

Event Liability (Third Party/External Renters) - TULIP Insurance Application

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Please complete all fields, any incomplete applications will be sent back to applicant.

Program Name: University of Kentucky

Applicant Name *(name and address desired on the Certificate of Insurance):*

Address: _____

City, State, Zip: _____

Contact Person

Name _____

Phone #: _____ Email address: _____

Website: _____

Section 1 (ALL Applicants are required to complete all questions in Section #1 and to sign and date the application.)

1. Please select the applicable description:

Cabin Rentals (4-H Camps) *(Complete one application per stay – include individuals from all cabins for your group/party and only complete the Cabin Rental questions in Section 2. If Multiple Families/Multiple Cabins, then each family should complete their own Liability Insurance application.)*
 Individual Single Family/Single Cabin Single Family/multiple cabins

University of Kentucky Facility Rental *(Only complete the University of KY Facility Rental questions in Section 3.)*
 Individual Partnership Corporation Association Other _____

2. Is anyone in your group/party using the pools/ponds/aqua parks? Yes No
 a. If yes, will a certified life guard approved by the facility be present for the entire event? Yes No
If no, then the event is not eligible for coverage under this program.

3. Have any liability claims been filed against the Applicant in the last four (4) years? Yes No
If "Yes", provide claims details below (i.e. month, year, short description, amount paid).

Section 2 - Cabin Rentals (4-H Camps)

4. Camp Location *(Select one)*
 JM Feltner Memorial 4-H Camp Lake Cumberland 4-H Camping Center
 North Central 4-H Camp West Kentucky 4-H Camp

5. Cabin rental start date and end date: _____

6. Total number of Individuals in your group/party *(include individuals from all cabins for your immediate family or group/party, including minors)* _____

7. Total number of minors within your group/party *(under age 18)* _____

8. Select one: Day Camp Overnight Camp

9. Are minors staying overnight? Yes No
- a. Will minors be supervised by a parent/guardian? Yes No
- b. Will minors be supervised by adult leaders? Yes No
- Adult leaders (parents/guardians excluded) will be required to have criminal and NSOPR checks overseen by the county extension Agent.*
- Further underwriting review is required when minors are supervised by adult leaders which may take 7-10 days.**

10. Is anyone in your group/party using the archery and/or shooting range(s)? Yes No
- Excess Accident Medical insurance is required with use of the archery and shooting range.*
- Please also complete the Excess Accident Medical Application to satisfy this requirement.*

****End of Cabin Rental Questions. Go to final page to sign and date the application.****

Section 3 – University of Kentucky Facility Rentals (Third Party/External Renters)

11. If the event is any of the following, is it of a political nature? Yes No
- Conference, Convention, Lecture, Rally, Seminar, Speaking Engagement or Symposium.*
- All events of a political nature are not eligible for this coverage. Please contact us at 1-866-838-9536 for assistance.**
12. Select one (also see a-c below): Event Host/Organizer Exhibitor/Vendor
- a. If Host/Organizer, are you also an Exhibitor/Vendor at the event(s)? Yes No
- b. If Exhibitor/Vendor, provide the # of tables/booths _____
- c. If Exhibitor/Vendor, will you have any attractions at the event? *(for example: dunk tanks, small kiddie rides like trackless trains, etc.; this does not include inflatables or amusements – see question below for inflatables or amusements)* Yes No

Further underwriting review is required for attractions which may take up to 7-10 days.

- i. If yes, describe the attraction(s): _____

- ii. If yes, provide the # of attractions: _____

13. Date(s) of Event(s): _____

14. Total Estimated # of Attendees/Spectators *(do not include sports participants here)*: _____

15. Event Name/Type: _____

16. Complete description of event(s): *(for example, participants, times, purpose and activities during the event)*

17. Location of Event(s):
- Provide the name of the school and the street address below as it should appear on the Certificate of Insurance. Some examples of specific event locations include gymnasium, athletic field, classroom, library, theater/auditorium, common area, etc.*
- a. Specific Event Location: _____
- b. School Name: _____
- c. Street Address 1: _____
- d. Street Address 2: _____
- e. City: _____
- f. State: _____
- g. Zip Code: _____

18. Are you required to provide proof of insurance to anyone other than the venue location provided above?

Yes No

If "Yes", provide the name of the Certificate Holder and the street address below as it should appear on the Certificate of Insurance. This is an entity that requires a copy of the Certificate of Insurance for proof of coverage. (The University of Kentucky will automatically be added as an Additional Insured with your Certificate.)

- a. Certificate Holder Name: _____
- b. Street Address 1: _____
- c. Street Address 2: _____
- d. City: _____
- e. State: _____
- f. Zip Code: _____

19. Does an Additional Insured need to be listed on the Certificate? Yes No

Policy coverage is extended to this entity/individual upon request. This requires review by our underwriting team which may take 3-5 business days; for more immediate requests, please call us at 1-866-838-9536, Monday-Friday, 8am-5pm (CT). The University of Kentucky will automatically be added as an Additional Insured with your Certificate.

a. If "Yes", is any special wording required on the Certificate by the Additional Insured? Yes No

If "Yes", provide specific wording or specific requirements below if requested.

Provide the name of the Additional Insured and the street address as they should appear on the Certificate of Insurance.

