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: _____
     C   onference: _____   Trade Show: _____
     C   onsumer Show: _____   Parade: _____
     F   air or Festival: _____   Exhibitions: _____
     Ot   her: _____
     ___   _____

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.

<u>Notice to New York Applicants:</u> 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: _____