The user can register if first time user; login if already a registered user; click on the down arrow beneath the words ‘Get Quote/Buy Online’, select a program and click on the ‘Go’ button to start the application process.

During the application process, all required fields need to be completed and any calculate buttons need to be clicked.

Enter the name and state of the diocese or parish. Click on the Search button.

**Catholic Diocese TULIP – Eligibility**

Enter the first few letters of the diocese or parish name, choose the state of diocese/parish and click the Search button. If your diocese or parish is not listed, please call us at 1-800-553-0360.
A list of parish names will show on the screen.

<table>
<thead>
<tr>
<th>Quote</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Catholic Diocese TULIP – Eligibility

Enter the first few letters of the diocese or parish name, choose the state of diocese/parish and click the Search button. If your diocese or parish is not listed, please call us at 1-800-553-8368.

#### Select your Diocese/Parish

- **Diocese or Parish Name:** archdiocese of indianapolis
- **Diocese or Parish State:** Indiana

### Please choose from the Diocese/Parishes listed below:

<table>
<thead>
<tr>
<th>Diocese Name</th>
<th>Parish Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archdiocese of Indianapolis</td>
<td>American Martyrs</td>
<td>270 S. Bond Street, Scottsburg</td>
</tr>
<tr>
<td>Archdiocese of Indianapolis</td>
<td>Annunciation</td>
<td>19 N. Alabama Street, Brazil</td>
</tr>
<tr>
<td>Archdiocese of Indianapolis</td>
<td>Central Catholic</td>
<td>1155 E. Cameron Street, Indianapolis</td>
</tr>
</tbody>
</table>

### Select the parish.

<table>
<thead>
<tr>
<th>Quote</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
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<td></td>
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### Catholic Diocese TULIP – Eligibility

Enter the first few letters of the diocese or parish name, choose the state of diocese/parish and click the Search button. If your diocese or parish is not listed, please call us at 1-800-553-8368.

#### Select your Diocese/Parish

- **Diocese or Parish Name:** archdiocese of indianapolis
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</tr>
</tbody>
</table>

### Click on the Continue button at the bottom of the screen

[Back] [Continue]
Select the type of event to be insured.

Click the Continue button at the bottom of the screen.

*If the insured's event type is not listed above, DO NOT CONTINUE. Please contact our office for confirmation of eligibility at 1-800-553-8368.*
This is how the screen looks when it comes up.

As the questions are answered, some additional information will appear on the screen. The next page shows information that will appear on the screen as the questions are answered.

After all questions are answered, click the Continue button at the bottom of the screen.
**Catholic Diocese TULIP - Eligibility**

Desired coverage dates (including setup and teardown):
[You may specify any day from 06/29/2012 to 12/29/2012]

Provide Attendance Information

<table>
<thead>
<tr>
<th>Number of consecutive event days (not including set-up or tear-down):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated daily attendance of this event:</td>
<td></td>
</tr>
<tr>
<td>Total event attendance:</td>
<td></td>
</tr>
</tbody>
</table>

- Are overnight accommodations part of the event? 
  - Yes  
  - No

- Is there a live musical performance at the event? 
  - Yes  
  - No

- Is the music rap/hip-hop/alternative? 
  - Yes  
  - No

- Alcoholic beverages are [select one]:
  - Not available at the event
  - Furnished without a charge (what's this?)
  - Sold (what's this?)
  - Both sold and furnished without a charge (what's this?)

- In whose name is the liquor license or permit?
  - Yes  
  - No

- Does the insured event have any concessionaires, exhibitors or vendors?
  - Yes  
  - No

- Do the concessionaires, exhibitors or vendors currently have coverage?
  - Yes  
  - No

- How many concessionaires, exhibitors or vendors need coverage at this event?
  -   

- Are any of the following operations or products sold, displayed, demonstrated or promoted by the concessionaire, exhibitor or vendor?
  - Yes  
  - No

Alcoholic beverage sales; Animals; Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots; Cleaning accessories & products- homemade; E-commerce selling; Fire safety equipment; Fireworks sales & displays; Haunted attractions; Health & beauty products-homemade; Hot wax impressions; Mazes (corn, hay, fence); Mechanical or inflatable amusement devices; Medical testing; Motorsports activities; Nutritional/health supplements (selling); On-site equipment sales/rental; On-site installation/service/repair of products; Oxygen/ aromatherapy bars; Protective equipment/apparel; Storefront operations; Tobacco products; Toys (for ages 4 and under); Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight-loss plans or products (selling); Wholesale business operations.

- Does the event have any of the following activities?
  - Yes  
  - No

  - Rides; mechanical amusement devices, inflatable recreational devices, dunk tanks, bungee operations/equipment
  - Petting zoos or animals owned, rented or hired by the insured
  - Fireworks/pyrotechnics

These activities are not covered by this program and resulting claims will be denied. You may continue to purchase coverage online with the understanding that these activities are excluded. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an Additional Insured.

