

SOROPTIMIST CLUB - EVENTS QUESTIONNAIRE



CLUB NAME: _____
MAILING ADDRESS: _____
CONTACT PERSON: _____
DAYTIME PHONE: _____ **EMAIL:** _____

1. Fully Describe Event: _____

Check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Golf Outing | <input type="checkbox"/> Aircraft (motorized or not) | <input type="checkbox"/> Parade (float entry only) |
| <input type="checkbox"/> Wine Tasting | <input type="checkbox"/> Animals | <input type="checkbox"/> Parade – participation (no float) |
| <input type="checkbox"/> Dinner, gala or picnic | <input type="checkbox"/> Athletic Participation | <input type="checkbox"/> Parade – sponsorship |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Fireworks sales or show | <input type="checkbox"/> Use of motorized vehicle(s) |
| <input type="checkbox"/> Fashion or Art Show | <input type="checkbox"/> Haunted house or trail | <input type="checkbox"/> Concert – describe type of music |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Mechanical rides | <input type="checkbox"/> Other – describe in space above |
| | <input type="checkbox"/> Non-mechanical entertainment devices
(e.g. bounce houses) | |

2. Are you the sponsor? Yes No _____

If not, name of main sponsor: _____

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

4. Address of event: _____

5. Total # of Attendees: _____ Total # of Volunteers: _____

6. Expected Gross Revenue: \$ _____

7. Is a sporting activity being played including swimming? Yes No

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

9. Is alcohol being served? Yes No

If yes, by whom? _____

If you aren't serving, has the server provided evidence of liquor liability insurance? Yes No

Is a liquor license required? Yes No

What alcohol controls are in place? _____

Expected Alcohol Sales: _____

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

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

If yes, please list names and addresses of all certificate holders below

- _____
- _____
- _____

Is there a written contract with any certificate holder? Yes No

Does the contract contain a "hold harmless" clause in your favor? Yes No

Signed: _____ Date: _____

PLEASE RETURN COMPLETED QUESTIONNAIRE TO:

Joanna Acosta, Account Manager
Pacific Ag Insurance Agency, Inc.
Email: joannaa@pacificaginsurance.com
P: 559-584-3391