

SUPPLEMENTARY PARADE ORGANIZER QUESTIONNAIRE

To accompany TULIP application

1. Name Insured: _____
2. Dates of parade: _____ Beginning and ending hours: _____
3. How many years has this parade been held? _____
4. What is the current management's experience in organizing this type of event:
5. Specific location of parade:

Attach a diagram of the Location (Parade Route from Beginning to End).

6. Will the road(s) be closed in both directions? Yes No
7. Number of floats: _____ Are floats insured? _____
8. Estimated number of participants: _____
9. Estimated total spectator attendance: _____ Per day: _____
10. Describe security protection (number and type):
11. Describe medical services during parade:
12. What animals, if any, will be in the parade (number and type)?
13. Are the animals insured against third-party liability claims by the owners? Yes No
14. Are souvenirs or other items allowed to be thrown into the crowd? Yes No
15. What concession will be sold?
16. Will alcoholic beverages be served? Yes No Or sold? Yes No

17. Previous carrier information:

A) Name of Company: _____

B) Limits: _____

C) Deductible: _____

D) Losses: _____

18. Has any insurance carrier cancelled or refused coverage? Yes No

19. Will any other underlying coverage be provided? Yes No

THE QUESTIONS ON THIS FORM ARE PART OF THE SPECIAL EVENT (TULIP) APPLICATION

Date

Signature

Title/Position