

To: Community Insurance Corporation Policyholder

RE: TENANT USER LIABILITY INSURANCE PROGRAM

In response to calls from several policyholders regarding the use of insured owned premises and facilities by outside groups and organizations, Community Insurance Corporation is proud to offer the extension of liability coverage to these groups.

Any group using a school district's owned property is required to provide the district with evidence of liability insurance. The cost of a short-term liability policy for many of these groups is usually too expensive for the event to absorb. Therefore, Community Insurance Corporation is offering the option of extending coverage to these groups at a limited level of coverage. The intent of this program is to provide a coverage alternative for those groups that are unable to purchase short-term coverage at a reasonable rate. It will also minimize the school district's concern and process of obtaining evidence of adequate liability insurance.

Each policyholder is given the option to purchase an endorsement to the current liability policy naming the organization as an Additional Insured for the specific event held on school district's property. The endorsement will limit coverage to Coverage A (Bodily Injury & Property Damage) only, with a per occurrence limit of \$250,000 and is subject to a per occurrence deductible of \$250. Only specific classes of events are eligible for this coverage.

Attached is an endorsement rate schedule and list of acceptable events. From this schedule the school district can determine if the proposed event is eligible for coverage and calculate the premium charge for each event. In order to secure coverage, the school district must submit a completed application for each event, along with the premium payment, payable to COMMUNITY INSURANCE CORPORATION, from the tenant-user, to be received in our office at least 3 days prior to the date of the event. Aegis Corporation will issue an endorsement to the district's liability policy and issue a Certificate of Insurance to the Tenant-User as evidence of coverage.

If you are interested in participating in the TULIP Program, please follow the procedures outlined above.

Sincerely,

AEGIS CORPORATION

COMMUNITY INSURANCE CORPORATION

Enclosures

**COMMUNITY INSURANCE CORPORATION
TENANT-USER LIABILITY INSURANCE PROGRAM**

PROCEDURE FOR SECURING COVERAGE:

1. Determine if event is eligible for coverage from the following list of class I events
2. Complete the application form
3. Calculate the premium from the rate schedule
4. Submit the completed application and premium payment.

**APPLICATION AND PREMIUM MUST BE RECEIVED BY AEGIS CORPORATION
AT LEAST 3 DAYS PRIOR TO THE DATE OF THE EVENT.**

Coverage Limits: \$250,000 per occurrence Coverage A – Bodily Injury & Property
Damage ONLY
Deductible: \$ 250 per occurrence

ENDORSEMENT RATE SCHEDULE

CLASS I EVENTS

Estimated Attendance	Premium / Per Day
1 – 100	\$ 60
101 – 500	\$115
501 – 1,500	\$207
1,501 – 3,000	\$414
3,001 – 5,000	\$691
Over 5,000	Refer to Company

CLASS I EVENTS

Meetings, Indoor/Outdoor	Parades under 500
Musicals/Plays	Picnics
Seminars	Political Rallies
Social Gatherings (indoor)	Rummage Sales/Sidewalk Sales
Social Gatherings (outdoor)	Speaking Engagements
Theatrical Performances	Aerobics/Jazzercise
Wedding Receptions	Arts Festivals
Auctions	Animal Training
Auto Shows	Animal Shows
Bingo Games	Craft Shows
Exhibitions	Food Concessions
Instructional Classes (non-mechanical)	Dances
Block Parties/Street Closures	

CLASS II EVENTS MUST BE APPROVED BY COMPANY PRIOR TO EVENT

Animal Racing	Circus (no rides)
Outdoor meetings	Concerts
Parades over 500	Carnivals
Tractor/Truck Pulls	Sporting Events
Auto Racing	Carnivals

**COMMUNITY INSURANCE CORPORATION
TENANT-USER LIABILITY INSURANCE PROGRAM**

APPLICATION FORM

Name of School District: _____

Mailing Address: _____

City, State Zip: _____

Contact Person: _____ Phone #: _____

**PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH ADDITIONAL
INSURED AND EVENT TO BE ENDORSED ONTO THE SCHOOL DISTRICT'S
LIABILITY POLICY.**

1. NAME OF TENANT-USER: _____

2. MAILING ADDRESS: _____

CITY, STATE ZIP: _____

3. CONTACT PERSON: _____ PHONE # _____

4. LOCATION OF EVENT: _____

5. DESCRIPTION OF EVENT: _____

6. DATE OF EVENT: _____

USING THE ATTACHED ENDORSEMENT RATE SCHEDULE, COMPLETE THE
FOLLOWING:

7. ESTIMATED ATTENDANCE: _____

8. PREMIUM CHARGE – PER EVENT/PER DAY: \$ _____

9. TOTAL PREMIUM PAID: \$ _____

In order to secure coverage, the completed application and premium payment, payable to;
COMMUNITY INSURANCE CORPORATION, must be received at least 3 days prior to
the date of the event:

**CIC – TULIP PROGRAM
18550 West Capitol Drive
Brookfield, WI 53045
1-800-391-1116
FAX: 262-783-6091**

