

APPLICATION FOR COVERAGE

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

POLICY HOLDER LEHIGH UNIVERSITY

APPLICANT/ TENANT USER

APPLICANT 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:
