

HCC SPECIALTY UNDERWRITERS, INC.  
TULIP APPLICATION – SPECIAL EVENT LIABILITY INSURANCE APPLICATION

**Instructions**

**A. INSURED INFORMATION**

1. Insured Company Name: The name of your organization
2. Contact Name: The applicant
3. Address: The address of your organization
4. City: Organization information
5. Phone: Organization phone #, fax, and e-mail address

**B. EVENT INFORMATION: Information pertaining to your group's activity.**

6. Event Name: Group name  
Event Website: Group website  
Event Description: Describe your event
7. Venue Name: Name of park or street where event is taking place  
Venue Address: Exact address of the event
8. Event Start and End Date: Date of your event
9. Coverage Start and End Date: Date of event where insurance is needed.
10. Is Event Outdoors: Yes or No
11. How many years has event been held by your organization.
12. Has your organization ever filed a claim regarding this event?
13. Type of Event: Block party, festival, etc.
14. If concert, please provide name of performers if any.
15. Is seating assigned?: Yes or no
16. Please describe event type: All events associated with your event
17. Maximum Daily Attendance and total: How many people expected
18. Will any of your events include: (Please check off appropriate box)
19. Are your vendors/exhibitors required to have their own insurance?
20. Will any of your events occur in a bar or nightclub?
21. Does your organization hire subcontractors for these events?
22. Do the subcontractors carry their own insurance naming your organization on their certificate as additional insured?
23. Will there be security at your event?
24. Who is required to provide the security?
25. Required Limits: \$1 Million per occurrence/ \$2 Million Aggregate

**C. LIQUOR LIABILITY COVERAGE**

Note: If organization is not serving or selling liquor, do not complete section C

26. If you are serving or selling liquor, complete the following questions.

**D. HIRED/NON-OWNED AUTO COVERAGE**

27. You do not have to complete section D

**E. ADDITIONAL INSURED(S)**

28. You do not have to complete section E

**F. WAIVER OF SUBROGATION**

29. You do not have to complete section F

**G. INLANDMARINE COVERAGE**

30. You do not have to complete section G