

Tenant User Instructions

If you are a New User, click the 'Register' button. If you are already registered, enter your e-mail address and password and click the 'I Agree/Log In' button. The "Terms of Use:" link will open a page in a new window so you may review the terms of use for the Tenant User website. If you've forgotten your password, enter your e-mail address then click the 'Forgot My Password' button. Your e-mail address will be validated against the user database and your password e-mail to you immediately. Note that if you enter the e-mail address of another registered user, any e-mailed information will be sent to them.

Welcome

We accept credit cards





Welcome to the Tenant User Program. This site allows the user to purchase TULIP coverage, also known as "Events Coverage." It is used by institutions that permit "Outside Parties" to use their facilities for specific events. It protects both the Facility User and the Institution against claims by third parties who may be injured as a result of participating in an event.

In order to start the process, please login using your email address and password. If you are a new user, please register.

Login to an Existing Account

E-mail Address:

Password:

By logging into this website, you agree to the [Terms of Use:](#)

Forgot your password?
Enter your e-mail address in the box above, then
click the button below to receive it by e-mail.

To register, complete the 'Create an Account' screen. The right side of the "Bill To" (If Different) section is for your billing information. Use the address where your Credit Card Company sends YOUR monthly statement. Click the 'Confirm Registration' button to save your entries when you've completed the registration form.

Create An Account

Fill in the fields below to create an account:
Bold = Required
Italic = Optional

E-Mail Address:

Confirm E-mail Address:

Password: *Minimum 5 characters!

Confirm Password:

Institution Code: *Obtain from Institution Risk Manager

Enter your e-mail address in the e-mail address field, enter it a second time in the confirm e-mail address field. The system will check your e-mail address to confirm you're not already registered in the system.

Enter a password in the password field, it must be at least five characters, this can be letters, numbers or a combination. Enter the same password in the confirm password field.

Enter the Institution Code you've obtained from the Institution Risk/Business Manager. This is an 8-digit code.

Continue filling in the **Tenant User and Credit Card Billing Information** sections. Fill in the 'Tenant User Information' first. Note the 'Credit Card Billing Information' is what your credit card company uses to bill you, You may leave the information blank if it is the same as your Tenant User Information and the system will fill the information in automatically for you.

Tenant User Information		Credit Card Billing Information	
First Name:	<input type="text"/>	First Name:	<input type="text"/>
Last Name:	<input type="text"/>	Last Name:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>
Fax Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Company:	<input type="text"/>	Company:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text" value="ST"/>	State:	<input type="text" value="ST"/>
Zip/Postal Code:	<input type="text"/>	Zip/Postal Code:	<input type="text"/>
User e-mail (if different):	<input type="text"/>	Bill E-mail (if different):	<input type="text"/>

Once you've filled in all the information, click the 'Confirm Registration' button to continue to the next screen.

Registration Confirmation

Review the information below and confirm your registration is correct. If correct, click the register button for permanent registration. If you see a problem, please click the fix button to return to the registration input screen.

E-Mail Address:	tenant-user@bene-marc.com
<i>Institution Code:</i>	22222222
<i>Institution Name:</i>	Test University

Tenant User Information		Credit Card Billing Information	
First Name:	Tenant	<i>First Name:</i>	Tenant
Last Name:	User	<i>Last Name:</i>	User
Phone Number:	817-738-6899	<i>Phone Number:</i>	817-738-6899
<i>Fax Number:</i>	817-738-1811	<i>Fax Number:</i>	817-738-1811
<i>Company:</i>	Bene-Marc, Inc.	<i>Company:</i>	Bene-Marc, Inc.
Address:	6301 Southwest Blvd, Ste 101	<i>Address:</i>	6301 Southwest Blvd, Ste 101
City:	Fort Worth	<i>City:</i>	Fort Worth
State:	TX	<i>State:</i>	TX
Zip/Postal Code:	76132	<i>Zip/Postal Code:</i>	76132
User E-mail:	tenant-user@bene-marc.com	<i>Bill E-mail:</i>	tenant-user@bene-marc.com
<input type="button" value="Fix Registration"/>		<input type="button" value="Finalize Registration"/>	

Review your registration information, if there's something you need to correct, click the 'Fix Registration' to return to the previous screen to make changes. If you're satisfied with your registration, click the 'Finalize Registration' button to complete your registration.

