



CPG SPECIAL EVENT QUESTIONNAIRE

Name of Clinic/Organization

Policy Number (if currently insured with NORCAL)

Directions: Please answer all questions fully and completely. If a question does not apply, state "N/A." Use the Remarks section if you need additional space or attach additional pages as necessary. **Please ensure that you sign and date the questionnaire on page 2.**

SPECIAL EVENT INFORMATION

1. Please provide the following information for the person at your clinic/organization who is in charge of the event:

Name and Title: _____

Telephone Number: _____ Email Address: _____

2. Please complete the following regarding the event:

a. Start Date (mm/dd/yy): _____ End Date (mm/dd/yy): _____

b. Hours of Operations: _____

c. Event Type: Fund Raising Health Fair Retreat Other (specify): _____

d. Describe the event:

e. Total Number of Anticipated Attendees (if more than one day, provide the total for each day): _____

f. Cost of Admission Per Person: \$ _____

g. Event's Anticipated Gross Income: \$ _____

3. Will alcohol be served at the event? Yes No

If yes, please check all that apply: Alcohol Will Be Served Without Charge Alcohol Will Be Sold

4. Will food be served at the event? Yes No

5. Where will the event take place?

Name of Location: _____

Address: _____ City: _____ State: _____

NOTE: If the clinic/organization does not have Health Care General Liability Insurance with NORCAL, please skip the following question and go to question 6.

Do you wish to add the landlord of the location at which the event will take place as an additional insured under the Health Care General Liability Insurance? Yes No

If yes, please provide the name and address of the landlord:

6. Please provide the specific name(s) of the individual(s) and/or organization(s) who are sponsoring the event:

a. Do you wish to add the special event sponsor(s) as an additional insured under your Professional Liability Insurance?
 Yes No

b. If the clinic has Health Care General Liability Insurance with NORCAL, do you wish to add the special event sponsor(s) as an additional insured(s) under your Health Care General Liability Insurance? Yes No

If you answered yes to question 6a or 6b, please provide the name and address of each sponsor that you would like to add as an additional insured:

NOTE: If you indicated that you wish to extend coverage under the policy to the landlord and/or sponsor, and coverage is approved, the coverage provided to them will be limited as specified in the endorsement(s) that will be added to the policy. The endorsement(s) states, among other things, that there will be no coverage for the landlord and/or sponsor if the injury or damage was caused, in whole or in part, by the landlord and/or sponsor or by those acting on their behalf.

REMARKS

Beneath "Question Number," please indicate the question number and, if applicable, the letter (for example, 2 or 3b):

Page Number	Section Number	Question Number	Remarks

Please provide any additional information material to the risk that has not otherwise been addressed in this questionnaire:

REPRESENTATIONS AND WARRANTIES

NOTE: "Warrant" in the following statement is not applicable to Arizona or New Mexico clinics/organizations. By statute, Arizona or New Mexico clinics/organizations are only required to represent the truth of their statements and information.

I represent and warrant the truth of my statements and information mentioned herein, and that I have not withheld any information that may be relevant to the clinic's/organization's coverage. I agree to notify NORCAL Mutual Insurance Company immediately if the clinic's/organization's practice changes in any way and of any change in the information contained in this questionnaire.

Signature of Authorized Representative

Date

Print Name