



## **Public Events Insurance Requirements Questionnaire**

Name of Vendor / Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person Name & Phone Number: \_\_\_\_\_

Name / Type of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Is this an annual event: Yes / No

Location of Event: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Is the vendor / organization incorporated? Yes / No

Is the vendor / organization profit or not for profit? Profit / Not For Profit

How many employees does the vendor / organization employ? \_\_\_\_\_

Will the vendor / organization drive motor vehicles onto City property? Yes / No

Will there be alcohol sold at this event? Yes / No

Will there be food or non alcoholic beverages sold at this event? Yes / No

Will there be any amusement rides at this event? Yes / No

Will there be fireworks at this event? Yes / No

Will there be inflatables / bounce houses at this event? Yes / No

Will there be animals at this event such as horses, dogs, etc.?  
If yes, type \_\_\_\_\_

Will there be entertainment at this event such as musicians? Yes / No

If yes, type (i.e. country / rock): \_\_\_\_\_

Is this an organized sports event? Yes / No

If yes, type of sport: \_\_\_\_\_

Is Vendor / Organization covered by an insurance policy? Yes / No

Event Sponsors / Promoters: Yes / No

\_\_\_\_\_  
Name of Sponsor / Promoter

\_\_\_\_\_  
Contact Person Name & Phone Number

\_\_\_\_\_  
Name of Sponsor / Promoter

\_\_\_\_\_  
Contact Person Name & Phone Number

*Forward a completed questionnaire to the Risk Management Division to obtain an insurance specifications package.*