Badger Mutual® INSURANCE

SPECIAL EVENT QUESTIONNAIRE

NAMED INSURED	POLICY NUMBER	IS THE INSURED A SPONSOR FOR THIS EVENT? ☐ YES ☐ NO

DESCRIPTION OF EVENT

EVENT NAME

ADDRESS | CITY | STATE | ZIP

EVENT DETAILS

EVENT DATES AND DETAILS

DATE(S) OF EVENT	HOURS OF EVENT	EVENT WEBSITE	NUMBER OF ATTENDEES PER DAY

ARE YOU PROVIDING SECURITY? ☐ YES ☐ NO

IF INSURED IS PROVIDING SECURITY, CHECK ALL THAT APPLY:
☐ Employed Armed Security ☐ Employed Unarmed Security ☐ Off-Duty Police
☐ Independent Armed Security Contractor ☐ Independent Unarmed Security Contractor

Organizations or Agencies which will need to be named as Additional Insured, including their form of insurable interest:

ORGANIZATION					FORM OF INSURABLE INTEREST
ORGANIZATION NAME	ADDRESS	CITY	STATE	ZIP	

LIQUOR EXPOSURE

Is alcohol being served by the insured? ☐ YES ☐ NO

If yes, how many servers?

Are the servers TIPS or BASSET certified? ☐ YES ☐ NO

Is the insured the sole vendor of alcohol at this event? ☐ YES ☐ NO

If no, how many other vendors will be serving alcohol?

Describe all liquor controls that will be in place:

Does their liquor license allow for off premise event? ☐ YES ☐ NO

What kind of liquor is served? *(Check all that apply)*: ☐ Liquor (Shots) ☐ Mixed Drinks ☐ Beer/Wine

EXPECTED REVENUE GENERATED

LIQUOR SALES	FOOD SALES	OTHER (*describe*)

EVENT HISTORY

HAVE YOU PARTICIPATED IN THIS EVENT BEFORE? ☐ YES ☐ NO	IF YES, WHEN?	NAME OF PREVIOUS INSURER

ARE YOU PROVIDING ANY SPECIAL ACTIVITIES FOR THIS EVENT?

(*Inflatables, lawnmower races, petting zoos, etc.)*

* * * A copy of any certificates of insurance must be forwarded to us * * *

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