

TULIP

SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

1. Name of Applicant/Named Insureds: _____

2. Mailing Address: _____

3. Contact Name: _____ Phone No. (____) _____ Fax No. (____) _____

4. Describe Event: _____

5. Location of Event: (Full Address) _____

6. Effective Date: _____ Time: _____ A.M. _____ P.M.
Expiry Date: _____ Time: _____ A.M. _____ P.M.

7. Please provide the following information about Daily Activities and Estimated Attendance

	<u>Main Activity</u>	<u>Estimate Attendance</u>	<u>Other Activities</u>	<u>Total Attendance</u>
Day 1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

8. Who is providing food and/or drink or other. (Name) _____

9. If Products coverage is desired for food served or for concession stands, please indicate kind of food served, by whom and type of concession _____

10. If other than the Applicant, is a Certificate of Insurance provided? Yes _____ No _____
Name of Insurer _____

11. Will there be alcohol served at any of the activities? Yes _____ No _____
****If yes, then please fill out our Host Liquor Supplement****
12. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. _____
13. What is your experience producing this type of event. _____

14. Are there any activities involving trampolines and/ or inflatable jumping pillows: ____ Yes ____NO if yes please explain: _____
15. Will any grandstands or bleachers be used? Yes _____ No _____
 If yes, confirm the construction. _____

- Capacity _____ General Condition _____
16. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation.

17. General Comments _____

18. Has any company declined or cancelled any coverage? Yes _____ No _____
 If so, please provide detail. _____

19. Previous Carrier _____
 Premium _____
20. Limits Requested: (check one) 1 Million 2 Million 5 Million Other: _____
21. Loss History _____

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

Applicants Signature: _____ Position: _____

Please Print Name _____ Date: _____