



REQUEST FOR TULIP COVERAGE

Summary of Coverage

Vendors, performers and third party users of Colgate University facilities that do not have their own insurance coverage can apply for single event coverage that will meet the insurance requirements of the University. This coverage is provided by the URMIA (University Risk Management and Insurance Association) TULIP (Tenant Users Liability Insurance Protection) Program. This policy will be written in the tenant user's name and payment of premium is the tenant user's responsibility. *Payment is due at the time of application via credit card.*

Completed forms should be returned to:

Andrew W. Fagon, CPA, Assistant Controller & Risk Manager
Colgate University
13 Oak Drive
Hamilton NY 13346

Ph: 315 228 7765
Fx: 315 228 7989
Email: afagon@colgate.edu

Coverage Information

Name of Applicant: _____

Name of Company: _____

Mailing address

Street or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Have you performed here in the past? If yes, please indicate how many times and when? _____

Will your performance involve any of the following activities: bungee jumping, hang gliding, hot air balloons, luge, mechanical bulls, mosh pits, saddle animals, skateboarding, slam dancing, tobogganing or trampolines? _____

Describe in detail any special effects, pyrotechnics, use of mechanical devices, etc. _____

Have you been the subject of any loss, claims or incident, insured or uninsured in the past? _____

If yes, please provide details: _____

Are you planning on selling or giving away anything as part of your performance? If yes, please provide details: _____

Do you or anyone member of your group/staff have a criminal record? If yes, is/are this/these record(s) due to sexual abuse or molestation? _____

Payment Information (Visa and MasterCard only are accepted for payment)

(Note: A University representative will notify you of the exact premium amount prior to payment being made.)

Name (exactly as it appears on the card): _____

Card Account Number: _____

3 or 4-Digit Card Identification Number (found on signature stripe on back of card): _____

Card Valid Dates or Expiration Date: _____

Billing Address

Street or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Home or Business Telephone Number: _____

Phone Number where you can be reached if different from above: _____