

## MEMORANDUM

TO: Pastors, Administrators, Principals, ECC Directors, and Business Managers

FROM: Mike Witka, Diocesan Insurance Office

DATE: July 2021

RE: **2021 Tenant User Liability Insurance Program (TULIP) - Internet Based System**

---

**Tenant User Liability Insurance Program (TULIP):** TULIP provides insurance coverage when a parish or school allows an event to be held on parish/school property, but the event is not parish/school sponsored. The most common example is a wedding reception held at a parish hall. If an individual or outside organization holds an event on parish/school property, they have one of two choices, either (1) provide a certificate of insurance naming the parish/school as additional insured for at least \$1,000,000.00 or (2) purchase the TULIP coverage. TULIP is underwritten by K&K Insurance and is handled through our broker at Arthur J. Gallagher Risk Management Services.

**INTERNET BASED SYSTEM:** The system helps improve efficiencies and provides a quicker turn around than the old paper application process. Detailed instructions are included in this packet. A few highlights of this system are highlighted below:

- The URL for the system is:  
<http://www.kandkinsurance.com/sites/Tulip/pages/DioceseEligibility.aspx>
- Internet based system date and time stamps all requests for coverage
- Simply answer questions and check the appropriate boxes
- System immediately processes transactions and provides approval for event and the certificate of insurance
- There is no change in coverage or price
- System accepts credit card payments and electronic checks

Please feel free to contact our office with questions.

**Please Note: TULIP Coverage for Liquor Liability and Inflatables** is NOT available on the web based system. A paper application must be submitted to Marissa Olszewski via email at [Marissa.Olszewski@ajg.com](mailto:Marissa.Olszewski@ajg.com). Upon review and approval an invoice will be directly sent to the applicant. The applications are enclosed at the end of this document. Please contact **Marissa Olszewski** regarding the specific cost for these coverages.

**Special Note:** There are three instances in which a special liquor insurance policy is required: (1) If liquor is being sold, (2) When there is an admission price to the event which includes liquor, or (3) If liquor is served as part of a fund raising event. Please call Marissa, if any of these situations apply.

Your primary contact person for the TULIP (special events insurance program) is **Marissa Olszewski** at Arthur J. Gallagher Risk Management Services. Any questions you have regarding insurance requirements or coverage contact **Marissa** at **(630) 285-4252** or **Marissa\_Olszewski@ajg.com**.

## Internet based system instructions

Following is a 15 page document that will outline the system and what you can expect to see.

The questions on the website are very similar to the paper questionnaire utilized previously. It may be helpful to complete the paper document before going online so that you have an idea of the information you will need to complete the process. The system will walk you through the questions, one at a time, but if have difficulties or need assistance, please call 800/ 553-8368. Calling this number will put you in contact with the insurance carrier, K&K Insurance.

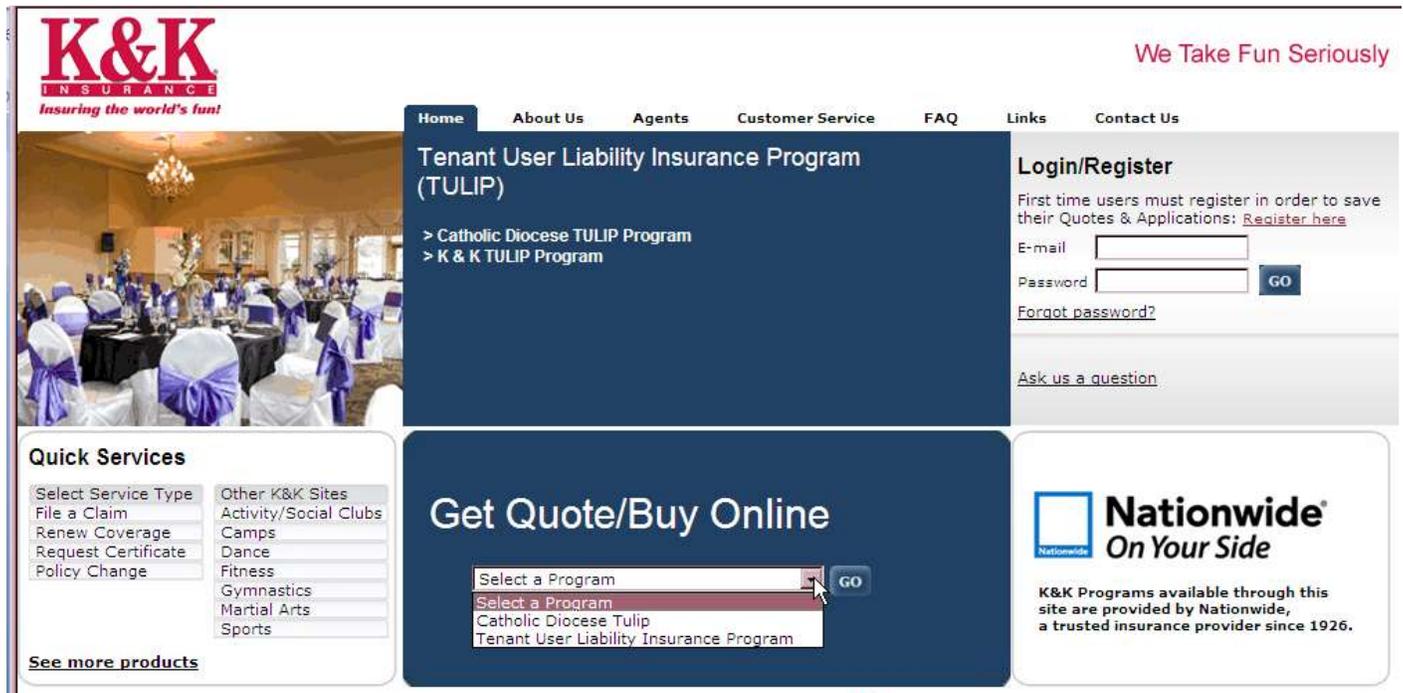
- You will need to sign on to the internet at the following address. Instead of typing the address, please copy and paste the following website address

<http://www.kandkinsurance.com/sites/Tulip/pages/DioceseEligibility.aspx>

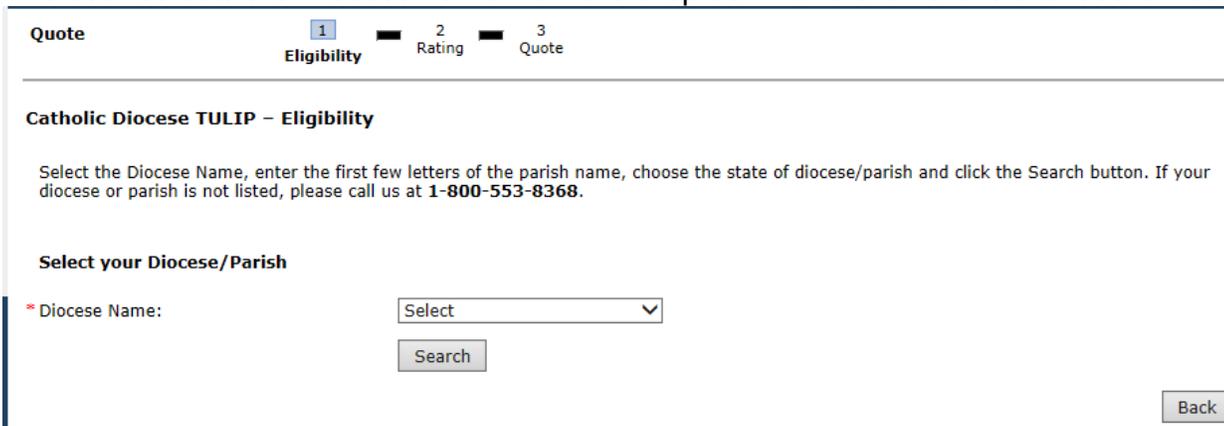
- refer to following document for remaining instructions

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.



The user selects the Diocese name from the drop down and then clicks the 'Search' button.



A list of parish names will show on the screen.

Quote

1

2

3

Eligibility

Rating

Quote

---

**Catholic Diocese TULIP – Eligibility**

Select the Diocese Name, enter the first few letters of the 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 Name:

Please choose from the Diocese/Parishes listed below:

Diocese Name	Parish Name	Address
<input type="radio"/> Archdiocese of Cincinnati	All Saints Catholic Parish	8939 Montgomery Road , Cincinnati
<input type="radio"/> Archdiocese of Cincinnati	Alter Crest	c/o St. Joseph Orphanage , Cincinnati
<input type="radio"/> Archdiocese of Cincinnati	Alter High School	940 East David Road , Kettering

The user selects the parish.

Please choose from the Diocese/Parishes listed below:

Diocese Name	Parish Name	Address
<input checked="" type="radio"/> Archdiocese of Cincinnati	All Saints Catholic Parish	8939 Montgomery Road , Cincinnati

The user clicks on the 'Continue' button at the bottom of the screen

<input type="radio"/> Archdiocese of Cincinnati	Visitation	407 W. Main Street , Eaton
-------------------------------------------------	------------	----------------------------

The user selects the type of event to be insured.

Quote

1 Eligibility — 2 Rating — 3 Quote

### Catholic Diocese TULIP – Eligibility

Please select the type of event to be insured.

#### Eligible Events

<input type="radio"/> Anniversary party	<input type="radio"/> Cook-Off	<input type="radio"/> Play
<input type="radio"/> Auction	<input type="radio"/> Corn Hole	<input type="radio"/> Poker
<input type="radio"/> Awards banquet	<input type="radio"/> Dance	<input type="radio"/> Prom
<input type="radio"/> Awards presentation	<input type="radio"/> Debutante ball	<input type="radio"/> Quinceanera
<input type="radio"/> Baby shower	<input type="radio"/> Demonstration	<input type="radio"/> Raffle
<input type="radio"/> Bake sale	<input type="radio"/> Dinner	<input type="radio"/> Recital

If 'Meeting' is selected, an additional question is displayed and must be answered before continuing to the next screen in the online process.

 Just one time  Recurring (held on a regular basis)'. Below the question is a disclaimer: '\*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.' At the bottom right are 'Back' and 'Continue' buttons."/>

<input type="radio"/> Casino Game	<input checked="" type="radio"/> Meeting	<input type="radio"/> Wake
<input type="radio"/> Choir Concert	<input type="radio"/> Memorial service	<input type="radio"/> Wedding
<input type="radio"/> Christening	<input type="radio"/> Musical Concert	<input type="radio"/> Wedding reception
<input type="radio"/> Concert (Bluegrass, Classical, Country and Western, Pop Rock)	<input type="radio"/> Open House	<input type="radio"/> Wine Tasting
<input type="radio"/> Conference	<input type="radio"/> Opera	<input type="radio"/> Workshop
<input type="radio"/> Confirmation	<input type="radio"/> Pageant	
<input type="radio"/> Convention	<input type="radio"/> Picnics w/out Pool or Lake	

Is this meeting:  Just one time  Recurring (held on a regular basis)

**\*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.**

Back Continue

The user clicks 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.**

Back Continue

This is the screen that is displayed for any type of event selected on the prior screen other than 'Meeting, Recurring (held on a regular basis)'.

As the questions are answered, some additional information will appear on the screen. The bottom of this page and the next page shows the 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.

Quote

1 Eligibility
2 Rating
3 Quote

### 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

Number of consecutive event days (not including set-up or tear-down):	<input type="text"/>
Estimated daily attendance of this event:	<input type="text"/>
<b>Total event attendance:</b>	<input type="text"/>

Are overnight accommodations part of the event?  Yes  No

Is there a live musical performance at the event?  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?](#) )

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

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

Back Continue

An additional question will be displayed if 'Furnished without a charge' is selected.

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?](#) )

Is the insured required to obtain a liquor license/permit?  Yes  No

If 'Furnished without a charge' is selected, the question about liquor license/permit will be displayed.



This snag-it shows additional questions that are displayed as questions are answered.

