

## SHORT FORM EVENT HOLDER QUESTIONNAIRE

**Member Name:** \_\_\_\_\_

Name and Address of Renter or Event Holder (*Same as on Permit or Rental Form*):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Event Contact Person: \_\_\_\_\_

*Authorized to sign all documents*

Daytime Phone Number: \_\_\_\_\_

Event Information

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Coverage Type:     *Entire Event Coverage*         *Vendor Coverage*         *Instructor Coverage*

Detailed Description of Event: \_\_\_\_\_

\_\_\_\_\_

Total Attendance (**per day**) including all participants, volunteers and employees:

<i>Day 1</i>		<i>Day 3</i>		<i>Day 5</i>		<i>Day 7</i>	
<i>Day 2</i>		<i>Day 4</i>		<i>Day 6</i>		<i>Day 8</i>	
<b>Total Attendance ALL Event Days:</b>							

Event Exposures

- |  |     |    |
|--|-----|----|
| 1. Have you held this event or a similar event in the past?                      | Yes | No |
| 2. If yes, have accidents, incidents, claims or losses arisen from such event?   | Yes | No |
| 3. Is there an admission fee charged?  | Yes | No |
| 4. Will food/non-alcoholic beverages be served?                                  | Yes | No |
| 5. Will food/non-alcoholic beverages be sold?                                    | Yes | No |
| 6. Will there be a caterer?  | Yes | No |
| 7. Please list/describe entertainment activities that will be occurring, if any: |     |    |

8. Do you have any parties requiring to be named as Additional Insured? Yes    No

***If yes, please review contracts and attach a separate sheet listing names and addresses of all parties requiring to be named as additional insured.***

The event premium includes a premium charge for the owner/lessor as additional insured. Event Holder agrees to add the Facility owner as an additional insured.

Event Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Liquor Liability Exposures:

\_\_\_\_\_ *No alcoholic beverages will be served or sold at this event.*

1. Type of alcoholic beverages available (please choose all that apply):  
 Beer                       Wine/Champagne                       Mixed Drinks/Full Bar
2. How long will alcoholic beverages be available for consumption? \_\_\_\_\_
3. Will you charge a fee or collect a ticket?                      Yes              No
4. Do you receive a donation?                      Yes              No
5. Estimated sales receipts for alcoholic beverages:                      \$ \_\_\_\_\_
6. Do you have a caterer or vendor serve or sell the alcoholic beverages?                      Yes              No
7. If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance?                      Yes              No
8. How many different locations will alcoholic beverages be available? \_\_\_\_\_
9. Are you required to obtain or have a liquor license for your event?                      Yes              No
10. What Management Practices do you have in place to monitor and control the consumption of alcoholic beverages?
  - Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted.                      Yes              No
  - Everyone must show identification to receive an alcoholic beverage.                      Yes              No
  - Individuals over the legal drinking age receive a wristband or other form of identification.                      Yes              No
  - There is a limit of two servings provided to any one individual per visit to the concession.                      Yes              No
  - Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated.                      Yes              No
  - The concession or bar is closed at least one hour prior to the end of the event.                      Yes              No

Vendor/Exhibitor/Concessionaire Exposures

Please complete the following for **each** vendor, exhibitor, or concessionaire you would like added to this policy. Please use additional sheets if necessary.

\_\_\_\_\_ *We do not require/request coverage for Vendors, Exhibitors, or Concessionaires*

Name, Contact and Mailing Address:

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Type of Vendor (please choose one):

- |   |   |
|---|---|
| <input type="checkbox"/> Exhibitor (No Sales)                   | <input type="checkbox"/> Concessionaire (Activity Booth)    |
| <input type="checkbox"/> Food or Beverage Vendor (No Alcohol)   | <input type="checkbox"/> Concessionaire (Pony Ride Only)    |
| <input type="checkbox"/> Food or Beverage Vendor (With Alcohol) | <input type="checkbox"/> Concessionaire (Bounce House Only) |
| <input type="checkbox"/> Vendor (Non-Food/Beverage)             | <input type="checkbox"/> Promoter                           |
| <input type="checkbox"/> Entertainer                            | <input type="checkbox"/> Equipment Supply Company           |
| <input type="checkbox"/> Sponsor                                | <input type="checkbox"/> Other (Please Specify)_____        |

Name, Contact and Mailing Address:

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Type of Vendor (please choose one):

- |   |   |
|---|---|
| <input type="checkbox"/> Exhibitor (No Sales)                   | <input type="checkbox"/> Concessionaire (Activity Booth)    |
| <input type="checkbox"/> Food or Beverage Vendor (No Alcohol)   | <input type="checkbox"/> Concessionaire (Pony Ride Only)    |
| <input type="checkbox"/> Food or Beverage Vendor (With Alcohol) | <input type="checkbox"/> Concessionaire (Bounce House Only) |
| <input type="checkbox"/> Vendor (Non-Food/Beverage)             | <input type="checkbox"/> Promoter                           |
| <input type="checkbox"/> Entertainer                            | <input type="checkbox"/> Equipment Supply Company           |
| <input type="checkbox"/> Sponsor                                | <input type="checkbox"/> Other (Please Specify)_____        |

Name, Contact and Mailing Address:

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Type of Vendor (please choose one):

- |   |   |
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| <input type="checkbox"/> Entertainer                            | <input type="checkbox"/> Equipment Supply Company           |
| <input type="checkbox"/> Sponsor                                | <input type="checkbox"/> Other (Please Specify)_____        |