



## DENVER PUBLIC SCHOOLS

### Tenant Users Liability Insurance Information

Insurance coverage must be provided by the tenant either with coverage purchased by Denver Public Schools (DPS) or provided by an insurance company of the tenant's choice. A minimum of \$1,000,000 listing DPS as an additional insured must be provided.

The following is a summary of coverage terms and conditions for the Tenant User Liability Insurance Program (TULIP).

- This is coverage to protect Denver Public Schools for special events from injuries and damage to property suffered by third parties.
- It provides \$1,000,000 coverage.
- The coverage does not provide medical expenses.
- It does not include athletic or sports participants. If you need this type of insurance it must be purchased separately.
- The cost of coverage is based upon the type of event, number of attendees and the number of days the event takes place.
- The insurance will only cover the "declared event". This means the insurance will only cover the specific event listed on your information form. The application and insurance form must be filled out accurately so that we may buy the correct insurance.



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### Tenant Users Liability Insurance Program Application

1. Name of lessor: Denver Public Schools
2. Address of above: 900 Grant St., Room 105, Denver, CO 80203
3. Applicant/Tenant User/Name of Group: \_\_\_\_\_
4. Location of covered event: \_\_\_\_\_
5. Mailing address of Tenant User: \_\_\_\_\_
6. Contact name: \_\_\_\_\_
7. Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_
8. Event dates: \_\_\_\_\_ to \_\_\_\_\_
9. Number of days: \_\_\_\_\_
10. Description of event: \_\_\_\_\_  
\_\_\_\_\_
11. Is security armed or unarmed? \_\_\_\_\_
12. Is the event indoors or outdoors? \_\_\_\_\_
13. Estimated number of spectators: \_\_\_\_\_
14. Has the event been held in the past? Yes \_\_\_\_\_ No \_\_\_\_\_  
Number of years: \_\_\_\_\_ 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: \_\_\_\_\_