**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**

Number of consecutive event days (not including set-up or tear-down):	<input type="text"/>
Estimated daily attendance of this event:	<input type="text"/>
<b>Total event attendance:</b>	<input type="text"/>

Are overnight accommodations part of the event?  Yes  No

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

If 'Yes' is selected, the question about the music appears on the screen.

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?](#) )

If either 'Sold' or 'Both sold and...' is selected, the question about the liquor license or permit appears on the screen.

In whose name is the liquor license or permit?  Insured  Caterer/Vendor  Facility  Sponsor

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

If 'Yes' is selected, the question about vendor coverage appears on the screen.

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

If 'No' is selected, the 3 items indicated appear on the screen.

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

If 'Yes' is selected, the grey box appears on the screen.

- 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

If the event type 'Meeting, Recurring (held on a regular basis)' was selected this is the next screen that is displayed.

After all questions are answered, click the Continue button at the bottom of the screen.

Quote

1 Eligibility    2 Rating    3 Quote

---

**Catholic Diocese TULIP- Eligibility**

Desired coverage dates (including setup and teardown):

[You may specify any day from 08/11/2016 to 02/11/2017]

**Provide Recurring Meeting Information**

Type of Meeting(Example: Support Groups,Community Organizations,Alcoholics Anonymous, etc.):

Approximate number of participants per meeting

Frequency of meetings  ▾

Time of Meetings:  ▾  AM  PM To  ▾  AM  PM

Do the meetings 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
- Selling, Serving or consumption of alcohol

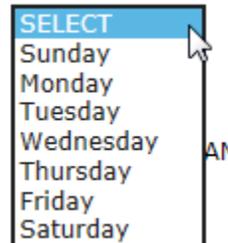
- Select the meeting frequency from the drop down box.

- Frequency of meetings
- Time of Meetings:



- If weekly is selected, select the day of week the meeting occurs on.

- Day of the week the meetings occur:  
If meetings are more than one day a week, please call us at 800-553-8368.
- Time of Meetings:
- Do the meetings have any of the following activities?



If the user selects 'No' they then click on the Continue button. If the user selects 'Yes' they will get a popup message and will not be able to complete the online application.

Quote 1 Eligibility 2 Rating 3 Quote

---

**Catholic Diocese TULIP – Ineligible Operations**

The following events/activities are ineligible for enrollment in this program and no coverage will be provided. To continue, you must first confirm that none of the following services are offered by the entity obtaining a quotation.

Activist rallies/marches/literature distribution	Gun/knife shows
Athletic events and competitions*	Haunted attractions
BYOB*	Historical battle reenactments
Cinematography & photography for commercial use	In-or-on water activities (pools, lakes, rivers, etc)
Concerts*	Mazes (corn/hay/fence)
Day Care Operations	Motorized vehicle/motorcycle/watercraft practicing for, qualifying for, or testing for any racing speed, demolition or stunting activity
Events held on an airport premises	Parades*
Events providing room accommodations and/or camping as part of the event	Rodeos* (activities including, but not limited to bull or bronco riding, roping activities, or barrel racing)

**\*This event/activity is not available online. Please contact K&K at 1-800-553-8368**

Are any of the above events/activities offered?  Yes  No

[Back](#) [Continue](#)

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. This is the rating screen for any event selected on the eligibility screen other than a meeting that recurs on a regular basis.

Quote 1 Eligibility 2 Rating 3 Quote

---

**Catholic Diocese TULIP - Rates**

Premium

Commercial General Liability	Number of Event days	Overnight?	Number of Vendors	Total Event Attendance ( attendees)
\$1,000,000.00				\$

[Back](#) [Continue](#)

The snag-its below show how the premium information is displayed when the event type is meeting recurring either weekly, bi-monthly or monthly.

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.

