



**TENANT USERS LIABILITY INSURANCE PROGRAM (TULIP)
APPLICATION
DESIGNED FOR EVENT ORGANIZERS**

1. Named of Event Organizer _____
Contact Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: _____ Fax No.: _____

2. Applicant/Tenant User/Name of Group:

3. Applicant is: Corporation: _____ Partnership: _____
Individual: _____ Other: _____

4. Name of Event: _____

5. Type of Event: Athletic Event: _____ Concert: _____
Conference: _____ Trade Show: _____
Consumer Show: _____ Parade: _____
Fair or Festival: _____ Exhibitions: _____
Other: _____

6. Number of Exhibitors: _____

7. What is the Maximum Attendance estimated for the Event:
Daily: _____ Total: _____

8. What is the Maximum Capacity of the Venue holding the Event: _____

9. Is there an Admission Charge to enter the Event: Yes ___ No___

If Yes, Please Describe:

10. Limits of Insurance Required:

General Aggregate: _____
Products Completed Operations Aggregate Limit: _____
Personal and Advertising Injury Limit: _____
Each Occurrence Limit: _____
Fire Damage Limit: _____
Medical Payment Limit: _____

11. Detailed Description of the Event

12. Is this Event part of a larger Event or Function: Yes ___ No___

If Yes, Please Describe:

13. Have you ever held this Event or a similar Event in the past:

Yes ___ No___

If Yes, Please Describe:

14. When is the Event scheduled to take place:

Date: _____

From: _____

To: _____

15. Name of Venue where the Event will be held: _____

Address: _____

City: _____ State: _____ Zip Code: _____

16. Construction of Venue: Frame: ___ Non-Combustible: ___

Joisted Masonry: ___ Fire Resistive: ___

If Other, Please Describe:

17. Is Venue Sprinklered: Yes ___ No___

18. Is Venue undergoing any construction and/or renovations: Yes ___ No___

If Yes, Please Describe:

19. Will the Venue require any construction in order for the Event to be held:
Yes ___ No___

If Yes, Please Describe:

20. Will any Temporary Grandstands, Bleachers or Stages be required for the Event to be held:

Yes ___ No___

If Yes, Please Describe:

21. Will any portion of the Event be held outdoors:

Yes ___ No___

If Yes, Please Describe:

22. Will Alcohol be served by you or any other party during the Event:

Yes ___ No___

If Yes, Please Describe:

23. Who is responsible for Security at the Event: _____

24. Does the party responsible for Security at this Event have experience:

Yes ___ No___

If Yes, Please Describe:

25. Are there any First Aid or Medical facilities that will be available during the Event:

Yes ___ No___

If Yes, Please Describe:

26. Do you require any party associated with the Event to sign a Hold Harmless Agreement:

Yes ___ No___

If Yes, Please Describe:

27. Have you ever applied for and been declined, cancelled, non-renewed or refused this type of and/or similar insurance:

Yes ___ No___

If Yes, Please Describe:

28. Have you ever sustained a loss for this Event (s) or a similar Events(s) which would have been covered by this type of Insurance:

Yes ___ No___

If Yes, Please Describe:

A COPY OF THE VENUE CONTRACT IS REQUIRED.

THIS IS NOT A BINDER OF COVERAGE

The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

The applicant requests that this application for insurance coverage be submitted for consideration to Special Event Liability Group Insurance Trust. Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the Company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the Company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the coverage requested.

Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PRINT NAME OF APPLICANT:

TITLE:

SIGNATURE OF APPLICANT:

DATE:

SIGNATURE OF PRODUCER:

DATE:
