



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.