night Lock-Ins <input type="checkbox"/> Apple Bobbing <input type="checkbox"/> Auctions <input type="checkbox"/> Competition/Talent Shows <input type="checkbox"/> Balloon Artists <input type="checkbox"/> Bazaars <input type="checkbox"/> Beautification Projects <input type="checkbox"/> Carnivals <input type="checkbox"/> Childcare <input type="checkbox"/> Costume Parties <input type="checkbox"/> Easter Egg Hunt	<input type="checkbox"/> Enrichment Programs <input type="checkbox"/> Family Portraits <input type="checkbox"/> Fashion Shows <input type="checkbox"/> Games (Bingo, Ring Toss, Bean Bag etc) <input type="checkbox"/> Hobby Shows <input type="checkbox"/> Moon Walks <input type="checkbox"/> Parades <input type="checkbox"/> Pee Wee Golf <input type="checkbox"/> Performing Arts <input type="checkbox"/> Picnics <input type="checkbox"/> Dancing <input type="checkbox"/> Rock Climbing Walls <input type="checkbox"/> Boy/Girl Scout Sponsorship <input type="checkbox"/> Marathons, Half Marathons	<input type="checkbox"/> Animal (Rides or Zoos) <input type="checkbox"/> Bike Rodeos <input type="checkbox"/> Bounce Houses/ Inflatable Slides <input type="checkbox"/> Bowling <input type="checkbox"/> Broom Hockey <input type="checkbox"/> Camping <input type="checkbox"/> Crossing Guards <input type="checkbox"/> Face Painting <input type="checkbox"/> Fishing (from land) <input type="checkbox"/> Fortune Telling <input type="checkbox"/> Fun Runs <input type="checkbox"/> Golf Tournaments <input type="checkbox"/> Grad Nights <input type="checkbox"/> Haunted Houses	<input type="checkbox"/> Recitals <input type="checkbox"/> Karaoke <input type="checkbox"/> Line Dancing <input type="checkbox"/> Litter Cleanup <input type="checkbox"/> Magic Shows <input type="checkbox"/> Skating Rink (Roller and Ice) <input type="checkbox"/> Ski School/Programs <input type="checkbox"/> Sumo Wrestling <input type="checkbox"/> Swim Parties <input type="checkbox"/> Vehicular Transportation <input type="checkbox"/> Concert/Musical Performance <input type="checkbox"/> Hayrides <input type="checkbox"/> Political Meetings <input type="checkbox"/> Walk a thons
<b>Name of Foundation (Foundation):</b>			
Address of Foundation (Foundation):			
<b>Special Event Details for event activities listed under Section B:</b>			
Event Title and Description:			
Location Name and Address:			
Date of Event:	from:		to:
Hours of Event:	from:	<input type="checkbox"/> AM <input type="checkbox"/> PM	to: <input type="checkbox"/> AM <input type="checkbox"/> PM
Number of Attendees per day:			
Will Alcohol will be served:	<b>Yes      No</b>		
<b>If Yes:</b>			
Is the Foundation required to obtain a Liquor License?	<b>Yes      No</b>		
Is the Foundation required to obtain Statutory Liquor Liability coverage?	<b>Yes      No</b>		
Name of Alcohol Vendor:			
<b>* If there is a brochure for the Event, please attach a copy.</b>			
<b>Please confirm all vendors and service providers for each event carry appropriate insurance coverage.</b>			

<b>SECTION C:</b>			
The following Special Events and activities cannot be covered:			
<b>Mechanical/Motorized Rides at Carnival</b> <b>Aircraft, Airports, Aviation</b> <b>Animals (other than rides/zoo)</b> <b>Go Carts</b> <b>Security Guards</b> <b>Hot Air Balloons</b> <b>Fireworks and Pyrotechnics</b> <b>Firearms &amp; Similar Weapons</b>	<b>Moshing, Stage Diving, Crowd Surfing, Slam Performer</b> <b>Rodeos</b> <b>Circuses</b> <b>Motorized Sporting Events</b> <b>Rocketry</b> <b>Truck &amp; Tractor Pulls</b> <b>Athletic Participant Injury</b> <b>Bungee Jumping</b>		
<b>SECTION D:</b>			
Please list any other Special Events or activities not noted above for which coverage is desired. Please provide full details:			
Event Title and Description:			
Location Name and Address:			
Date of Event:	from:		to:
Hours of Event:	from:	<input type="checkbox"/> AM <input type="checkbox"/> PM	to: <input type="checkbox"/> AM <input type="checkbox"/> PM
Number of Attendees per day:			
Will Alcohol will be served:	<b>Yes</b>	<b>No</b>	
<b>If Yes:</b>			
Is the Foundation required to obtain a Liquor License?	<b>Yes</b>	<b>No</b>	
Is the Foundation required to obtain Statutory Liquor Liability coverage?	<b>Yes</b>	<b>No</b>	
Name of Alcohol Vendor:			
<b>* If there is a brochure for the Event, please attach a copy.</b>			
<b>Please confirm all vendors and service providers for each event carry appropriate insurance coverage:</b>			
<b>The Foundation's completion of this Questionnaire does not obligate the Company to issue Special Events Coverage or for the Foundation to purchase a policy.</b>			
<b>X</b>	Date:		
Applicant Signature: (PRESIDENT, CHAIRPERSON or EXECUTIVE DIRECTOR)			
Name (PRINT):		Title:	
Agent:		Agent Surplus Lines License Number:	
Agency:			
Address:			