

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

Phone: 866-838-9536

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

Campus Name: New York University

Contact Person (Billing):

Name _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email address: _____

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

Website: _____

1. Applicant Type: Individual Partnership Corporation Association Other

2. If a business entity, provide the number of years this entity has been in business: _____

3. Select one (also see a-f below): Event Host/Organizer Entertainer/Performer Exhibitor/Vendor

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

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

c. If Entertainer/Performer, then provide # of Performers (i.e. a band is 1 performer) _____

d. If Entertainer/Performer, then provide # of Promoters _____

e. If Entertainer/Performer, then provide # of Performances _____

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

4. 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).

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

6. Location of Event(s):

Provide the name of the venue location and the street address below as it should appear on the Certificate of Insurance.

a. Location Name: _____

b. Street Address 1: _____

c. Street Address 2: _____

d. City: _____

e. State: _____

f. Zip Code: _____

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

8. 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 verbiage required on the Certificate by the Additional Insured? Yes No
- If yes, provide specific verbiage or specific requirements below if requested.

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

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

9. Total Estimated # of Attendees/Spectators: _____

10. Complete description of event(s):

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

All events of a political nature require further underwriting review which may take up to 7-10 days. Conference, Convention, Lecture, Rally, Seminar, Speaking Engagement or Symposium.

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
- 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 this a Campus Tour? Yes No

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

- a. Is there an overnight stay? Yes No
- b. If overnight, are minors (under 18) involved? Yes No

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

14. Is this an athletic/sporting activity: Yes No

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

- a. Do you want coverage for players/participants/campers? Yes No
- b. If yes, provide the number of players/participants/campers: _____
- c. Do all players/participants/campers have the required Accident Medical Insurance of at least \$10,000?
Yes No
- d. Have all player/participants/campers signed the required waivers? Yes No
- e. Is this a Camp? Yes No
- f. If this is a Camp, select one: Day Camp Overnight Camp
- g. 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 and signed waivers. Failure to have both will mean that each claim for Participants Legal Liability is subject to a \$10,000 deductible. Accident Medical applications are available on the school's CampusConnexions website or by calling Mercer at 1-866-838-9536.

15. Is alcohol being served? Yes No

- a. If "Yes", will an outside Vendor be used for serving? Yes No

If an outside Vendor is serving alcohol, a Certificate of Insurance is required naming you/your group and the school as Additional Insured's with Limits of Liability equal to or greater than \$2,000,000 per occurrence & \$2,000,000 aggregate limits.

16. Is Liquor Liability Insurance needed? Yes No

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

If you are charging for liquor at the event, then Liquor Liability Insurance is required. If being sold by an insured third party (i.e. a licensed caterer), Liquor Liability Insurance is not needed. Check with the city and county about possible requirements to sell liquor.

- a. Are the servers trained in alcohol awareness like TIPS? Yes No
- b. What are the expected liquor/alcohol sales? _____
- c. Provide the liquor license number (required to get coverage for liquor liability): _____

17. 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 they 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.

18. 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 be sold? Yes No
- b. If "Yes", provide the dollar value of all estimated total product sales receipts: \$ _____

19. 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 \$2,000,000 per occurrence / \$2,000,000 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'.

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