



# Schools Insurance Authority Special Events Liability Insurance Questionnaire



Phone Number:

Fax

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**Event Information**

Event Name:

Event Description:

Event Date ( Y H Q W 6 W D U W 7 L P H

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**Event Attendance Information**

Restricted to students only

Open to the public

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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

