

# Facility Use General Liability Questionnaire

Facility: Arizona School Risk Retention Trust, Inc. (0524)

District: \_\_\_\_\_

1. Name of occupant: \_\_\_\_\_
2. Occupant contact name: \_\_\_\_\_  
Phone: \_\_\_\_\_
3. E-mail address: \_\_\_\_\_
4. Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Name and address of specific school facility/location to be used: \_\_\_\_\_  
\_\_\_\_\_
6. Name and description of event: \_\_\_\_\_  
\_\_\_\_\_
7. Have you held this event before? \_\_\_\_\_
8. If yes, were there any losses or claims? \_\_\_\_\_
9. Will there be armed private security at this event or activity (not including police officers who are on or off duty)? \_\_\_\_\_
10. Date(s) of event: \_\_\_\_\_ Number of days: \_\_\_\_\_
11. Beginning time of event: \_\_\_\_\_ Ending time of event: \_\_\_\_\_
12. Average number of participants/attendees per day: \_\_\_\_\_
13. Is the event indoors or outdoors? (Circle one.) If outdoors, will it be fenced? \_\_\_\_\_
14. Admission price: \_\_\_\_\_ Estimated gross receipts: \_\_\_\_\_

15. Are seats temporary or permanent construction? Describe seating provided (e.g., folding chairs, bleachers, etc.): \_\_\_\_\_

16. Is seating reserved or general admission? \_\_\_\_\_

17. Do you require liquor liability coverage? \_\_\_\_\_

18. Number of exhibitors who do not sell products or services and who will not provide their own insurance? \_\_\_\_\_

19. Number of concessionaires who sell non-food products or services and who will not provide their own insurance? \_\_\_\_\_

20. Number of concessionaires who sell food products and who will not provide their own insurance? \_\_\_\_\_

21. Number of attractions (performer, etc.) who will not provide their own insurance? \_\_\_\_\_

22. Is a stage involved? \_\_\_\_\_ If yes, is it temporary or permanent? \_\_\_\_\_

23. Is temporary lighting or sound involved? If yes, who is responsible for rigging/operation? \_\_\_\_\_

24. Will occupant provide ushers? \_\_\_\_\_

25. Is the purchase of food and/or drink required of participants? \_\_\_\_\_

Occupant contact signature: \_\_\_\_\_ Date: \_\_\_\_\_

Occupant contact name (print): \_\_\_\_\_

Occupant contact title (print): \_\_\_\_\_

District representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

District representative name (print): \_\_\_\_\_

District representative title (print): \_\_\_\_\_

NOTE: OCCUPANT IS RESPONSIBLE FOR ANY APPLICABLE INSURANCE DEDUCTIBLE.