



## TENANT/USER and INSTRUCTOR APPLICATION

**If event requires underwriter approval please allow 10 days prior to event date. If insufficient time is not allowed possible decline on coverage could occur. Please return to processing@iiamt.org**

### AGENCY INFORMATION

Agency: \_\_\_\_\_ Producer: \_\_\_\_\_

### EVENT HOLDER INFORMATION

Client Name: \_\_\_\_\_

Address (include city/state/zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### TENANT/USER EVENT INFORMATION

Name/Type of Event (15<sup>TH</sup> Birthday Party, Anniversary Party, Meeting, Dance, Job Fair, etc.)

Description of Event:

Date(s): \_\_\_\_\_ Hour(s): \_\_\_\_\_

Location: \_\_\_\_\_

Attendance (**Per Day**): \_\_\_\_\_ Total Attendance for Event: \_\_\_\_\_

Ages of Attendees: \_\_\_\_\_ Will waivers be signed? ☐ Yes ☐ No

Participants (**Per Day**): \_\_\_\_\_ Ages of Participants : \_\_\_\_\_

Are Fireworks Included? ☐ Yes ☐ No Carnival Rides? ☐ Yes ☐ No

Bands? ☐ Yes ☐ No

How Many? \_\_\_\_\_

Names\*: \_\_\_\_\_

Type of Music? \_\_\_\_\_

*\*if more than one please attach a separate page*



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### VENDORS/EXHIBITORS/CONCESSIONAIRES

Number of Exhibitors Requiring Coverage (No Sales)\*: \_\_\_\_\_

Number of Concessionaires Requiring Coverage (Non Food Sales)\*: \_\_\_\_\_

Number of Concessionaires Requiring Coverage (Food Sales)\*: \_\_\_\_\_

*\*Please provide separate list of concessionaires /exhibitors to be covered*

### INSTRUCTOR CLASS INFORMATION

Description of Instructional Class: \_\_\_\_\_

Date(s): \_\_\_\_\_ Hour(s): \_\_\_\_\_

Location: \_\_\_\_\_

Attendance (**Per Class Per Day**):

Same attendance per day: ☐ Yes ☐ No

Are these in weekly sessions? ☐ Yes ☐ No

Ages of Attendees: \_\_\_\_\_

### OPTIONAL COVERAGES

*Please indicate yes or no for each optional coverage below. If yes, select coverage level.*

**Limit Increase:** ☐ Yes ☐ No

Please choose limit

☐ \$1,000,000/\$3,000,000 (premium will be increased by 11%)

☐ \$2,000,000/\$2,000,000 (premium will be increased by 19%)

**Property Damage:** ☐ Yes ☐ No

Please choose limit

☐ \$ 50,000 (limit premium \$54.00)

☐ \$100,000 (limit premium \$108.00)

☐ \$300,000 (limit premium \$256.00)

**Liquor Liability** ☐ Yes ☐ No

Please choose limit: ☐ 1,000,000 ☐ 2,000,000

Are the securities in place to avoid overindulge and underage drinking? ☐ Yes ☐ No

Are identifications checked and wristbands issued? ☐ Yes ☐ No

Is the liquor confirmed to a set area? ☐ Yes ☐ No



## TENANT/USER and INSTRUCTOR APPLICATION

ADDITIONAL INSURED
Public Entity (Please use formal name and provide full address.)
Other (Please provide name and full address. This is for additional named insureds that are NOT the public entity.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRIM Office Use Only			
Quote number:			
Hazard Group:			
Premium	Base	Taxes	Fees
Attendance			
Liquor Liability			
Increased Liability Limit			
Property Damage			
Vendors/Exhibitors			
Concessionaires			
Subtotal			
TOTAL PREMIUM			