



Special Event Questionnaire

Complete this form and fax it to your local agent or email to info@richardsinsurance.com.

Applicant Information

Applicant Name and Address:

Contact Name:

Contact Phone:

Contact Email:

Requested Limit of Liability: \$

Event Information

Description of Event:

Location of Event:

Date(s) of Event:

Estimated Attendance:

Estimated Exhibitors:

Expected Gross Receipts: \$

Describe Seating:

Describe Set-up:

Describe Security Arrangements:

If guards, are they armed?

Do they have their own insurance?

Will food or beverages be served or sold by applicant?

If yes, provide details:

Type of liquor license held:

By whom:

Estimated Food receipts: \$

Estimated Liquor Receipts: \$

Applicant Signature: _____

Date: _____

Fax completed questionnaire to:

Beaver Dam 920.887.2851
Oshkosh 920.235.2516
West Bend 262.334.5467

Columbus 920.623.5713
Watertown 920.261.0209

Click button to email completed form.