

# Insurance FAQ

As one of our chapter benefits, the SFMA provides all of the officers and directors of its chapters General Liability and Directors and Officers insurance, and insurance coverage for your chapters' events – provided your chapter is in good standing with SFMA. On an individual chapter basis, this insurance could cost between \$2,000-3,000. The SFMA has put together a FAQ page regarding this insurance coverage.

## **Who is covered?**

The SFMA insurance provides liability coverage for your officers, board, and committee members, 100% indemnification, and general liability for your meetings and/or events.

## **What are the limits of the coverage?**

The business owner's policy, which covers general liability, has limits of \$1,000,000 per occurrence and \$2,000,000 aggregate. The D&O policy (Directors and Officers), which covers professional actions, has a limit of \$1,000,000 with a \$2,500 deductible.

## **Is there coverage for special events that my chapter may hold?**

Yes. The business owner's policy would cover any special events that your chapter should hold (with the approval of the underwriters) including meetings, conventions, field days, and tradeshow.

## **Is there any special documentation that I may need for a special event?**

Yes, but only if the facility or organization requires you to provide a Certificate of Insurance. Also, you will need to fill out the SPECIAL EVENTS QUESTIONNAIRE (SEQ) for the underwriters AT LEAST 30-45 DAYS PRIOR to the event for which you wish to receive coverage.

## **How can I get a certificate of insurance and the SEQ?**

Fax or email a request to:

**Nora Dunnaway**

Finance & Operations Manager

FAX 785-843-2977

[NDunnaway@SportsFieldManagement.org](mailto:NDunnaway@SportsFieldManagement.org)

## **Return the documents to:**

**SFMA Headquarters**

PO Box 1673

Lawrence, KS 66044

FAX 785-843-2977

[SFMAinfo@SportsFieldManagement.org](mailto:SFMAinfo@SportsFieldManagement.org)

**If you have any questions, please contact SFMA at (800) 323-3875.**

*SFMA thanks its Chapter Sponsors:*



# Special Event Questionnaire

CERTIFICATE HOLDER NAME: \_\_\_\_\_  
CERTIFICATE HOLDER ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

(\*1-9 Mandatory for Sponsors or Non-Sponsors, 10-21 Mandatory for Sponsors)

- 1.\* Are you the sponsor? If not, name of the main sponsor:
- 2.\* Describe the Event (meeting, convention, seminar, reception, etc.):
- 3.\* Is anyone requesting to be named as additional insured on your policy? If yes, provide their name, address, and relationship to you and/or the Event:
- 4.\* Is a certificate of insurance required by another party?
- 5.\* Date(s) of the Event (including move-in & move-out):
- 6.\* Address of the event:
- 7.\* Have you conducted similar events in the past?
- 8.\* Expected gross receipts: \$
- 9.\* Estimated attendance:
10. Will event be held indoors or outdoors?
11. Admission to be charged: \$
12. Have there been any claims/losses in the past? If yes, please describe:
13. Describe security to be provided:
14. Describe first aid to be provided:
15. Will there be amusement activities (i.e. Rides, petting zoo, saddle animals) or fireworks?
16. Are exhibitors required by contract to carry their own liability insurance? If so, will they be required to provide you with evidence of GL & Workers' comp insurance?
17. Describe refreshments planned:  
Will they complimentary or purchased by guests?  
How will they be provided? (Caterer, hired attendants, volunteers)  
Describe cooking to be done:
18. If liquor is to be sold, list estimated receipts:
19. Have you agreed to hold harmless any third parties? If so, please describe:
20. Will you be promoting any seminars, meetings, conferences or special events during the convention/ tradeshow?  
If so, please provide a brief description indicating the purpose and number of attendees:
21. Is this for information purposes only?