

Instructions for Obtaining TULIP Coverage



1. Obtain permission for your event with your local municipality or school for a specified date(s).
2. Obtain the “facility ID” password from your municipality or school.
3. On the internet go to <https://www.ebi-ins.com/tulip/>
4. Enter your information according to the instructions found below.
5. Have a credit card handy. You can only bind the insurance by using a credit card. There are no other financing options.
6. If you have difficulties with the site call 1-800-507-8414 for immediate assistance. (West Coast business hours only.)

TULIP Purchase - Windows Internet Explorer

https://www.ebi-ins.com/tulip/

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TULIP Purchase

ENTERTAINMENT BROKERS INTERNATIONAL

User Name:

Password:

[Log In](#)

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Please call 1-800-507-8414 for immediate assistance (business hours only)

Welcome!

In order to purchase insurance for your event or activity, simply answer the questions and fill-in the information blanks below.

Please do not use your browsers "Back" button during this process or you may lose entered information.

Step 1: Select your facility

Please identify the facility where your event or activity will be taking place.

* Enter the Facility / Venue / Entity ID you were given -
[If you don't know the facility ID then click here.](#)

You have selected the facility with the following information:
(Please note the address below may be the mailing address for the facility and may not reflect the actual address where your event is taking place.)

Facility Name:
Address:
City:

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Ignore the User Name and Password boxes.

The Entity ID will always be 0005 (zeroes -not the letter "o") in the first box and then the three final digits you were given by the municipality or school.

Once you have entered the Entity ID the computer will display the name of the municipality or school (not the location).

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Address:
City:
State:
Zip:

Step 2: Qualify your event or activity

* Select your event or activity from the list of **eligible events or activities** below:

(Please select a qualified event or activity)

Can't find your event or activity? Click [here](#) to see the list of **ineligible events and activities**.
Any event or activity not listed in the eligible events list does not qualify for this program. If you have any questions about your event or activity, please [contact us](#) or call 1-800-507-8414 (8:30AM PST - 5:00PM PST M-F).

Have you held this event before? Yes No

If yes, were there any losses or claims? Yes No

Will there be armed private security at this event or activity?
(off duty police not included) Yes No

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If the municipality or school is incorrect call 1.800.527.5001 and ask for Member Relations. A new ID will be given to you.

Click on the down arrow and select your type of event.

Click Yes or No to these three questions.

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https://www.ebi-ins.com/tulip/apply.aspx

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Step 3: Get your quote

Event Dates:
 *Be sure to include the dates required for setup and takedown/cleanup for the event or activity.
 *If your event will extend past midnight, be sure to add one additional day since coverage ends at 12:01 AM.

Select the dates for your event:

July 2008							August 2008						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
29	30	1	2	3	4	5	27	28	29	30	31	1	2
6	7	8	9	10	11	12	3	4	5	6	7	8	9
13	14	15	16	17	18	19	10	11	12	13	14	15	16
20	21	22	23	24	25	26	17	18	19	20	21	22	23
27	28	29	30	31	1	2	24	25	26	27	28	29	30
3	4	5	6	7	8	9	31	1	2	3	4	5	6

* Name of your Event

Event Length (Days)

* Average Daily attendance

* Do you require liquor liability coverage? Yes No

Number of exhibitors that **do not sell** products or services

Number of concessionaires that **sell non food** products or services

Number of concessionaires that **sell food** products

Number of attractions (Performers, etc)

Get your premium now with **Quick Quote**
[Click Here](#)

Choose your date(s) by clicking on each date you want.

Name your event. This is what will appear on the coverage documents. Enter the number of people who will be attending the event.

Very Important: Click on Yes or No if alcohol will be served.

Answer these four questions whether other people will be selling products, serving food and if there are other attractions happening during your event.

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Insured Information

- * Applicant name (tenant user)
- * Mailing Address
- Address 2
- * City
- * State
- * Zip

Contact Information

Check here to use above information

- * Contact First Name
- * Contact Last Name
- * Address 1
- Address 2
- * City
- * State
- * Zip
- * Phone
- * E-mail

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Enter your name or your organization's name and other requested information.

Enter the information for the person who will be the contact.