Tenant User Program Registration Result

User tenant-user@bene-marc.com added

[Return to the Home Page and Login](#)

The screen above will notify you that your registration is complete. You should receive an e-mail with your registration information (not your password). A copy is forwarded to Bene-Marc for future reference in the event you later need help. To purchase insurance click the 'Return to the Home Page and Login' button.

[Camp-Insurance](#)[Contact US](#)[Quick Quote](#)[Tutorial](#)[Log Off](#)

Welcome

**Welcome to the NEW URMIA Tenant User Program.
If you have any problems, call Daniel at:
800-247-1734 X319.**

Welcome to the URMIA Tenant User Program. This site allows the user to purchase Tulip coverage.

You are logged in as: tenant.user@bene-marc.com

[Buy Insurance](#)

Your e-mail address and password are passed from registration to the login screen. Click the 'Buy Insurance' button to login to the system.

The first step toward your insurance purchase is to enter the "Institution Code" of the institution you're requesting for Tenant User insurance. If you entered an "Institution Code" during the registration process, the code will appear in the box. If you need to change the code for another institution, enter the new 8 digit code and click the 'Verify' button. The system will validate the code and the name of the institution will appear after the code. Click the 'Continue' button for the next page.

Camp-Insurance	Contact US	Quick Quote	Tutorial	Log Off
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You are logged in as: tenant.user@bene-marc.com

On this page, you will select the Institution being covered by the requested policy. If you are purchasing insurance for an Institution other than the one you entered when registering, you may change it below. The Institution's Risk Manager will provide the Institution Code.

If you change the Institution Code, click the verify button before the continue button.

Institution Code:

Institution: Test University

You now have the opportunity to review your 'Tenant User Information' and 'Credit Card Billing Information' data. You may change the information for your current order.

You are logged in as: tenant-user@bene-marc.com

Confirm Billing Information

Verify/modify the data in the fields below to purchase insurance:
Bold = Required
Italic = Optional

Institution Code: 11111111 Test University

Tenant User Information	Credit Card Billing Information
First Name: <input type="text" value="Tenant"/>	<i>First Name:</i> <input type="text" value="Tenant"/>
Last Name: <input type="text" value="User"/>	<i>Last Name:</i> <input type="text" value="User"/>
Phone Number: <input type="text" value="817-738-6899"/>	<i>Phone Number:</i> <input type="text" value="817-738-6899"/>
<i>Fax Number:</i> <input type="text" value="817-738-1811"/>	<i>Fax Number:</i> <input type="text" value="817-738-1811"/>
<i>Company:</i> <input type="text" value="Bene-Marc, Inc."/>	<i>Company:</i> <input type="text" value="Bene-Marc, Inc."/>
Address: <input type="text" value="6301 Southwest Blvd, Ste 101"/>	<i>Address:</i> <input type="text" value="6301 Southwest Blvd, Ste 101"/>
City: <input type="text" value="Fort Worth"/>	<i>City:</i> <input type="text" value="Fort Worth"/>
State: <input type="text" value="TX"/>	<i>State:</i> <input type="text" value="TX"/>
Zip/Postal Code: <input type="text" value="76132"/>	<i>Zip/Postal Code:</i> <input type="text" value="76132"/>
<i>User e-mail (if different):</i> <input type="text" value="tenant-user@bene-marc.com"/>	<i>Bill E-mail (if different):</i> <input type="text" value="tenant-user@bene-marc.com"/>
<input type="button" value="Continue"/>	

When the information is reviewed and edited if necessary, click the 'Continue' button for the next page.

On the next page, you'll select the "Event Type" you are purchasing insurance for. At the top of the page, you will see that your order number has been created. All pages from this point on will display your e-mail address and your current order number.

Order 1 Added

You are logged in as: tenant-user@bene-marc.com Order Number: 1

Select Event Type

Select the type of event below.

Event Type:

Maximum Number of Attendees on a given day:

Number of Event Days:

Date range must include all setup and teardown days.

Beginning Date:

Ending Date:

Are Your Dates Consecutive?

