

**NATIONAL ASSOCIATION OF BROADCASTERS
EVENT QUESTIONNAIRE**

web

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

DAYTIME PHONE #: () _____

FAX NUMBER: () _____

EMAIL ADDRESS: _____ **WEB ADDRESS:** _____

1. Describe Event: _____

(Concert, Mall Promotion, etc.)

2. Describe in detail your station's role in organizing, promoting or sponsoring the event. _____

Provide name of sponsor: _____

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

4. Address of event: _____

5. Estimated Attendance: _____

6. Admission to be charged: \$ _____

7. Expected gross receipts: \$ _____

8. Will event be held indoors or outdoors? _____

9. Describe security measures to be provided: _____

Provided by whom? _____ Armed or Unarmed? _____

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

10. Describe first aid to be provided: _____

11. Will there be amusement rides or fireworks? _____

12. If you are one of the event organizers or promoters, describe insurance requirements imposed on people and businesses involved in the event: _____

13. Are participants required to sign injury waivers? Yes No

14. Describe refreshments planned: _____

Will they be complimentary or purchased by guests? _____

How will they be provided? (Names): _____

Describe any cooking to be done: _____

15. If liquor is to be sold, list estimated receipts: _____

16. Is a certificate of insurance required by another party? _____

17. Additional Insured: Name: _____

Address: _____

18. Have you agreed to hold harmless any third parties? _____

If so, please describe: _____

PLEASE RETURN COMPLETED QUESTIONNAIRE TO:
Aon Association Services a division of Affinity Insurance Services, Inc.
1120 20TH STREET, NW, 6TH FLOOR, WASHINGTON, DC 20036-3406
TOLL FREE: 1-800-432-7465 / FAX: 202-530-0153