

**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	_____
<b>Total Attendance ALL Event Days:</b> _____					

**ADDITIONAL EVENT EXPOSURES:**

**Yes                  No**

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