



# TULIP Program Venue Application

Please print or type.

1. Name of Venue \_\_\_\_\_

2. **Contact Information**

Address of Venue \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_

Seating Capacity \_\_\_\_\_

Estimated Number of Events Per Year \_\_\_\_\_

How long has the facility been at this location? \_\_\_\_\_

3. Does the venue have a Risk Management Plan?  Yes  No

4. Has any prior coverage been cancelled or non-renewed?  Yes  No

If yes, please describe and provide loss history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please check all applicable potential events below:

- |   |                                      |                                      |   |
|---|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Birthday Parties | <input type="checkbox"/> Derbies     | <input type="checkbox"/> Conventions | <input type="checkbox"/> Concerts (non Rap/Hip-Hop) |
| <input type="checkbox"/> Job Fairs        | <input type="checkbox"/> Conferences | <input type="checkbox"/> Graduations | <input type="checkbox"/> Concerts (Rap/Hip-Hop)     |
| <input type="checkbox"/> Lectures         | <input type="checkbox"/> Receptions  | <input type="checkbox"/> Trade Shows | <input type="checkbox"/> Promoters                  |
| <input type="checkbox"/> Consumer Shows   | <input type="checkbox"/> Rodeos      | <input type="checkbox"/> Fairs       | <input type="checkbox"/> Motor-Sports               |
| <input type="checkbox"/> Festivals        | <input type="checkbox"/> Carnivals   | <input type="checkbox"/> Parades     | <input type="checkbox"/> Tractor Pulls              |
| <input type="checkbox"/> Meetings         | <input type="checkbox"/> Swap Meets  | <input type="checkbox"/> Seminars    | <input type="checkbox"/> Block Parties              |
| <input type="checkbox"/> Exhibitions      | <input type="checkbox"/> Banquets    | <input type="checkbox"/> Pageants    | <input type="checkbox"/> Auto Shows                 |
| <input type="checkbox"/> Reunions         | <input type="checkbox"/> Other       |                                      |   |

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**Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statement may be guilty of insurance fraud.**

Policyholder \_\_\_\_\_

Title or Position \_\_\_\_\_ Date Signed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_