



**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:  Yes  No

Liquor:  Yes  No

Attractions/performers  Yes  No

Exhibitors:  Yes  No

Concessionaires:  
(non food sales)  Yes  No

Concessionaires:  
(food sales)  Yes  No

Applicant Signature: \_\_\_\_\_

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

### *To be completed by City of Richmond Representative*

Approved

Declined

Referred to Underwriting

Hazard Schedule: \_\_\_\_\_

Fee: \_\_\_\_\_

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

### *To be completed by Insurance Company Representative*

Approved

Declined

Insurance Company Representative: \_\_\_\_\_