The "Event Type:" box is a drop down. Select your event type and it should appear in the "Event Type:" box. Some of the event types:

- Art Festival
- Art Show
- Auction
- Auto Show
- Award Presentation
- Ballets or other Classical Dance Shows
- Banquet
- Baseball
- Basketball
- Bazaar
- Beauty Pageant
- Bicycle Rally (Not Including Races)
- Bingo Game
- Birthday Party
- Block Party/Street Closure/Street Fair
- Boat Show
- Body Building Contest
- Boxing, Wrestling, Hockey or Football Game
- Business Meeting
- Business Show

After the event type is selected, enter the maximum number of attendees on a given day. If the event will run for multiple days, this is the highest number on the best attended day.

Event Type:

Maximum Number of Attendees on a given day:

Enter the number of "Event Days:" This must include set up and tear down days for the event. A one day event could require one day for the event but also require one day for set up and another day for tear down. This would mean the event days would be three (3). In the example shown, there is only one event day, no set up or tear down is required:

Number of Event Days:

Select the date(s) for your event. The date boxes are drop downs to select year, month and day. The beginning and ending date defaults to the date following the transaction date. Coverage cannot be purchased for the current or a previous date. For a one day event, both the beginning and ending dates should be the same.

Date range must include all setup and teardown days.

Beginning Date:

Ending Date:

Are Your Dates Consecutive?

Dates may be consecutive or non-consecutive. The example shows a two day event on consecutive days. If the event dates are consecutive, select 'Yes' and click the 'Continue' button.

Number of Event Days:

Date range must include all setup and teardown days.

Beginning Date:

Ending Date:

Are Your Dates Consecutive?

Dates may be consecutive or non-consecutive. The example shows a two day event on non-consecutive days. The "Beginning Date:" should be the date of the first event and "Ending Date:" should be the date of the last event. If the event dates are non-consecutive, select 'No' and click the 'Continue' button.

Number of Event Days:

Date range must include all setup and teardown days.

Beginning Date:

Ending Date:

Are Your Dates Consecutive?

If you entered that your dates were non-consecutive, you'll be taken to the "Non-Sequential Date Entry" screen. Your event type, attendees, event days, beginning and ending date are displayed for your review. If you reached this screen by mistake or there's an error in your entry, you can click the 'Correct Above' button and return to the previous screen.

Note that you can 'Correct Above' or 'Add Dates' but there isn't a 'Continue' button. You return to the previous screen for corrections or add dates before continuing to the next screen.

You are logged in as: tenant-user@bene-marc.com Order Number: 1

Non-Sequential Date Entry

On this page, enter all the non-sequential event dates your are requesting insurance for. Enter the date in the year, month, day fields and click the add button. When you are through entering your non-sequential dates, click the continue button.

Event Type: Auto Show

Maximum Attendees: 1000

Number of Event Days: 2

Beginning Date 2007-06-12

Ending Date 2007-06-24

If necessary, click the button below to return to the previous page and make corrections.

Covered Dates:

Add Coverage Date
YYYY-MM-DD:

Once the a number dates equal to the number of event days has been added, you can no longer enter dates, but can click the 'Continue' button to proceed to the next screen.

Covered Dates: 2007-06-12, 2007-06-24

Add Coverage Date
 YYYY-MM-DD:

After clicking the 'Continue' button, you are presented with a summary of your charges to this point in the process. There are other options on subsequent pages that may add to the cost of your event coverage.

Note that in some cases, there isn't standard coverage for an event. In this case, the event charges will be TBD. Please continue with the process though your order will be flagged for review. Bene-Marc will determine if coverage can be obtained through another Insurance Carrier and contact you for approval and final processing.

You are logged in as: tenant-user@bene-marc.com Order Number: 1

Order Summary General Liability

Note that more charges may be added later!

Order Number:	1
Institution:	Test University
Event Type:	Auto Show
Event Class:	1
Number of Participants:	1000
Total Number of Days:	2
Beginning Date:	2007-06-12
Ending Date:	2007-06-24
GL Premium:	\$ 350.00
Terrorism Risk Insurance Act (TRIA) Premium:	\$ 9.30
GL Total:	\$ 359.30

The "Aggregates" list limits of liability. Click the 'Continue' button after reviewing this page.

