

APPLICATION for COVERAGE

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

Print and return a completed *Application for Coverage*, along with applicable premium payment to:

Risk Management Office
Lehigh University
616 Brodhead Avenue
Bethlehem, PA 18015-3054

Ph: 610-758-3899

Fax: 610-758-5855

1) **POLICYHOLDER:** LEHIGH UNIVERSITY

2) **APPLICANT / TENANT USER:**

Name: _____
Street Address: _____
City/State/Zip: _____
Daytime Phone#: _____

3) **EVENT INFORMATION:**

Location of Event: _____
(building / room / etc.)

Event Date(s): _____ No. of Days: _____

Description of Event: _____

Classification: _____
(i.e., Hazard Schedule Class I, II, III, or IV)

Projected Attendance: _____

Additional Insured: LEHIGH UNIVERSITY

Class Schedule Per Day Premium: _____

Liquor Liability Per Day Premium (if liquor is served): _____

Exhibitor/Concessionaire Per Day Premium: _____

Total Per Day Premium: _____ No. of Days: _____

TOTAL PREMIUM DUE FOR THIS EVENT: \$ _____

(Click here for [Premium Schedule and Hazard/Risk Classifications](#))

Make checks payable to: LEHIGH UNIVERSITY. Upon receipt of a completed application and premium payment, you will be issued a Certificate of Insurance by URMIA through Clarendon Insurance Co.

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) _____ Ph: _____ (Date) _____

(Print Name) _____

[Click Here to Print](#)