



# Arthur J. Gallagher & Co.

**Return to:**

Arthur J. Gallagher & Co.  
6399 S. Fiddlers Green Circle, Suite 200  
Greenwood Village, CO 80111  
Attn: Anita Bruner

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## TENANT USERS LIABILITY INSURANCE PROGRAM APPLICATION

(To be completed by the Tenant User)

1. Name of lessor: \_\_\_\_\_
2. Address of above: \_\_\_\_\_
3. Applicant / Tenant User / Name of Group: \_\_\_\_\_
4. Location of the covered event: \_\_\_\_\_
5. Mailing address of Tenant User \_\_\_\_\_
6. Contact Name: \_\_\_\_\_ 7. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
8. Event dates: \_\_\_\_\_ to \_\_\_\_\_ 9. Number of days: \_\_\_\_\_
10. Description of event: \_\_\_\_\_  
\_\_\_\_\_
11. Describe in detail any special effects, pyrotechnics, use of mechanical devices, etc.: \_\_\_\_\_  
\_\_\_\_\_
12. Will liquor be served? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes answer the following:
  - a. Who holds the license? \_\_\_\_\_
  - b. Type of liquor to be served: \_\_\_\_\_
  - c. How will you ensure patrons are over 21 years old? \_\_\_\_\_
  - d. Estimated liquor sales: \_\_\_\_\_
13. Is security armed or unarmed? \_\_\_\_\_
14. Is the event indoor or outdoor? \_\_\_\_\_
15. Estimated number of spectators: \_\_\_\_\_ 16. Estimated total receipts: \_\_\_\_\_
17. Number of Concessionaires, Vendors and Exhibitors requiring coverage:
  - a. Non-Food Concessionaires: \_\_\_\_\_
  - b. Food Concessionaires: \_\_\_\_\_
  - c. Vendors: \_\_\_\_\_
  - c. Exhibitors: \_\_\_\_\_
18. Number of performers requiring coverage: \_\_\_\_\_ Describe in detail each performers act:  
\_\_\_\_\_  
\_\_\_\_\_
19. Any Additional Insureds please describe & name any persons in question 17 & 18:  
\_\_\_\_\_  
\_\_\_\_\_
20. If the event is being held on a street or public place of vehicular access, what protection is being set up between the street and the sidewalks: \_\_\_\_\_  
\_\_\_\_\_
21. Has the event been held in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ number of years: \_\_\_\_\_
22. Provide details of any losses, claims or incidents, insured or uninsured:  
\_\_\_\_\_

I certify that the information given to obtain this coverage is accurate to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_