Aggregates

General Aggregate:	None
Products & Completed Operations Aggregate Limit:	\$1,000,000.00
Each Occurrence Limit:	\$0.00
Personal/Advertising Injury Limit:	\$1,000,000.00
Fire Damage Limit:	\$50,000.00
Medical Payment Limit:	Excluded
Abuse or Molestation:	Each Occurrence - \$50,000.00 In The Aggregate - \$100,000.00 Deductible Each Occurrence - \$250.00
Liquor Liability Aggregate Limit:	Optional - \$1,000,000.00
Each Common Cause Limit:	\$1,000,000.00

Continue

The 'Event Information, Institution Contact:' page:

You are logged in as: tenant-user@bene-marc.com Order Number: 1

Event Information Institution Contact

Enter the requested data in the fields below to purchase insurance:

Bold = Required

Italic = Optional

Event Name:

Description of Event (255 Characters Max):

Campus Name:

Location of covered event as listed on your contract with Test University:

Will the event be held:

Name of person authorizing use of space at Test University:

Email address of person authorizing use of space at Test University:

On this page, enter the name for your event, a description, the campus and location. The 'Will the event be held:' box is a drop down with the options of Indoors, Outdoors or Both. Enter your Institution contact and e-mail address to contact that person.

Click the 'Continue' button after answering the questions on this page.

The next information is required to determine the history and Risk for your event:

You are logged in as: tenant-user@bene-marc.com Order Number: 1

Event History and Risk Information

Enter the requested data in the fields below to purchase insurance:

Bold = Required

Italic = Optional

Has this event been held in the past? If it's a repeat event, you must enter the number of times it's been held in the past.

Has the event been held in the past?

Select New or Repeat

If yes, how many times?

The following question must be answered "Yes" or "No". If you answer "Yes", your order will automatically be flagged for review.

Will your event involve any of the following activities?

- Bungee Jumping
- Hang Gliding
- Hot Air Balloons
- Luge
- Mechanical Bulls
- Mosh Pits
- Parachuting
- Parasailing
- Saddle Animals
- Skateboarding
- Skycoaster
- Slam Dancing
- Tobogganing
- Trampolines

Select Yes or No

The following is a "Yes" or "No" question. If you answer yes, you must provide a brief description of previous incidents or losses. If you answer "Yes", your order will automatically be flagged for review.

Have there ever been any losses, claims, or incidents, insured or uninsured, at past events?

Select Yes or No

If YES, please give a brief explanation of each claim
(255 Characters Max):

The following is a "Yes" or "No" question. If you answer "Yes", your order will automatically be flagged for review.

Have you ever been denied insurance for this event by another insurer?

Select Yes or No

The expected "Gross Revenue" from your event is for information only. It will not affect the cost or conditions of your coverage.

Expected Gross Revenue:

The following is a “Yes” or “No” question. If you answer “Yes”, your order will automatically be flagged for review.

Are you planning to sell or give away anything OTHER THAN the following?

- ◆ Clothing Apparel
- ◆ Records, Tapes, CDs
- ◆ Posters and Photos
- ◆ Badges, Buttons or Stickers
- ◆ Food or Beverages

Select Yes or No

The following is a “Yes” or “No” question. If you answer “Yes”, your order will automatically be flagged for review.

Sexual Abuse and Molestation - Do you, or anyone on your staff, have a criminal Record?

Select Yes or No

Click the ‘Continue’ button after answering the questions on this page.

Continue

[Camp-Insurance](#) [Contact US](#) [Quick Quote](#) [Tutorial](#) [Log Off](#)

Order Detail: 1

You are logged in as: tenant.user@bene-marc.com Order Number: 7483

Liquor Information

Test University allows the sale of Liquor!

If you intend to sell liquor at your event, an additional premium amount of **\$275.00** may be added to your coverage.

Enter the requested data in the fields below to purchase insurance:
Bold = Required
Italic = Optional

Will alcohol/beer/wine be SOLD at your event?

**If you are serving alcohol but not selling it, answer "no".
If liquor is not available at your event answer "no".**

Select

Answer the questions below if you selected Yes to sell liquor at your event.

If you answered yes, what are the expected gross liquor sales?:

0.00

Will liquor/beer/wine be sold by the Event or an Independent Contractor?

Select

If liquor is being sold by an independent contractor and you can answer yes to the three questions below, a liquor premium will not be added to your policy.

Does the independent contractor have a valid liquor license?

