

Phone: (888) 661-3938 Fax: (888) 872-8921 Hours: 8:00 AM - 8:00 PM EST Mon. - Fri. www.travelers.com/servicecenter/ Service.center@travelers.com

CAROLINAS ASSOC OF COLLEGES CACRAO - PO BOX 20011 601 SOUTH COLLEGE ROAD WILMINGTON, NC 28407 September 30, 2015

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

## **URGENT ADDITIONAL INFORMATION NEEDED**

Account Number: 3649G0142 Policy Number(s): 660-9463N768-15 Transaction Effective Date(s):

Dear Gil Bowen,

We have received a request from you to:

provide a certificate of insurance regarding a sponsored special event.

We are unable to complete the processing of the request because we need the following additional information:

## Special Events Questionnaire

Your business is very important to us and we strive to offer the highest level of customer service. For your convenience you may document the required information on this letter and fax it back to our office. If attaching other documentation, please be sure that the registration number referenced below is included on each attachment.

If you would prefer, you may call us directly at (888) 661-3938 with your responses, including any questions you may have.

We regret that if the requested information is not received within 5 business days we will be unable to process the request.

Sincerely,

**Travelers Service Center** 

Registration Number: 384146724061272

CC: Fred Wheeler, FORREST T JONES COMPANY INC



## SPECIAL EVENTS QUESTIONNAIRE

Named Insured: CAROLINAS ASS	SOC OF COLLEGES		
Are you the sponsor of the event?		YES	NO 🗌
Provide a description of the even	t (meeting, convention, seminar, reception):		 
Provide a description of your acti	vities at the event?		 
Location of the event (address):	Facility Name:		 
	Street Address:		 
	City, State, Zip:		 
	ve-in & move-out):		
	d as an additional insured on your policy?	YES	NO 🗌
What is their relationship?	Owner of premises where the event is being held? Sponsor of the event? Other (Explain)		
Additional Insured Information:	Name:		 
	Street Address:		 
	City, State, Zip:		 
Is a certificate of insurance requir	ed by another party?	YES	NO 🗌
What is their relationship?	Owner of premises where the event is being held? Sponsor of the event? Other (Explain)		
Certificate Holder Information:	Name:		 
	Street Address:		 
	City, State, Zip:		 

## If you're acting as the sponsor of the event, please answer the following additional questions:

Expected Revenues from the event: <u></u>		
Estimated Attendance:		
Event will be held: Indoors Outdoors		
Will security to be provided?	YES	NO
Describe:		
Will first aid be provided?	YES	NO 🗌
Describe:		<u> </u>
Will food & beverage be served at the event?	YES	NO
Will there be alcoholic beverages?	YES	NO 🗌
If yes, what is the estimated sales? <u></u>		
How will food & beverages be provided?  Furnished  Served    Catered by outside party		
If the event will be using the services of an outside caterer, is the caterer providing a liability certificate naming you as an additional insured with liability limits at least equal to your own?	YES	NO 🗌
Will there be amusement activities or fireworks?	YES	NO 🗌
If so, please describe:		
Are exhibitors required by contract to carry their own liability insurance?	YES	NO 🗌
If yes, are the exhibitors required to provide you with an insurance certificate evidencing the existence of General Liability & Workers Compensation coverage?	YES	NO 🗌