# SPECIAL OLYMPICS
# REQUEST FOR CERTIFICATE OF INSURANCE

(*This form is only utilized when a facility/organization requires a certificate of insurance*)

1. Date: 6/2/2025 Person Completing this Form: Bryan Schubring
2. U.S. Program/Area: Virginia
3. U.S. Program/Area Address: 3212 Skipwith Rd. Suite # 100, Richmond, VA 23294
4. U.S. Program/Area Phone No.: 804-467-6006 Fax: E-mail: michael@henricosea.com
5. Name of Event: Summer Games Date(s) of Event: Softball Tournament
6. Site or Location of Event: Glen Allen Softball Complex
7. Is this Event a Fundraising Activity? ☐ YES ☑ NO If the event is a Fundraising Activity, please provide answers to the following:
   a. Will the event last more than 7 consecutive days? ☐ YES ☑ NO
   b. Will more than 5,000 spectators/participants be in attendance of the event? ☐ YES ☑ NO
   c. Are participants required to sign a Release of Liability Waiver? ☑ YES ☐ NO

***Please attach any pertinent information regarding fundraising activities (brochure, advertisement, specific details)***

**Note:** If the event involves any of the following, please contact Rene Waterson at rwaterson@amerspec.com or 260-969-5392 immediately, as the policy either specifically **EXCLUDES** coverage for these events or requires the U.S. Program to meet certain underwriting requirements. Coverage is not provided for the following activities unless approved in advance by the Insurer.

- Alcohol
- Rock Climbing Walls
- Aircraft (other than a Plane Pull)
- Firearms
- Fundraising Events lasting more than 7 consecutive days
- Inflatable Devices
- Obstacle Runs (including obstacles, barriers, paint, foam, or other non-traditional challenge features)
- Over The Edge events
- Mechanical Rides
- Golf Ball Drops
- Fireworks
- Rodeos
- Fundraising Events with more than 5,000 people (including spectators and participants) in attendance

8. Is the Event Exclusively for Special Olympics Athletes? ☑ YES ☐ NO
9. Is the Event Sponsored by a Special Olympics Program? ☑ YES ☐ NO
10. Is the Event Conducted by a Special Olympics Program? ☑ YES ☐ NO
11. Is Alcohol Being Served at the Event? ☐ YES ☑ NO

    If so, please provide additional details (such as alcohol is included in the ticket price, cash bar, donated):
12. Certificate Holder (entity requiring certificate): Henrico County
13. Does the Certificate Holder require Additional Insured status*? ☑ YES ☐ NO
    a. If so, please outline the requested Additional Insured wording: names Henrico County as additional insured and certificate holder for no less than $2,000,000 general aggregate and $1,000,000 per occurrence.
    b. If so, please outline the Additional Insured's role in the event (such as sponsor, location of event, etc.): location of event
14. Certificate Holder Contact Person: Michael McCormack
15. Certificate Holder Address: PO Box 90775
16. Certificate Holder Phone No.: 804-501-4142 Fax: E-mail: michael@henricosea.com

    ***ADDITIONAL INSURED STATUS SHOULD BE PROVIDED ONLY IF IT IS A REQUIREMENT OF THE CERTIFICATE HOLDER.**
17. Are you required to enter into an agreement/contract/permit with another party relative to the above-refenced event that contains assumption of liablity, indemnification, or hold harmless language? ☐ YES ☑ NO **If so, please send a copy of the contract with the Certificate Request Form.**

    Original Certificate should be sent to: ☑ Certificate Holder ☐ U.S. Program

**SEND TO:** ATTN: Rene Waterson E-MAIL: rwaterson@americanspecialty.com
AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. Jefferson Boulevard, Suite 100
Fort Wayne, Indiana 46804-4133
Toll Free: 800.245.2744 Fax: 260.969.4729