

Event Liability (non-School Parties) - TULIP Insurance Application

Phone: 866-838-9536

Fax: 515-365-3005

E-mail: plsdsteam.service@mercerc.com

Please complete all fields, any incomplete applications will be sent back to applicant.

Program Name: Secondary School Cooperative Risk Management Program

Applicant Name (name and address desired on the Certificate of Insurance):

Address:

City, State, Zip:

Contact Person (billing):

Name

Phone #:

Email address:

Website:

1. Applicant Type: Individual Partnership Corporation Association Other _____

2. Select one (also see a-c below): Event Host/Organizer Exhibitor/Vendor

a. If Host/Organizer, are you also an Exhibitor/Vendor at the event(s)? Yes No

b. If Exhibitor/Vendor, provide the # of tables/booths _____

c. If Exhibitor/Vendor, will you have any attractions at the event? (for example: dunk tanks, small kiddie rides like trackless trains, etc.; this does not include inflatables or amusements) Yes No

i. If yes, describe the attraction(s): _____

ii. If yes, provide the # of attractions: _____

Further underwriting review is required for attractions which may take up to 7-10 days.

3. Have any claims been filed against the Applicant in the last four (4) years? Yes No

If "Yes", provide claims details below (i.e. month, year, short description, amount paid).

4. Date(s) of Event(s): _____

5. Total Estimated # of Attendees/Spectators (do not include sports participants here): _____

6. Event Name/Type: _____

7. Complete description of event(s): (for example, participants, times, purpose and activities during the event)

8. Location of Event(s):

Provide the name of the school and the street address below as it should appear on the Certificate of Insurance. Some examples of specific event locations include gymnasium, athletic field, classroom, library, theater/auditorium, common area, etc.

- a. Specific Event Location: _____
- b. School Name: _____
- c. Street Address 1: _____
- d. Street Address 2: _____
- e. City: _____
- f. State: _____
- g. Zip Code: _____

9. Are you required to provide proof of insurance to anyone other than the venue location provided above?

Yes No

If "Yes", provide the name of the Certificate Holder and the street address below as it should appear on the Certificate of Insurance. This is an entity that requires a copy of the Certificate of Insurance for proof of coverage.

- a. Certificate Holder Name: _____
- b. Street Address 1: _____
- c. Street Address 2: _____
- d. City: _____
- e. State: _____
- f. Zip Code: _____

10. Does an Additional Insured need to be listed on the Certificate? Yes No

Policy coverage is extended to this entity/individual upon request. This requires review by our underwriting team which may take 3-5 business days; for more immediate requests, please call us at 1-866-838-9536, Monday-Friday, 8am-5pm (CT).

- a. If yes, is any special wording required on the Certificate by the Additional Insured? Yes No
- If yes, provide specific wording or specific requirements below if requested.

Provide the name of the Additional Insured and the street address as they should appear on the Certificate of Insurance.

- b. Additional Insured Name: _____
- c. Street Address 1: _____
- d. Street Address 2: _____
- e. City: _____
- f. State: _____
- g. Zip Code: _____

11. If the event is any of the following, is it of a political nature? Yes No

Conference, Convention, Lecture, Rally, Seminar, Speaking Engagement or Symposium.

All events of a political nature require further underwriting review which may take up to 7-10 days.

12. Will security be present for the event? Yes No

If "Yes", please answer questions a-e; if "No", skip to the next question.

a. What type of security service will be used? School Police Outside Agency

All events with outside agency security or police require further underwriting review which may take up to 7-10 days.

b. Will security personnel be armed? Yes No

c. Will local authorities be made aware of the event? Yes No

d. Who is paying for/providing the security services? _____

e. When will security be present (hours/dates)? _____

13. Is coverage needed for any outside Vendors, Exhibitors, or Performers? Yes No

If outside Vendors, Exhibitors, or Performers are present, you must obtain a copy of their Liability Certificate of Insurance (COI) with you/your group and the school named as an Additional Insured. If Vendors, Exhibitors do not have this coverage, they may apply separately using this application or the event liability (TULIP) online application on the school's CampusConnexions website. If Performers need liability coverage, they may call us at 1-866-838-9536, Monday-Friday, 8am-5pm (CT).

