



Specialty Human Services Division

# GREAT AMERICAN INSURANCE GROUP Specialty Human Services Division

## SPECIAL EVENT QUESTIONNAIRE

Name of organization: \_\_\_\_\_

FEIN: \_\_\_\_\_ Website address: www. \_\_\_\_\_

**If you do not have a website, attach brochure and detailed description of daily activities of organization**

1. Total number of events: \_\_\_\_\_
2. Do you sponsor or co-sponsor any parades? YES ☐ NO ☐  
**If yes,**
  - a. Number of: floats \_\_\_\_\_ horses \_\_\_\_\_ participants \_\_\_\_\_
  - b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants? YES ☐ NO ☐
3. Describe all mechanical or non-mechanical devices used at special events: \_\_\_\_\_
4. Are devices indicated provided and operated by a contractor? YES ☐ NO ☐  
**If yes,** do you obtain or require a certificate of insurance from the contractor? YES ☐ NO ☐
5. Complete chart below for each event. **If additional space is required, provide information on an attachment.**

	Event 1	Event 2	Event 3
Name of event:			
Date, time and location of event:			
Activities at event (use all applicable <b>activity codes from list below</b> ):			
Total estimated attendance:			
Annual event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Gross sales from admissions:	\$ _____	\$ _____	\$ _____
Gross sales from food or non-alcoholic beverage sales:	\$ _____	\$ _____	\$ _____
Gross sales from alcohol sales:	\$ _____	\$ _____	\$ _____
Other gross sales:	\$ _____	\$ _____	\$ _____
Emergency medical personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Security personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Golf carts or trams at event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**Activity Codes** – for use above:

- |                           |  |   |
|---------------------------|--|---|
| A. Golf outing            | H. Aircraft (motorized or not)                               | O. Parade (only entry of float into a parade)     |
| B. Wine tasting           | I. Animals   | P. Parade – participation in a parade (no-floats) |
| C. Dinner, gala or picnic | J. Athletic participation                                    | Q. Parade – sponsorship of a parade               |
| D. Auction                | K. Fireworks sales or show                                   | R. Use of any motorized vehicle(s)                |
| E. House tour             | L. Haunted house or trail                                    | S. Concert – <b>describe type of music</b>        |
| F. Fashion or Art Show    | M. Mechanical rides  | T. Other - describe                               |
| G. Bingo                  | N. Non-mechanical entertainment devices (e.g. bounce houses) |   |

6. If alcohol sales are indicated above, provide the following information: ☐ NA
  - a. Is any employee or volunteer of your organization responsible for serving alcohol? YES ☐ NO ☐
  - b. What alcohol dispensing controls are in place: \_\_\_\_\_
  - c. Type of license for alcohol sales: ☐ Permit for event only ☐ Annual liquor license

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_