EVENT HOLDER QUESTIONNAIRE

(To be attached to Permit Application)
(Do not send to Hub International -- Retain in your files only)

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	Yes	No	
Vendors/Exhibitors/Concessionaires?	_____	_____	How Many? _____
Caterer?	_____	_____	
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 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 facility owner/lessor as additional insured.