



Bureau of Risk Management
900 East Broad Street, Room 1000 | Richmond, VA 23219 | Fax: 804.646.7561

TENANTS & USERS LIABILITY INSURANCE POLICY (TULIP)

To be completed by Applicant

Applicant Name _____
Phone: _____
Event Location: _____
Date(s) of Event: _____
Estimated Attendance: _____
Description: _____

Children's Rides:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attractions/performers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exhibitors:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concessionaires: <i>(non food sales)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Concessionaires: <i>(food sales)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Signature: _____ Date: _____

To be completed by City of Richmond Risk Management Representative

Approved Declined Referred to Underwriting

Hazard Schedule: _____

Fee: _____

Signature: _____

Title: _____ Date: _____

To be completed by Insurance Company Representative (only needed for fireworks)

Approved Declined

Insurance Company Representative: _____

Date approved by Risk Management: _____

Payment deposited (date) _____

Applicant Mailed / Delivered in-person (circle one) _____

Main Street Station notified (date) _____

Added to TULIP spreadsheet (date) _____

Police Department notified (date) _____

Receipt provided to applicant (date) _____