

**Special Events Questionnaire**  
**For Purposes of Group Liability Coverage**  
**Provided To: Iowa State Council and Covered Councils in Iowa**  
**Carrier: Allied Insurance**  
**Agent: Mills-Shellhammer-Puetz & Associates Inc**

(complete one questionnaire for each event)

1. Council number: \_\_\_\_\_
2. Date of special event: \_\_\_\_\_
3. Location of event: \_\_\_\_\_
4. Description of event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Estimated number of people attending the event: \_\_\_\_\_
6. Estimated revenue raised from the event: \_\_\_\_\_
7. What is the council's involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Who is sponsoring the event: \_\_\_\_\_
9. Is this event recurring?: Yes / No (Circle one)  
If yes, how often: \_\_\_\_\_ (for example: "every year")
10. Council's contact person - name and phone: \_\_\_\_\_  
\_\_\_\_\_

Please mail or fax questionnaire to:

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