



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

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

TENANT/USER EVENT INFORMATION

Name/Type of Event (15TH 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 (if more than one please attach a separate page): _____

Type of Music? _____



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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: _____

ADDITIONAL INSURED

Public Entity (Please use formal name. No additional premium for the public entity.)

Other (Please provide name and address. This is for additional named insureds that are NOT the public entity. *There is an additional premium* for each additional insured in this section.)

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 all concessionaires / exhibitors to be covered with name, mailing address, phone number and contact person for each.*

LIQUOR LIABILITY

Liquor Liability Limit of \$1,000,000 Yes No

Liquor Liability Limit of \$2,000,000 Yes No

1) Are there securities in place to avoid overindulge and underage drinking? Yes No

2) Are identifications checked and wristbands issued? Yes No

3) Is the liquor confined to a set area? Yes No



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OPTIONAL COVERAGE	
<u>INCREASED LIMIT OPTIONS:</u>	
\$1,000,000/\$3,000,000 (Total Event premium will be increased by 11%)	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$2,000,000/\$2,000,000 (Total Event premium will be increased by 19%)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>PROPERTY DAMAGE :</u>	
\$50,000 Limit Premium \$50.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$100,000 Limit Premium \$100.00	<input type="checkbox"/> Yes <input type="checkbox"/> No

Client Signature: _____ **Printed Name:** _____

PRIM Office Use Only			
Hazard Group:			
	Base	Taxes	Fees
Attendance Premium			
Additional Insureds Premium			
Vendors/Exhibitors Premium			
Concessionaires Premium			
Liquor Liability Premium			
Increased Liquor Liability Premium			
Increased Liability Limits Premium			
Property Damage Premium			
<i>Subtotal</i>			
TOTAL PREMIUM			