- a. Additional Insured Name: _____
- b. Street Address 1: _____
- c. Street Address 2: _____
- d. City: _____
- e. State: _____
- f. Zip Code: _____

20. Will security be present for the event? Yes No

If "Yes", please answer questions a-c; if "No", skip to the next question.

a. Provide the total number, armed and unarmed, for each type of security service that will be used.

If an outside agency, a Certificate of Insurance is required naming the host/event organizer and University of Kentucky as Additional Insured's with Limits of Liability equal to or greater than \$1,000,000 per occurrence and \$1,000,000 aggregate limits.

i. Campus Security/Police: Total Armed _____ Total Unarmed _____ None
Times/Dates Present _____

ii. Outside Agency: Total Armed _____ Total Unarmed _____ None
Agency Name: _____
Times/Dates Present _____

iii. Local Police: Total count _____ None
Times/Dates Present _____

All events with outside agency security or police require further underwriting review which may take up to 7-10 days.

b. Will local authorities be made aware of the event? Yes No

c. Who is paying for/providing the security services? _____

21. Are minors (under age 18) participating in the event? Yes No

If "Yes", please answer the questions below. If "No", go to the next question.

- a. Number of minors? _____
- b. Number of chaperones? _____
- c. Are there any activities Off Campus? Yes No

22. Is this an overnight event or camp? Event Camp Not Applicable

If yes, please provide proof that the Campus Risk Office has acknowledged the event and answer the questions below.

All overnight events/camps with minors require further underwriting review which may take up to 7-10 days.

- a. Where will the minors stay overnight? _____
- b. Will there be chaperones? Yes No
 - i. Will background checks be done on all chaperones? Yes No
 - ii. Will any chaperones stay at the same location as the minors overnight? Yes No
- c. What training is required for chaperones (state 'none' if applicable)? _____

23. Is this an athletic/sporting activity? Yes No

24. Do you want coverage for players/participants/campers? Yes No

If "Yes", please answer questions 'a - g'.

- a. Will there be recurring games/practices for a seasonal sports team, league or camp? Yes No
Seasonal sports teams/leagues/camps with recurring games/practices are not eligible for coverage with this program.
- b. Is this for a sports tournament lasting 6 or more days? Yes No
If yes, further underwriting review is required which may take 7-10 days.
- c. Enter the total number of players/participants/campers (*do not include spectators*): _____
- d. Select the player/participant/camper type:
Amateur Collegiate Professional
- e. Have all player/participants/campers signed the required waivers? Yes No
- f. Is this a Day Camp? Yes No
- g. Do all players/participants/campers have the required Accident Medical coverage? Yes No
All sports players/participants/campers must have Accident Medical coverage in place with limits no less than \$25,000 and there must be an adequate Waiver and Release system in place. Failure to have both will mean that coverage for Participants Legal Liability is void for all players/participants. Please complete the SMIC Accident Medical application.

25. Is coverage needed for any outside Vendors/Exhibitors? Yes No

If outside Vendors or Exhibitors are present, you must obtain a copy of their Liability Certificate of Insurance (COI) with you/your group and the University named as an Additional Insured. If Vendors or Exhibitors do not have this coverage, they may apply separately using this application which is located on the school's CampusConnexions website. If Performers need liability coverage, they may call us at 1-866-838-9536, Monday-Friday, 8am-5pm (CT).

26. Is Products Liability coverage needed for the sale of food, beverages and or souvenirs? Yes No

If "Yes", please answer questions a & b below.

If sales receipts are over \$10,000 further underwriting review is required which may take up to 7-10 days.

- a. Will food and/or beverages (alcohol not permitted) be sold? Yes No
- b. If "Yes", provide the dollar value of all estimated total product sales receipts: \$ _____

27. Advise if any of the following will be present during the event. If "Yes", who is responsible for set-up and operation?

If any "Yes" answers, further underwriting review is required which may take up to 7-10 days.

If any "Yes" answers, it is your responsibility to obtain a Certificate of Insurance naming you and the University as an Additional Insured with limits equal to or greater than \$1,000,000 per occurrence / \$1,000,000 aggregate.

Amusements*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?
Inflatables	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?
Tents (>10'x10')**	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?

** Amusements references Amusement rides such as Ferris wheels, roller coasters, tilt-a-whirls, trampolines, etc.*

*** Any rented or owned tent above the size of 10'x10'.*

****End of University Facility Rental Questions. Go to final page to sign and date the application.****

Fraud Notices

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

In accordance with industry custom, Association Member Benefits Advisors (in California DBA: Association Member Benefits & Insurance Agency) is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. These commissions are used to fund enrollments, ongoing servicing, billing, marketing, customer administrative and claim servicing, and communications. Our compensation may vary depending on the type of insurance purchased and the insurer selected.

Signing this Application shall not constitute a binder or obligate the Company to provide this insurance, but it is agreed this Application shall be the basis on which a policy may be issued. Coverage will become effective upon approval of this Application and acceptable payment of premium.

Insured Signature

Date

Agent Signature

Date

CampusConnexions Program Administrator:

Association Member Benefits Advisors LLC (AMBA)

P.O. Box 14521

Des Moines, IA 50306

In CA d/b/a Association Member Benefits & Insurance Agency

CA Insurance License #0196562