SPECIAL EVENT/FUNDRAISING EVENT SUPPLEMENTAL APPLICATION

Applicant must complete a separate Questionnaire for each Event Conducted or Sponsored.

Name of Applicant: ____________________________________________________________

Type of Event:

- Charity Raffle/Auction
- Running/Walking Race
- Bingo/Card Night
- Scavenger Hunt
- Sporting Event, explain ____________________________________________________
- Other, explain ____________________________________________________________

- Fundraising Dinner
- Boat Race
- Casino Night
- Concert/Entertainment
- Fashion Show
- House/Garden Tour
- Golf Tournament
- Wine Tasting

Is Applicant the sole sponsor of the Event?  Yes  No
If No, with whom has the Applicant affiliated or contracted with to Sponsor this Event?

➢ If Applicant has affiliated with or contracted for the services of a third party for any part of this Event please attach copies of the Contract for Services.

Is Applicant seeking to add these Third Parties as Additional Named Insureds?  Yes  No

Does Applicant require Certificates of Insurance from everyone providing products/services for the event?  Yes  No

Has Applicant held similar Events in the past?  Yes  No

Are any Alcoholic beverages being served at the Event?  Yes  No
If Yes, who is providing/serving the alcohol? ________________________________
If Yes, who hires the bartenders?  Applicant  Proprietor/Operator of the facility
If Yes, how do you control the amount served?

Do the bartenders know TIPPS?  Yes  No

Date(s) of Event(s): __________  Location(s) of the Event ________________________________

How many participants, spectators, volunteers anticipated to attend? ________________________________

Price(s) Per Ticket?  $__________________  Estimated Gross Receipts: $__________________

If applicable, list all sporting activities to be a part of this event.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
What safeguards are in place to prevent spectator injury?

Do participants sign a waiver?  □ Yes  □ No

Do participants show proof of personal health insurance?  □ Yes  □ No

Date:_________________________

Signature:_____________________________________________________

(Must be signed by Applicant: Owner/President/CEO/or Executive Director)

Title:_________________________________________________________