Quote 1 Eligibility **2 Rating** 3 Quote

---

**Catholic Diocese TULIP - Rates**

Premium

Commercial General Liability	# of Participants per meeting	Frequency of meetings	Premium
\$1,000,000.00		Weekly	\$

Quote 1 Eligibility **2 Rating** 3 Quote

---

**Catholic Diocese TULIP - Rates**

Premium

Commercial General Liability	# of Participants per meeting	Frequency of meetings	Premium
\$1,000,000.00		Bi-Monthly	\$

Quote 1 Eligibility **2 Rating** 3 Quote

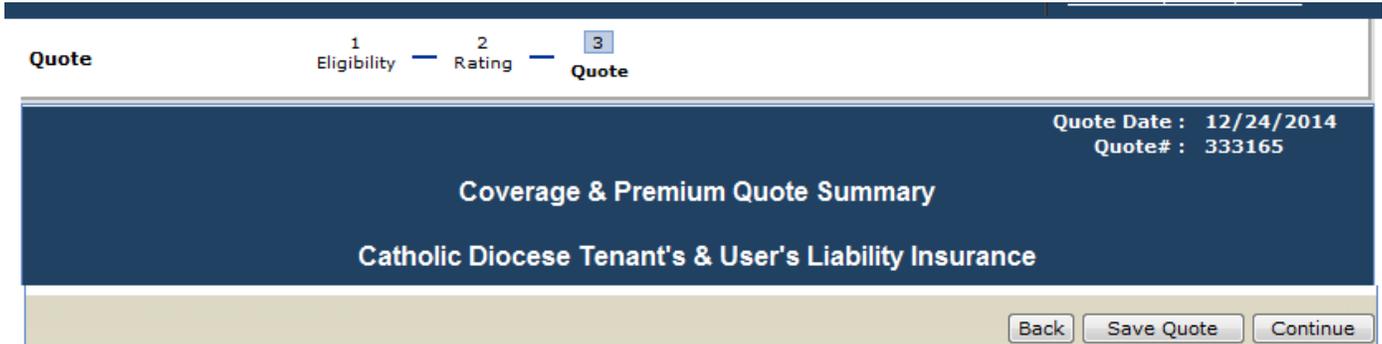
---

**Catholic Diocese TULIP - Rates**

Premium

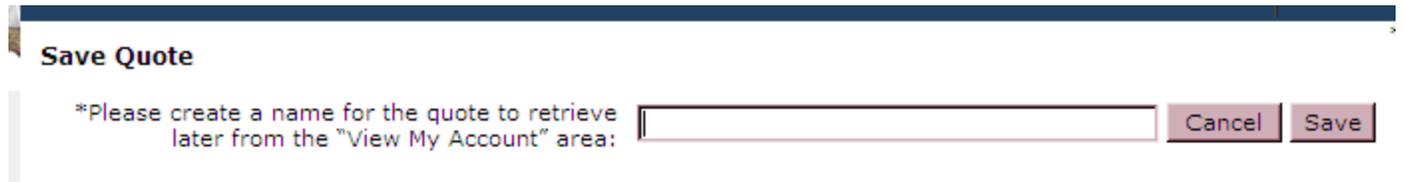
Commercial General Liability	# of Participants per meeting	Frequency of meetings	Premium
\$1,000,000.00		Monthly	\$

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.

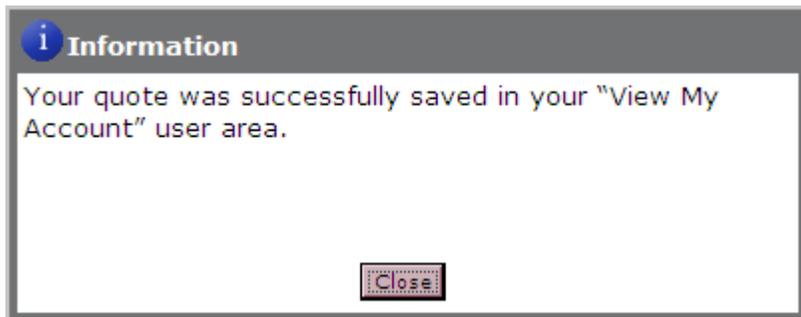


If you want to save the quote you need to be logged in.

To save at Quote Summary enter a name for the document and click on the 'Save' button.



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.

