



# TULIP Application

Agent/Broker: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**This application is to be completed by the venue/facility requesting liability coverage for their tenant-users.**

## SECTION I. APPLICANT INFORMATION

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. In business under present management since: \_\_\_\_\_ 4. Website Address: \_\_\_\_\_

## SECTION II. VENUE DETAILS

1. Name of Venue/Facility: \_\_\_\_\_

2. Address of Venue/Facility: \_\_\_\_\_

3. Type of Facility:  Amphitheater  Coliseum  Convention Facility  Shed  Sports Arena  Stadium Coliseum  
 Theater  Other (describe): \_\_\_\_\_

4. Buildings: Year Built: \_\_\_\_\_ Construction: \_\_\_\_\_

5. Venue is a(n):  Indoor Facility  Outdoor Facility

6. Seating Capacity: Permanent Seating: \_\_\_\_\_ Temporary Seating: \_\_\_\_\_ Maximum: \_\_\_\_\_

7. Is there a "tenant-user" policy in place now?  Yes  No  
If yes, have there been any losses?  Yes  No  
 If yes, attach loss runs.

8. Do you provide in-house security?  Yes  No

9. Do you hire outside security?  Yes  No  
If yes, do you require certificates of insurance and to be named as an additional insured under the security company's policy?  Yes  No

10. Is alcohol ever served at any of the events?  Yes  No  
If yes, who is responsible for providing Liquor Liability?  Facility  Tenant-User  
If tenant-user is responsible, attach details explaining your requirements of the tenant-user.

11. Are ushers provided?  Yes  No

12. Will there be food and/or drinks served?

If yes, who is providing?

If applicant is providing, are there certificates of insurance provided?

- Applicant  Yes  No  
 Venue  Yes  No

Limits: Insurer: \_\_\_\_\_

13. Do you require all athletic participants to provide certificates of insurance naming the facility as an additional insured?  Yes  No

14. Insured Contact Information:

	Name	Phone
Your Loss Control Manager		
Your General Manager		
Audit Contact		
Accounts/Business Manager		

**SECTION III. RATING INFORMATION – PERFORMER OR EVENT**

Type of Events – see below for Eligible Classes		Number of Admissions per Event						
Enter the number of events in the column for the admissions per event		1-100	101-500	501-1,500	1,501-3,000	3,001-5,000	5,001-10,000	Over 10,000
TULIP Class 1	# of Events							
TULIP Class 2	# of Events							
PROMOTER Class 1	# of Events							
PROMOTER Class 2	# of Events							
<b>Exhibitors, Vendors or Concessionaires</b>								
Exhibitors					Annual Number:			
Vendors or Concessionaires – Food and Beverage					Annual Number:			
Vendors or Concessionaires - Non-Food Sales & Demos (excluding Products Liability)					Annual Number:			
<b>Events more than 10,000 admissions (attach separate schedule if more room is needed):</b>								
#	List name of event and date(s) below	TULIP Class 1	TULIP Class 2	PROMOTER Class 1	PROMOTER Class 2	Estimated no. of admissions for event		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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