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 ASSOC OF COLLEGES

Are you the sponsor of the event? □ YES □ NO

Provide a description of the event (meeting, convention, seminar, reception):

Provide a description of your activities at the event:

Location of the event (address):

- Facility Name:
- Street Address:
- City, State, Zip:

Dates of the event (including move-in & move-out):

Is anyone requesting to be named 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 required 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:

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Account Number: 3649G0142
Registration Number: 384146724061272
If you’re acting as the sponsor of the event, please answer the following additional questions:

Expected Revenues from the event: $ ________________________________

Estimated Attendance: _________________________________________________

Event will be held: Indoors ☐ Outdoors ☐

Will security to be provided? YES ☐ NO ☐

Describe: _____________________________________________________________

Will first aid be provided? YES ☐ NO ☐

Describe: _____________________________________________________________

Will food & beverage be served at the event? YES ☐ NO ☐

Will there be alcoholic beverages? YES ☐ NO ☐

If yes, what is the estimated sales? $ ________________________________

How will food & beverages be provided? Furnished Served

Catered by outside party ☐ ☐

Catered by facility where event is being held ☐ ☐

Your staff/employees ☐ ☐

Volunteers ☐ ☐

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 ☐