

**SPECIAL EVENT QUESTIONNAIRE**

Applicant Name and Address: \_\_\_\_\_  
 \_\_\_\_\_

Location of Event: \_\_\_\_\_

Term Requested: From \_\_\_\_\_ To \_\_\_\_\_

Description of Events (If printed material is available, please attach): \_\_\_\_\_  
 \_\_\_\_\_

Requested Limits of Liability: \$ \_\_\_\_\_ Products: \_\_\_\_\_  
 Other Coverages Requested: \_\_\_\_\_

**UNDERWRITING INFORMATION**

Estimated Attendance: \_\_\_\_\_ Per Day: \_\_\_\_\_ Total All Days: \_\_\_\_\_

Number of Participants (if applicable): \_\_\_\_\_ Total Gross Receipts: \$ \_\_\_\_\_

Describe Seating Arrangements (type, capacity, etc.): \_\_\_\_\_  
 \_\_\_\_\_

Describe All Set-Up Exposures (electrical, special effects, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe Security Arrangements: \_\_\_\_\_

Are Guards Armed? \_\_\_\_\_ Do they have their own insurance? \_\_\_\_\_

Food or Beverage Sold or Served By Applicant? \_\_\_\_\_ If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

Type of Liquor License Held? \_\_\_\_\_ By Whom? \_\_\_\_\_

Food Receipts: \$ \_\_\_\_\_ Liquor Receipts: \$ \_\_\_\_\_

Additional Insured/Certificate Holders: List below, indicating relationship: \_\_\_\_\_  
 \_\_\_\_\_

Please Provide Complete Description of Event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LOSS INFORMATION (Last 3 Years)**

If this event has been held in the past, please complete the following:

Year	Carrier	Limits	Premium	Date of Loss	Description of Loss	Amount Incurred

Mosinee Insurance Agency: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_