If you require additional insurance for these activities, please discontinue the online process and contact us to determine if other programs are available.

- Accept & continue  
- Decline & exit

[Back]  [Continue]
Select the appropriate button; click on the Continue button.

The information entered on the Eligibility screen will populate the fields in the screen shown below. The premium will be shown in under the Total Event Attendance column.
See the bottom of the quote summary screen for options available on this screen. You can click on the Edit button on the right side of the quote summary to edit a section if necessary.

If you want to save the quote you need to be logged in.

Close the pop-up message.

Click the ‘Continue’ button to continue the online application process.
If the user is not logged in, they will not see the ‘Insured information is the same as login information’ box. The ‘State’ field will be automatically filled with the data from the eligibility screen.

```markdown
<table>
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Named insured (as it should appear on the policy)</td>
<td>* (what's that?):</td>
</tr>
<tr>
<td>Doing business as (DBA)</td>
<td>* (what's that?):</td>
</tr>
<tr>
<td>Contact first name</td>
<td>*</td>
</tr>
<tr>
<td>Contact last name</td>
<td>*</td>
</tr>
<tr>
<td>Mailing address</td>
<td>*</td>
</tr>
<tr>
<td>City</td>
<td>*</td>
</tr>
<tr>
<td>State</td>
<td>Ohio</td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Phone (including area code)</td>
<td></td>
</tr>
<tr>
<td>Cell (including area code)</td>
<td></td>
</tr>
<tr>
<td>Fax (including area code)</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
</tr>
<tr>
<td>Re-confirm e-mail</td>
<td></td>
</tr>
<tr>
<td>Website address (if any)</td>
<td></td>
</tr>
</tbody>
</table>

- This is a new account
- This is a renewal of coverage
```

Click the Continue button.
The fields highlighted in yellow below (for illustrative purposes only) will be automatically filled with the information entered earlier in the application process.

The user needs to complete the ‘Name of event:’ and ‘Is the event held annually?’ sections then click the Continue button.
An additional certificate of insurance is automatically generated for the location the event is being held. If additional certificates of insurance are needed for another entity, enter the required entity information; click on the Add This Certificate button. When all certificates have been added, click the Continue button.

Certificate of Insurance Requests

At the conclusion of the insurance purchase, you will receive a certificate(s) of insurance as evidence of the coverage that has been purchased.

If you require additional certificates listing a facility, property owner, or sponsor as an **Additional Insured**, please complete the certificate information section below.

- Do you need to request any additional certificate(s) of insurance to present to a third party? (select one)
  - [ ] Yes
  - [ ] No

Additional Insured Field is limited to 90 characters. If a longer name is needed, you must complete your insurance transaction first then submit a request for another certificate by using the **ONLINE Certificate Request Option** on the Customer Service tab located at the top of our website page.

**Certificate Information:**

Name of Certificate holder (Additional Insured):

Mailing address:

City:

State: [Select]

Zip:

Please indicate the relationship of the above entity: (select one)

- [ ] Owner, manager or lessor of the premises/location where the events take place
- [ ] Sponsor of event
- [ ] Co-promoter of event

If the relationship of the certificate holder you are entering is not listed above or if special language is required, complete your insurance purchase first. After your purchase is complete, you may submit a special request by using the **ONLINE Certificate Request Option** on the Customer Service tab located at the top of our web page.
The user completes the required fields and clicks the Continue button.

Warranty and Disclosure Statement

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

☐ I accept

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium. The total may also include an RPG membership fee of up to ten dollars.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

☐ I accept

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. K&K reserves the right to decline/void any ineligible coverage.

☐ I accept

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided. The information I provided on this enrollment form becomes a part of the insurance contract.

☐ I accept

Name of person completing this form:

First name: ________________________________

Last name: ________________________________

Relationship to insured: Select ________

Back | Continue
See the bottom of the final summary screen for options available on this screen.

Saving the application is a required step to purchase coverage. It is also required if you want to save the information on the application and purchase later.

If the application was saved at the quote summary, the name given to the document will show in the name field on this screen.

Close the pop-up message.

Click on the ‘Continue To Payment’ button at the bottom of the final summary screen.
The user selects the method of payment and clicks the Continue button. The appropriate screens will come up for the method of payment selected.

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>1 Insured Information</th>
<th>2 Additional Information</th>
<th>3 Certificate Request</th>
<th>4 Warranty</th>
<th>5 Final Summary</th>
<th>6 Payment</th>
</tr>
</thead>
</table>

**Make Your Payment**

*Note: Premiums are 100% fully earned when coverage begins and are non-refundable.*

Please complete the payment information below.

- Credit Card
- PayPal
- Checking Acct

After the payment has been processed the purchase summary screen will come up. From here the insured can print out the coverage documents. An email will also be sent to the registered user’s email address containing the purchase summary along with the coverage documents.