Enrollment **1** Insured Information — 2 Additional Information — 3 Certificate Request — 4 Warranty — 5 Final Summary — 6 Payment

*\* fields are mandatory*

**Insured Information**

**IMPORTANT: THIS SECTION IS TO BE COMPLETED FOR THE PERSON OR BUSINESS PURCHASING COVERAGE**

**1. For the "Named Insured" use your name if you operate as a sole proprietor, or your legal business name if you operate as a corporation or LLC.**

**2. You will be asked to provide information for Additional Insureds later in the purchase process.**

Insured information is the same as login information

\*Named insured (as it should appear on the policy) ([what's this?](#)):

Doing business as (DBA) ([what's this?](#)):

\*Contact first name:

\*Contact last name:

\*Mailing address:

\*City:

\*State:

\*Zip:

\*Phone (including area code):

Cell (including area code):

Fax (including area code):

\*E-mail:

\*Re-confirm e-mail:

Website address (if any):

This is a new account  
 This is a renewal of coverage

Click the Continue button.

This screen will not be displayed if meeting, recurring on a regular basis was selected on the eligibility screen.

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.

**Enrollment** 1 Insured Information 2 **Additional Information** 3 Certificate Request 4 Warranty 5 Final Summary 6 Payment

**Event - Additional Information**

Name of event:

Date(s) of event/coverage (including set up and tear down):

**Event location**

Venue name:

Address:

City:

State:

Zip:

Is this event held annually?  Yes  No

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.

**Enrollment** 1 Insured Information 2 Additional Information 3 **Certificate Request** 4 Warranty 5 Final Summary 6 Payment

### 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? ( [what's this?](#) )  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:

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.**

**Certificate 1** [Preview](#)

Certificate holder: **Additional Insured**

Entity name: **Archdiocese of Cincinnati/All Saints Catholic Parish**

Mailing address: **8939 Montgomery Road**

City: **Cincinnati** State: **Ohio** Zip: **45236**

Relationship: **Owner, Manager or Lessor of the premises**

The user completes the required fields and clicks the Continue button.

Enrollment    1 Insured Information    2 Additional Information    3 Certificate Request    **4 Warranty**    5 Final Summary    6 Payment

**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 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 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.

**Compensation and Other Disclosure Information**

K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to

I have agreed to all of the above terms

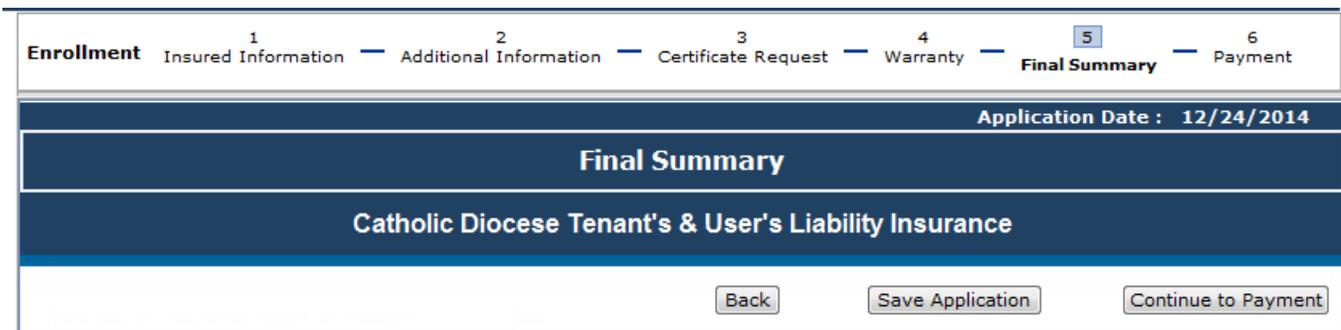
Name of person completing this form:

First name:

Last name:

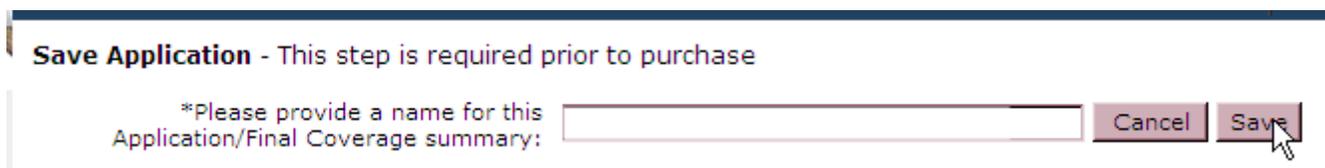
Relationship to insured:

