



FIRE/EMS-PAK & PUBLIC ENTITY PAK SPECIAL EVENTS - SURVEY GENERAL

Name of Insured: _____ City/State: _____ Policy #: _____

Complete a survey for each event to be covered.

1. "X" the event to be covered.

- | | | |
|--|---|--|
| <input type="checkbox"/> Archery Contest | <input type="checkbox"/> Fireworks Display (Sponsor only) | <input type="checkbox"/> Lumberjack Contest |
| <input type="checkbox"/> Carnival | <input type="checkbox"/> Fireworks Display (Detonation) | <input type="checkbox"/> Motorized Land Vehicles Event |
| <input type="checkbox"/> Circus | <input type="checkbox"/> Haunted House | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Concert | <input type="checkbox"/> Horse Pull | <input type="checkbox"/> Watercraft Event |
| <input type="checkbox"/> Festival/Fair | <input type="checkbox"/> Ice Bowling | <input type="checkbox"/> Other |

2. Describe the event here or attach information about the event. _____

3. How many times will this event be held this year? _____ Dates of event each time it is held during the year.

A. _____ to _____

B. Other dates if applicable. _____ to _____

4. Establish a chain of command so that proper authority can be delegated and the proper authority is known by all. Someone must be in charge of this event. Who is the person in charge of this event? _____

Name: _____. Is this person a member of your organization? Yes No. This person should have any necessary experience or training needed to be in charge and assure the safety of all.

5. Will income be derived from this event? Yes No. If yes, what are estimated gross receipts? \$_____

6. Will alcohol be sold or available? Yes No. If yes, complete the Alcohol Survey, CW 1548. Do you need Liquor Liability Insurance? Yes No.

7. Are you responsible for the safety & security of your guests? Yes No. If yes, complete Safety & Security Survey, CW 1544. If No., who is: _____

8. Estimated number of people expected to attend this event: _____

9. Will this event consist of participants? Yes No. If yes, how many? _____

10. Will spectators be asked to participate in this event? Yes No. If yes, number of spectators that will be asked: _____

11. Will any independent contractors or vendors or be involved in this event? Yes No. If yes, obtain a certificate of insurance from each and forward to your insurance agent.

12. Will there be other individuals or groups or organizations taking part in this event? Yes No. If yes, who? _____

13. Have you signed any contract regarding this event? Yes No. **If yes, attach a copy for insurance agent to review.** Always send a copy of any contract to your insurance agent to review the insurance section prior to signing.
14. Is this event on your premise? Yes No. If No., give location and owner of premise:
 Name: _____
 Address: _____
15. Is your organization responsible for the maintenance of the grounds on which the above event(s) are being held? Yes No. If yes, name person to check the grounds for any obstacles that would be a cause of injury. An example would be to check for gopher holes so no one steps in it and sprains an ankle. Will you agree to do this? Yes No. Give name of person who will do this: _____
16. Are there bleachers: Yes No. If yes, what type of framing: wood steel/aluminum concrete. Are you responsible for the maintenance of the bleachers? Yes No. If yes, eliminate the wood framing. Use steel or aluminum or concrete framing. Name a person to inspect the bleachers twice a year for maintenance. Also state on the bleachers what the pound capacity is and the maximum number of people allowed. What is the name of the person who will inspect: _____
17. Are you responsible for parking vehicles? Yes No.
18. Will you be driving any of the vehicles that are parked at this event? Yes No. If yes, you need special insurance. See your agent.
19. Will mechanical rides be involved? Yes No. If yes, make sure before you sign a contract with the mechanical rides business that part of the agreement be that **"you are named on their policy as an additional insured"**. Will you agree to do this? Yes No.

We do not provide coverage for mechanical amusement rides. You must ask the owner of the rides to list you as an additional insured on his policy. You must then receive and provide us with a copy of a certificate of insurance from the owner of the rides. The certificate is to show proof of coverage with limits of liability no less than \$1,000,000.00.

Please provide the following and obtain the certificate of insurance for us to review:

Name of Ride Business: _____
 Street Address: _____
 City/State/Zip: _____
 Phone number: () -

20. Will any events involve motorized vehicles, watercraft, or animals? Yes No. If yes, complete Motorized Vehicle Survey, CW 1547.
21. Will you have fireworks? Yes No. If yes, complete Fireworks Survey, CW 1545.
22. Have you checked with local authorities to make sure you are providing proper restroom facilities for the size crowd you are expecting? Yes No. Have local authorities told you in writing that you have?
 Yes No.
23. Have you obtained all the local permits to sponsor the event(s)? Yes No.

_____ Date

_____ Signature of Insured's Representative