14. Is Products Liability coverage needed for the sale of food, beverages and or souvenirs? Yes No

If "Yes", please answer questions a & b below.

If sales receipts are over \$10,000 further underwriting review is required which may take up to 7-10 days.

a. Will food and/or beverages (alcohol not permitted) be sold? Yes No

b. If "Yes", provide the dollar value of all estimated total product sales receipts: \$ _____

15. Advise if any of the following will be present during the event. If "Yes", who is responsible for set-up and operation?

If any "Yes" answers, further underwriting review is required which may take up to 7-10 days.

If any "Yes" answers, it is your responsibility to obtain a Certificate of Insurance naming you and the School as Additional Insured's with limits equal to or greater than \$1,000,000 per occurrence / \$1,000,000 aggregate.

Amusements*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?
Inflatables	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?
Tents**	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?

* Amusements references Amusement rides such as Ferris wheels, roller coasters, tilt-a-whirls, trampolines, etc.

** Any rented or owned tent above the size of 10'x10'.

16. Does this event involve use of a pool? Yes No

a. If yes, will a certified life guard approved by the facility be present for the entire event? Yes No

If no, then the event is not eligible for coverage under this program.

17. Is this an athletic/sporting activity? Yes No

If "Yes", please answer questions a - j, unless 17.a. is "No" then questions 17.b.- j. are not applicable.

a. Do you want coverage for players/participants/campers? Yes No

b. If 17a is yes, will there be recurring games/practices for a seasonal sports team, league or camp?
Yes No

Seasonal sports teams/leagues/camps with recurring games/practices are not eligible for coverage with this program.

c. If 17a is yes, is this for a sports tournament lasting 6 or more days? Yes No

If yes, further underwriting review is required which may take 7-10 days.

d. If 17a is yes, enter the total number of players/participants/campers (do not include spectators): _____

e. If 17a is yes, select the player/participant/camper type:

Amateur Collegiate Professional

f. Excess Accident Medical Insurance is required for all sports players/participants/campers.

If 17a is yes, select the activity type:

Educational & Recreational Sports (excluding tackle football)

Educational & Recreational Tackle Football

All tackle football events require further underwriting review which may take up to 7-10 days.

- g. Have all player/participants/campers signed the required waivers? Yes No
- h. Is this a Camp? Yes No
- i. If this is a Camp, select one: Day Camp Overnight Camp
- j. If this is an Overnight Camp, are minors (under 18) involved? Yes No

All overnight camps with minors require further underwriting review which may take up to 7-10 days.

All sports players/participants/campers must have Accident Medical coverage in place with limits no less than \$25,000 and there must be an adequate Waiver and Release system in place. Failure to have both will mean that coverage for Participants Legal Liability is void for all players/participants.

Fraud Notices

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

*****Important*****

In this transaction, Mercer Consumer is acting as the exclusive insurance agent and program manager for Philadelphia Insurance Company ("Insurer") for this type of coverage, and not as your insurance broker. Alternative insurance products may be available in the insurance market place. Mercer is only offering this selected insurer quote proposal. In addition, please note that we may utilize a third party wholesaler to gain access to insurers that we do not have direct access to in the insurance marketplace.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by referring to <https://www.personal-plans.com/disclosure> and enter in the security code o4875335 or call us at 1-888-206-5088 for specific details.

Signing this Application shall not constitute a Binder or obligate the Company to provide this insurance, but it is agreed this Application shall be the basis on which a policy may be issued. Coverage will become effective upon approval of this Application and acceptable payment of premium.

Insured Signature

Date

Agent Signature

Date

Program Administrator:

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 14521
Des Moines, IA 50306

In CA d/b/a Mercer Health & Benefits Insurance Services LLC

AR Insurance License #100102691
CA Insurance License #0G39709