

## SHORT FORM EVENT HOLDER QUESTIONNAIRE

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

\_\_\_\_\_

\_\_\_\_\_

Event Contact Person: \_\_\_\_\_  
(Authorized to sign all documents)

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

**EVENT INFORMATION**

Date(s) Held: \_\_\_\_\_ Time: \_\_\_\_\_  
 (Include set-up and take down days)

Location 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 _____

Additional Event Exposures

	<u>Yes</u>	<u>No</u>	
Vendors/Exhibitors/Concessionaires?	_____	_____	How Many? _____
Caterer?	_____	_____	
Liquor Served?	_____	_____	
Liquor Sold?	_____	_____	
Food/Non-Alcoholic Beverages Served?	_____	_____	
Food/Non-Alcoholic Beverages Sold?	_____	_____	
Entertainment Activities?( <i>Provide a List</i> )	_____	_____	

Have you held this event or a similar event in the past?  Yes  No

If yes, have accidents, incidents, claims or loss arisen from such event?  Yes  No

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: \_\_\_\_\_