



# Fundraiser or Special Event Questionnaire

Tel 800.526.4352 Fax 312.930.0375 FNPUnderwriting@firstnonprofit.com

Submit appropriate ACORD forms with this questionnaire. Use additional page to answer questions fully, if necessary.

Name of organization \_\_\_\_\_

Name of event		
Description of activities		
Location		
Date and time		
Expected attendance		
Admission fee/donation per person	\$	\$
Estimated total receipts	\$	\$
Will alcohol be served?	<input type="checkbox"/> Beer and wine only <input type="checkbox"/> Full bar <input type="checkbox"/> No alcohol served	<input type="checkbox"/> Beer and wine only <input type="checkbox"/> Full bar <input type="checkbox"/> No alcohol served
Describe controls in place to prevent excessive and underage alcohol consumption		
Are certificates of insurance provided by independent contractors for the following?	General liability <input type="checkbox"/> Yes <input type="checkbox"/> No Liquor liability <input type="checkbox"/> Yes <input type="checkbox"/> No	General liability <input type="checkbox"/> Yes <input type="checkbox"/> No Liquor liability <input type="checkbox"/> Yes <input type="checkbox"/> No
List for whom your organization must provide additional coverage on your policy for this event		
List organizations and independent contractors on whose insurance policy your organization is listed as an additional insured for this event		

## Attachments

Submit the following documentation with this questionnaire

- Independent contractor certificates of insurance for event

The undersigned is an authorized agent of the persons and organization proposed for this insurance and hereby declares that to the best of his or her knowledge the statements herein are true and complete. Signing this document does not bind the insurance carrier to provide coverage. Any quote or policy issued is made in reliance on the answers supplied herein.

### This form has been completed by

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_