



## SPECIAL EVENT ADDENDUM

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

Website address (URL): www. \_\_\_\_\_

### Complete one questionnaire per event.

1. Name of event: \_\_\_\_\_

2. Date and time: \_\_\_\_\_

3. Location: \_\_\_\_\_

4. Do you sponsor or co-sponsor this event? YES  NO

**If no, go to question 6. Provide event information describing only your participation in this event.**

5. Is event co-sponsored? YES  NO

**If yes**, is there a written agreement defining which entity is responsible for the liability for this event? YES  NO

a. **If yes**, are you the entity responsible for the liability for this event? YES  NO

b. **If no**, have you obtained a certificate of insurance naming you as additional insured on the other entity's GL policy, as respects this event? YES  NO

### EVENT INFORMATION:

6. Describe in detail the activities taking place in the event and attach flyer or handbill for event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is this an annual event? YES  NO

**If yes**, has any claim or incident ever arisen out of this event? YES  NO

**If yes**, describe all claims or incidents: \_\_\_\_\_

\_\_\_\_\_

8. Total estimated attendance for during the entire period of the event: \_\_\_\_\_

9. Indicate receipts from each source:

Admissions: \$ \_\_\_\_\_

Food or non-alcoholic beverage sales: \$ \_\_\_\_\_

Alcohol sales: \$ \_\_\_\_\_

Other sales or income: \$ \_\_\_\_\_

Describe source of other sales or income: \_\_\_\_\_

10. If alcohol is indicated above, is any employee or volunteer of your organization responsible for serving alcohol? YES  NO

**If yes**, what liquor controls are in place?

\_\_\_\_\_

11. Is there emergency medical equipment and personnel at the event? YES  NO

12. Do you have security personnel for this event? YES  NO

### PARADES:

13. Do you sponsor a parade? YES  NO

**If yes**, how many: floats \_\_\_\_\_ horses \_\_\_\_\_ participants \_\_\_\_\_

14. Do you require certificate of insurance, with \$1m limits, from all participants? YES  NO

### MECHANICAL RIDES OR NON-MECHANICAL ENTERTAINMENT DEVICES:

15. Do you sponsor events including mechanical rides, non-mechanical rides or entertainment devices (e.g. inflatable bouncers and slides). YES  NO

**If yes**, please provide a list of all devices.

16. Are devices indicated in question 11 provided and operated by a contractor? YES  NO

**If yes**, attach a certificate of insurance for the contracted company and describe all services to be provided by the contractor.

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

Date completed: \_\_\_\_\_