

EVENT HOLDER QUESTIONNAIRE

(To be attached to Permit Application – Do not send to HUB – Retain in your files only)

RENTER / EVENT HOLDER contact information (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: **(Please check box)** I II III Vendor Only Instructor: Class I Class II Class III

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:

Yes No

Admission Fee Charged?	_____	_____	
Vendors/Exhibitors/Concessionaires?	_____	_____	
(Please provide a list of names/what vending, etc.)	_____	_____	How Many? _____
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.