



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: _____

FRAUD WARNING

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.