INSURANCE & CLAIMS MANAGEMENT
SPECIAL EVENTS QUESTIONNAIRE

TODAY’S DATE: _____ / _____ / _____

1. TITLE OF EVENT: ________________________________

2. EVENT DATE (S): _______________________________ HOURS: ____________________

3. DESCRIBE EVENT: ______________________________

4. SPONSORING ORGANIZATION: ____________________________

5. ADDRESS: ______________________________________

6. CONTACT PERSON: _______________ TELEPHONE NO. ______________

7. EMAIL ADDRESS: ____________________________________________

8. NO. OF PARTICIPANTS: _______ NUMBER OF PARTICIPANTS UNDER 18: _______ APPROXIMATE NO. OF EVENT ATTENDEES: ______

9. ANY VEHICLES INVOLVED? YES ______ NO ______
IF YES, BRIEFLY EXPLAIN: __________________________________________

10. WHAT FACILITIES ON CAMPUS WILL BE USED? ______________________________

11. HAS SPACE MANAGEMENT BEEN CONTACTED? YES ______ NO ______

12. LEASE AGREEMENTS REQUIRED? YES ______ NO ______

13. LICENSE AGREEMENTS? YES ______ NO ______

14. WILL FOOD BE SERVED? YES ______ NO ______
IF YES, NAME (S) OF CATERER (S): ________________________________

15. WILL ALCOHOL BE SERVED? YES ______ NO ______

16. IS THERE AN ADMISSION CHARGE? YES ______ NO ______
IF YES, AMOUNT OF ADMISSION? ______

17. SPONSOR INSURED BY: ________________________________

18. ADDRESS OF INSURER: ________________________________

INSURANCE & CLAIMS MGT. WILL DETERMINE INSURANCE REQUIREMENTS AND MAY REQUIRE CERTIFICATES OF INSURANCE AND SIGNED WAIVERS WHEN FORMALIZED ACTIVITIES, GROUPS, CONCERTS, SHOWS, PERFORMANCES, ATHLETIC EVENTS AND PRESENTATIONS REQUIRE THE USE OF CAMPUS FACILITIES.

Insurance & Claims Management
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