



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?

- Yes  No  
 Applicant  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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