

## TULIP – Tenant Users Liability Insurance Application

Applicant Name:

Address:

Web Site: www.

E-mail address:

Contact person (Billing):

Telephone:

1. Type of business:      Individual      Partnership      Corporation      Association      Other:
2. Years this entity in business:
3. Has the Applicant had any claims filed against it in the last four years?      Yes      No  
If yes, please provide details:

4. Description of event:

5. Number of Attendees:      Non Sporting      Sports Participants

6. Dates:  
Times:

7. Describe products to be sold or exhibited (if any):

8. Advise if any of the following will be present during the event. If so, who is responsible for set up and operation?

Amusements?	Yes	No
Inflatables?	Yes	No
Tents?	Yes	No

9. Will alcoholic beverages be served at this event?      Yes      No  
If yes, who is the party responsible?      Insured      Licensed 3<sup>rd</sup> Party

**If Insured is responsible:**

Are servers trained in alcohol awareness like TIPS?      Yes      No

What are the expected liquor / alcohol sales: \$

Liquor License Number:

(Must have liquor license in order to get coverage for liquor liability)

**Note:** If 3<sup>rd</sup> party serving liquor, insured should require a certificate of insurance from 3<sup>rd</sup> party evidencing liquor liability insurance and naming the Insured and venue owner as Additional Insureds.

10. Are you contractually obligated to name any organization as an Additional Insured? If yes, complete the following:

Additional Insured Name

Complete Address

Relationship to you

**See Event Schedule of Rates – rates apply per attendee subject to minimum premium.  
Products Liability is excluded, except for beverage, clothing, and souvenir sales**

**Certified check, money order or credit card payment required with application.**



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## **SPECIAL EVENT – LIQUOR LIABILITY SUPPLEMENTAL APPLICATION**

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Applicant Name:

- |    |  |   |            |          |
|----|--|---|------------|----------|
| 1. | Name of Event:<br>Date(s) of Events:<br>Description of Event:<br>Number of Participants:   | Event Hours:<br><br>Revenue Generated: \$<br>Liquor Revenue Generated: \$ |            |          |
| 2. | Is the liquor license in your name?<br>If yes, is it an annual license?  |   | Yes<br>Yes | No<br>No |
| 3. | Have you ever been assessed a fine or violation of a law concerning the sale, serving or providing of alcohol? If yes, please explain:                                   |   | Yes        | No       |
| 4. | Have you had any occurrences that have arisen out of the sale, serving or providing of any alcoholic beverage? If yes, please explain:                                   |   | Yes        | No       |
| 5. | Has the Applicant's liquor liability insurance been canceled or non-renewed in the last three (3) years? If yes, please explain:   |   | Yes        | No       |
| 6. | Are the Applicant's employees or volunteers serving liquor?<br>If no, who is serving?<br>Did the Applicant secure a certificate of insurance from the contracting party? |   | Yes<br>Yes | No<br>No |
| 7. | Are servers, bartenders and parking valets required to participate in alcohol awareness programs?  |   | Yes        | No       |
| 8. | Is there a designated driver program or escort service provided for those unable to drive?   |   | Yes        | No       |
| 9. | Is there a limit placed on the quantity of alcoholic beverages purchased at one time?<br>If yes, please explain:   |   | Yes        | No       |

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.

\_\_\_\_\_  
INSURED SIGNATURE

DATE

TITLE

\_\_\_\_\_  
PRODUCER SIGNATURE

DATE

Marketed by:



**Mercer Consumer,  
a service of Mercer Health &  
Benefits Administration LLC**

**Phone: 800-503-9227**

Underwritten by:



**Application Submissions:**

**Mail:**  
Special Markets Insurance Consultants, Inc.  
1265 Main Street, Suite 202  
Stevens Point, WI 54481

**Email:**  
To: [smic\\_information@amwins.com](mailto:smic_information@amwins.com)  
CC: [plsdsteam.service@mercer.com](mailto:plsdsteam.service@mercer.com)