## Tenant User Liability Insurance Policy (TULIP) application form.



Date		e verify that the information is correct.	
Contact Name	Busine	ness/Department Name	
Street Address	Street	t Address Line 2	
City	State	Zip Code	
Phone Number	Email	I Address	
Optional Information			
Name of Event/Activity (Please use the name being put on advertisements)			
Activity Description (Please be specific)			
Event Date(s) (MM/DD/YYYY) e.g. 04/22/2018 or 04/22-25/2018			
Have you held this event be	efore? If yes, were there	e any losses or claims?	
Yes	Yes		
No	No		

Will there be armed security at this event? (Off duty police are not considered armed security.)  Yes  No
Are you a promoter? (A promoter is a company in the business of financing or organizing events for profit. One who assumes the financial responsibilities of the event.)  Yes  No
Does this event/activity require liquor liability coverage? (Please note events that require liquor liability coverage insurance increases the cost significantly. In addition, county and/or city permits may be required.)
Yes No
Average daily attendance (If a multiple-day event, please calculate the average daily attendance e.g. 4/22-25/2018 is a 4 day event with 1000 people total or 250 average daily attendance.)
Please complete this section only if vendors participating in your event do not carry their own insurance. This coverage offers protection for you should a claim arise as a result of the vendor's negligence.
How many concessionaires will sell food products?
How many concessionaires will sell non-food products?
How many exhibitors will there be that do not sell products or services?
How many attractions will be there, including performers?

TULIP Insurance Policies must be paid for in advance. Please indicate payment plans:

**Payment Options** 

CSU Account Personal Check Business Check If using CSU account number please indicate account number here:

Would you like a quote before purchasing insurance?

Yes

No