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

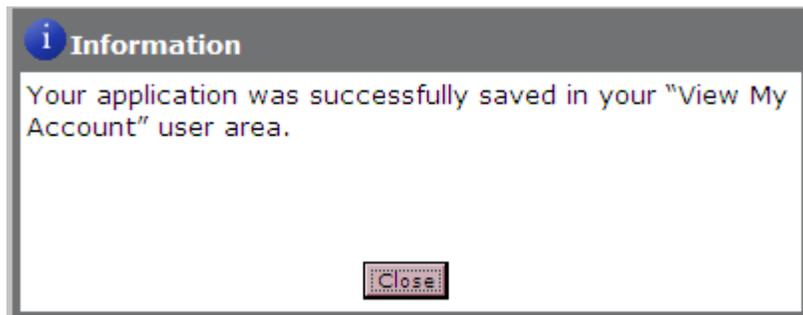


Saving the application is a required step to purchase coverage. It is also required if you want to save the information on the application and purchase later.

If the application was saved at the quote summary, the name given to the document will show in the name field on this screen. If the user is just saving at the final summary, enter a name for the document. Click on the 'Save' button.



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.

**Enrollment** Insured Information <sup>1</sup> Additional Information <sup>2</sup> Certificate Request <sup>3</sup> Warranty <sup>4</sup> Final Summary <sup>5</sup> **Payment** <sup>6</sup>

### 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

Back Continue

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.

**Application for Special Events Coverage**  
**(Inflatables or Liquor Sales)**

Archdiocese/Diocese of: _____	Date of Event: _____
Name of Parish: School, or Agency: _____	Type of Event (Example: Wedding Reception Anniversary Party, Etc. - Please Specify): _____
Street Address: _____	_____
City, State, Zip Code: _____	_____
Phone: _____	Time of Event: From: _____ To: _____
Contact Person: _____ (printed name)	Approximate Number of Participants: _____
<b>Lessee (Additional Insured) Information:</b>	Will there be Liquor at the event? Yes No
Name of Sponsoring Organization and/or Individual Requesting Coverage: _____	Is Liquor being sold, included in the price of admission, or provided at a fundraiser? Yes No
Email: _____	If yes, a separate, additional Liquor Liability policy is required.
Street Address: _____	Is Food Being Served? Yes No
City, State, Zip Code: _____	Overnight Event? Yes No
Telephone: _____	
Lessee Signature _____	

The Special Events coverage provides \$1,000,000 Combined Single Limit Bodily Injury, Property Damage, and Host Liquor Liability coverage per event (not per claim).

Coverage does not apply to certain events such as, but not limited to:

- Amusement rides, mechanically operated devices, trampolines, & rebounding devices
- Events where a fee or admission is charged, unless all proceeds go to charity
- Events organized or operated by professional promoters/performers
- Events with attendance of more than 1,000 persons
- Sporting events including tournaments & camps
- Events which exceed 72 hours in duration
- Events involving pool or lake activities
- Events involving recreational vehicles
- Fireworks & fireworks displays
- Liquor Liability (Dram Shop) coverage
- Any Carnival Event

For Company Use only:

**NOTIFICATION OF AN EVENT MUST REACH ARTHUR J. GALLAGHER  
AT LEAST 15 DAYS IN ADVANCE OF THE EVENT  
\*ALL EVENTS NEED PRIOR APPROVAL BY K & K Insurance Group, Inc.\***

**COMPLETE AND RETURN THIS FORM  
(Inflatables or Liquor Sales) TO:**

**Marissa Olszewski**

E-mail: Marissa\_Olszewski@ajg.com  
Phone: (630) 285-4252  
Fax: (630) 285-4062

**Once the application is reviewed and  
approved an invoice will be sent out:**

**Please do not send cash or checks.**

Please report all claims to K & K Insurance Group, Inc. Claims department at 1-800-237-2917

**All Events must be reported 15 days prior to effective date.**