



# GREAT AMERICAN INSURANCE GROUP Specialty Human Services Division

## SPONSORED EVENT QUESTIONNAIRE

Name of organization:

FEIN:

Website Address: www.

- Total number of events:
- Complete chart below for each event. **If additional space is required, provide information on an attachment.**

	Event 1	Event 2	Event 3
Name of event:			
Date, time and location of event:			
Activities at event (use all applicable <b>activity codes from list below</b> ):			
Total estimated attendance:			
Annual event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Gross sales from admissions:	\$ _____	\$ _____	\$ _____
Gross sales from food or non-alcoholic beverage sales:	\$ _____	\$ _____	\$ _____
Gross sales from alcohol sales:	\$ _____	\$ _____	\$ _____
Other gross sales:	\$ _____	\$ _____	\$ _____
Emergency medical personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Security personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Golf carts or trams at event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

### Activity Codes – for use above:

- |                           |  |   |
|---------------------------|--|---|
| A. Golf outing            | H. Aircraft (motorized or not)                 | O. Parade (only entry of float into a parade) |
| B. Wine tasting           | I. Animals                                     | P. Parade – participation in a parade (no-    |
| C. Dinner, gala or picnic | J. Athletic participation                      | Q. Parade – sponsorship of a parade           |
| D. Auction                | K. Fireworks sales or show                     | R. Use of any motorized vehicle(s)            |
| E. House tour             | L. Haunted house or trail                      | S. Concert – <b>describe type of music</b>    |
| F. Fashion or Art Show    | M. Mechanical rides                            | T. Other - describe                           |
| G. Bingo                  | N. Non-mechanical devices (e.g. bounce houses) |   |

- If alcohol sales are indicated above, provide the following information:  NA

- Is any employee or volunteer of your organization responsible for serving alcohol? YES  NO
- What alcohol dispensing controls are in place: \_\_\_\_\_

- Type of license for alcohol sales  Permit for event only  Annual liquor license

Completed by: \_\_\_\_\_

Date Completed: \_\_\_\_\_