
Special Events Questionnaire

Name of Organization _____
Address _____

1. Describe the event: _____

Location: _____

Date: _____ Time: _____

Expected attendance: _____

Admission fee or donation: _____ Estimated total or receipts: _____

Describe activities: _____

Describe food served: _____

Describe beverages served: _____

Cash Bar? _____

2. Who is responsible for parking cars? _____

Value of property of others in your care, custody or control: _____

3. Is coat check provided by you? _____

Value of property of others in your care, custody or control: _____

4. From whom have you required to be named as additional insured? _____

5. To whom must you provide additional insured coverage? _____

Signature

Title

Date