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Please review your information:

Basic Information

Facility / Venue / Entity ID Code: 0005
Type of event: Weddings and Wedding Receptions

Event Information

Event Name:	Test for Wedding
Date(s) of Event:	8/2/2008
Event Length (Days):	1
Daily attendance:	90
Do you require liquor liability coverage?	No
Has this event been held before?	No
Any losses or claims?	No
Do you have armed security?	No
Number of exhibitors that do not sell products or services	0
Number of concessionaires that sell non food products or services	0
Number of concessionaires that sell food products	0
Number of attractions (Performers, etc)	0

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This screen will show the information that you entered. Review carefully.

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etc)

Facility Information

Facility Name: City of Concord
 Address 1: 41 Green St
 Address 2:
 City: Concord
 State: NH
 Zip: 03301

Insured Information

Applicant name: Test Family Wedding
 Address 1: 123 Main St
 Address 2:
 City: Concord
 State: NH
 Zip: 03301

Contact Information

Contact First Name: Test First Name
 Contact Last Name: Test Last Name
 Address 1: 123 Main St
 Address 2:
 City: Concord
 State: NH
 Zip: 03301

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The “Facility Information” will show as your municipality or school’s main address. It may not be the actual site of your event.

The Insured Information and the Contact Information reflect what you had previously entered. To fix any problems you will need to click on the “Make Changes” button at the bottom of your computer screen.

TULIP Purchase - Windows Internet Explorer

https://www.ebi-ins.com/tulip/apply.aspx

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Contact Information

Contact First Name:	Test First Name
Contact Last Name:	Test Last Name
Address 1:	123 Main St
Address 2:	
City:	Concord
State:	NH
Zip:	03301
* Phone	800-527-5001
* E-mail	test@nhlgc.org

[View Insurance Contract](#) [View Refund Policy](#)



I agree that the above information is correct to the best of my knowledge and I have reviewed the insurance contract and refund policy posted on this website.

Click continue to complete your purchase:

[Contact Us](#) | [Privacy Policy](#) | [Refund Policy](#) | [Careers](#) | [Locations](#) | [About Us](#)

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Online Payment Service ABOUT SSL CERTIFICATES

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Once all information is correct you will need to click on the “I agree ...” button and then on the “Continue” button.

Your Quote Is Ready! - Windows Internet Explorer

https://www.ebi-ins.com/tulip/results.aspx?appid=b4c8a13e-4786-462f-8553-94673524ccd4

Your Quote Is Ready!



**ENTERTAINMENT
BROKERS
INTERNATIONAL**

User Name:
 Password: [Log In](#)

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Shown below is the coverage limits and premium for your event or activity based on the information you have provided:

Summary of Coverage

General Aggregate	None
Products / Completed Operations	\$1,000,000
Personal / Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage	\$50,000
Third Party Property Damage (Limit)	\$25,000
Thid Party Property Damage (Deductible)	\$250

Premium Information

Event Premium	\$75.00
Liquor Liability	\$0.00
Attractions / Performers Premium	\$0.00
Exhibitors - Non Sales Premium	\$0.00
Concessionaires - Non Food Premium	\$0.00
Concessionaires - Food Premium	\$0.00
TPPD Premium	\$25.00
State Taxes & Fees	\$0.00
TRIA	\$2.00
Total Premium	\$102.00

(3) Microsoft Access for Windows

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This image confirms your coverage and shows you the cost of the coverage. Please note that TPPD stands for Third Party Property Damage, and relates to insurance claims made by a third party who may have been injured or who wants to make a claim.

Credit card information - Windows Internet Explorer

https://www.ebi-ins.com/tulip/purchase2.aspx?appid=b4c8a13e-4786-462f-8553-94673524ccd4

Credit card information

Home Applications Products New Brokers Submit Business Claims Personal Lines Order Management

Please use the information that appears on your credit card statement. Incomplete or incorrect information may result in a delay or cancellation of your order.

Check here to use contact information

Billing Information

* First name

* Last name

* Address

* City

* State

* Zip

* Phone

* Email certificate to

* Card type

* Card number

* Expiration date

* Last three digits on signature panel [What is this?](#)

Enter your credit card information and click on "Continue" to bind the coverage.

Once your credit card has been accepted you receive an email showing your coverage as being bound. Your municipality or school will also receive a notification.