



TENANT/USERS LIABILITY INSURANCE PROGRAM APPLICATION

- 1. Name of Applicant:
2. Number of years in business:
3. Mailing Address:
4. Contact: Phone No.:
5. Venue description:
A. Year Built:
B. Construction:
C. Fire Protection:
D. Permanent Seating Capacity:
E. Temporary Seating Capacity:
F. Area:
G. Parking Area:
H. Security Program:
I. Concessionaires:

ESTIMATED CURRENT YEAR ACTUAL PREVIOUS YEAR

- A. Receipts
B. Admissions
C. Payroll
D. Total number of events per year:
E. No. of events sponsored/promoted by venue:
F. No. of events venue-leased with certificates of insurance:
G. No. of events venue-leased without certificates of insurance:

6. See hazard/risk classification and provide estimated number of events as shown below:

<u>ATTENDANCE</u>	<u>ESTIMATED #</u>	<u>TYPE I</u>	<u>TYPE II</u>	<u>TYPE III</u>
1 – 100	_____	\$100	\$125	\$195
101 – 500	_____	\$120	\$215	\$345
501 – 1,500	_____	\$175	\$255	\$455
1,501 – 3,000	_____	\$230	\$425	\$715
3,001 – 5,000	_____	\$245	\$540	\$880
Over 5,000		Must be submitted to company for pricing.		

**RATES SHOWN ARE PER
EVENT PER DAY**

7. Contractual Requirements:

A. Attach copy of standard agreements.

B. Amount of insurance required for tenants: _____

C. Hold harmless agreements:

Is tenant completely responsible for any injury/damages at venue? Yes No

Is tenant responsible for his/her own activities? Yes No

Will tenant provide waiver of subrogation? Yes No

8. Premium and loss history: (5 years)

CARRIER	PREMIUM	LOSSES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTACH COMPANY HARD COPY LOSS RUNS.

9. Is temporary lighting, sound or other equipment involved? Yes No

If yes, who is responsible for rigging and/or operation? _____

10. Does the venue provide ushers? _____ How many? _____

11. Who is providing food and/or drinks? _____

If other than applicant, is a certificate of insurance provided? Yes No

Limits: \$ _____ Insurer: _____

12. Will there be exhibitors/vendors? Yes No

Will a certificate of insurance be provided? Yes No

Will applicant be named as additional insured? Yes No

13. Will liquor be sold: Yes No

If yes, will there be liquor legal liability coverage in force? Yes No

Limits: \$ _____ Insurer: _____

Will a certificate of insurance be provided? Yes No

Will applicant be named as additional insured? Yes No

14. Are there cooking facilities on the premises? Yes No

If yes, what type of fire protection is present? _____

IMPORTANT

1. Attach loss runs for at least five (5) years
2. Attach copies of all lease and hold harmless agreements
3. Include brochure of the venue & special events
4. Attach diagram of venue and photos
5. Include 12 month schedule for previous and current years
6. Include annual report for last two years

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- A. Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an insurance policy and that applicant has not omitted, suppressed or misstated any facts.
- B. The signing and filing of this application does not bind the applicant or the company and no insurance shall be deemed effective unless and until a written binder or policy of insurance is issued by the company in response hereto.
- C. All exclusions in the policy apply regardless of any answers or statements in this application.
- D. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Signed and dated: _____ Applicant/Title: _____

Signed and dated: _____ Producer's Name: _____

Agency Name: _____