



TENANT/USERS LIABILITY 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. Provide estimated number of events as shown below:

<u>ATTENDANCE</u>	<u>ESTIMATED #</u>	<u>TYPE OF EVENT(S)</u>
1 – 100	_____	_____
101 – 500	_____	_____
501 – 1,500	_____	_____
1,501 – 3,000	_____	_____
3,001 – 5,000	_____	_____
Over 5,000	_____	_____

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: _____

FRAUD WARNING

NOTICE TO ARKANSAS 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 fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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 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.

NOTICE TO LOUISIANA 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 fines and confinement in prison.

NOTICE TO MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

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 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 OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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 OKLAHOMA APPLICANTS: WARNING: 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 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.

NOTICE TO 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 WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.