ASAE-Endorsed Association Office Package Program
EVENT QUESTIONNAIRE

ASSOCIATION NAME: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

DAYTIME PHONE: _____ **FAX NUMBER:** _____

1. Describe Event: _____ Are you the sponsor? ☐ Yes ☐ No
   (Meeting, Convention, Trade Show, Seminar, Banquet/Reception, Golf Event, etc.)

2. If not, name of main sponsor: _____

3. Date(s) of event (including move-in/move-out): _____

4. Address of event: _____

5. Estimated Attendance per day: _____ Estimated Exhibitors: _____

6. Admission to be charged: _____

7. Expected gross receipts: $ _____

8. Will event be held indoors or outdoors? _____

9. Have you conducted similar events in the past? ☐ Yes ☐ No

10. Have there been any claims or losses in the past? ☐ Yes ☐ No *If yes, please describe:* _____

11. Describe security to be provided: _____

    Provided by whom? _____ Armed or Unarmed? _____

    Provide copy of their Certificate of Insurance naming your organization as Additional Insured under their General Liability coverage.

12. Describe first aid to be provided: _____

13. Will there be amusement rides, fireworks, or water related events? ....☐ Yes ☐ No

    If yes, please specify: _____

14. Are exhibitors required by contract to carry their own liability insurance? ....☐ Yes ☐ No
    If so, will they be required to provide you with evidence of General Liability and Workers' Compensation Insurance? ....☐ Yes ☐ No

15. Describe refreshments planned: _____

    Will refreshments be complimentary or purchased by guests? _____

    Who will be providing them? _____

    Describe any cooking done onsite: _____

16. If liquor is to be sold, list estimated receipts: $ _____

17. Do you request a certificate of insurance from the caterer if alcohol is served? ....☐ Yes ☐ No

18. Is a certificate of insurance required by another party? ....☐ Yes ☐ No

    If yes, please complete the attached Certificate of Insurance Request Form.

19. Are any athletic events being planned? ....☐ Yes ☐ No

    If so, please describe: _____

WARRANTY STATEMENT: I hereby warrant and confirm that the above information to the best of my knowledge is true and correct, and further certify that I have read all of the questions and answers on this application I understand this application is a requirement for coverage, a part of the contract and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or the company until accepted by the company in writing.

Name (please print) _____ Title _____

Signed: _____ Date: _____