

## APPLICATION FOR COVERAGE

Special Event Insurance/Activity Coverage  
(TULIP - Tenant User Liability Insurance Policy)

---

**POLICY HOLDER**            LEHIGH UNIVERSITY

### APPLICANT/ TENANT USER

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

### EVENT INFORMATION

LOCATION OF EVENT:  
(BUILDING/ROOM/ETC.)

EVENT DATE(s):

NO OF DAYS:

DESCRIPTION OF EVENT:

PROJECTED ATTENDANCE:

ADDITIONAL INSURED:        LEHIGH UNIVERSITY

LIQUOR LIABILITY PER DAY PREMIUM (if liquor being sold):

EXHIBITOR/CONCESSIONAIRE PER DAY PREMIUM:

Risk Management is authorized to charge this premium to Lehigh University Banner Index #:

**I certify that to the best of my knowledge, the information given to obtain this coverage is accurate.**

NAME:

DATE:

PHONE:

EMAIL:

---