

EVENT HOLDER QUESTIONNAIRE

(To be attached to Permit Application – Retain in your files only)

RENTER / EVENT HOLDER NAME AND ADDRESS: (Same as on Permit Form or Rental Form)

Event Contact Person: _____

Email Address: _____

Daytime Phone Number: _____

EVENT INFORMATION:

Date(s) of Event: _____
 (Include set-up and take down days)

Classification of Event:
 (check box) I II III Vendor Only Instructor: Class I Class II Class III

Hours of the event: _____

Location of Event: (Must enter complete address on certificate) _____

Type of Event: _____

Detailed Description of Event: _____

Total attendance (per day) including all participants, spectators, guests, exhibitors, performers, entertainers, volunteers and employees:

Day One	_____	Day Four	_____	Day Seven	_____
Day Two	_____	Day Five	_____	Day Eight	_____
Day Three	_____	Day Six	_____	Day Nine	_____

Total Attendance ALL Event Days: _____

ADDITIONAL EVENT EXPOSURES:

	<u>Yes</u>	<u>No</u>	
Admission Fee Charged?	_____	_____	
Vendors/Exhibitors/Concessionaires? (Please provide a list of names/what vending, etc.)	_____	_____	How many Vendors? _____
Caterer? (Please provide name)	_____	_____	
Liquor Served?	_____	_____	
Liquor Sold?	_____	_____	
Food/Non-Alcoholic Beverages Served?	_____	_____	
Food/Non-Alcoholic Beverages Sold?	_____	_____	
Entertainment Activities?(Provide a list)	_____	_____	
Have you held this event or similar event in the past?	_____	_____	
If yes, have accidents, incidents, claims or loss arisen from such event?	_____	_____	

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 facility owner/lessor as additional insured.