Select Yes or No

Does the independent contractor carry at least \$1,000,000 of liability coverage?

Select Yes or No

Has the independent contractor added your event as an additional insured on their policy?

Select Yes or No

Continue

Click the 'Continue' button after answering the questions on this page.

You are logged in as: tenant-user@bene-marc.com Order Number: 1

Additional Insurance Options

Enter the requested data in the fields below to purchase insurance:

Bold = Required

Italic = Optional

General Liability Options: Additional Insureds

Product	Quantity	Premium
<i>Additional Insureds</i>		
Enter the number of any Additional Insureds OTHER THAN Concessionaires, Performers or Exhibitors to be covered under this policy, and any other entity, such as a partner or other organization participating in the event. The next screen will ask for further information.		
The Institution is automatically listed as an Additional Insured, at no cost to you.		
	0	\$31.93 per additional insured up to \$1030.00 maximum.

Exhibitor - No Sales***

Enter the number of Exhibitors. Exhibitors are defined as not selling any products or services. Additional information will be requested on following screen.

\$66.65 per day per Exhibitor up to **\$339.00 maximum per day.**

Vendor/Concessionaire - Non-Food Sales**

Enter the number of vendors that are selling approved non-food items. Additional information will be requested on following screen.

\$92.40 per day per Concessionaire up to **\$482.75 maximum per day.**

Vendor/Concessionaire - Food Sales***

Enter the number of vendors that are selling food items, or the number of companies (i.e. caterers) providing food. Additional information will be requested on following screen.

\$102.70 per day per Concessionaire up to **\$539.25 maximum per day.**

Performers***

Enter the number of performers at the event. Additional information will be requested on following screen.

\$210.55 per day per Performer up to **\$1073.50 maximum per day.**

Click the 'Continue' button after answering the questions on this page.

Continue

Additional Insured Information

Enter Additional Insured Information.

Name of Person or Organization:	<input type="text" value="Website Design Support"/>
Address:	<input type="text" value="6301 Southwest Blvd, Suite 101"/>
City:	<input type="text" value="Fort Worth"/>
State:	<input type="text" value="TX"/>
Zip Code:	<input type="text" value="76132-1063"/>
Relationship to Tenant User:	<input type="text" value="Sub-Contractor"/>
<input type="button" value="Continue"/>	

Additional Insured Information

Website Design Support added.
Enter Exhibitor-No Sales Information.

Name of Person or Organization:	<input type="text" value="Pretty Exhibits"/>
Address:	<input type="text" value="6301 Southwest Blvd, Suite 101"/>
City:	<input type="text" value="Fort Worth"/>
State:	<input type="text" value="TX"/>
Zip Code:	<input type="text" value="76132-1063"/>
<input type="button" value="Continue"/>	

Additional Insured Information

Pretty Exhibits added.
Enter Vendor/Concessionaire No Food Sales Information.

Name of Person or Organization:	<input type="text" value="FM Net Design"/>
Address:	<input type="text" value="3412 Walton Avenue"/>
City:	<input type="text" value="Fort Worth"/>
State:	<input type="text" value="TX"/>
Zip Code:	<input type="text" value="76133-2230"/>
<input type="button" value="Continue"/>	

Additional Insured Information

FM Net Design added.
Enter Vendor/Concessionaire Food Sales Information.

Name of Person or Organization:	<input type="text" value="Lean Cuisine"/>
Address:	<input type="text" value="6301 Southwest Blvd, Suite 101"/>
City:	<input type="text" value="Fort Worth"/>
State:	<input type="text" value="TX"/>
Zip Code:	<input type="text" value="76132-1063"/>
<input type="button" value="Continue"/>	

You are logged in as: tenant-user@bene-marc.com Order Number: 1

Additional Insured Information

Lean Cuisine added.
Enter Performer Information.

Name of Person or Organization:	<input type="text" value="Charles Goodnight aka Chuckles The Clown"/>
Address:	<input type="text" value="6301 Southwest Blvd, Suite 101"/>
City:	<input type="text" value="Fort Worth"/>
State:	<input type="text" value="TX"/>
Zip Code:	<input type="text" value="76132-1063"/>
<input type="button" value="Continue"/>	

If you have "Additional Insured Information" enter information and click "Continue"

Additional Insurance Options

You are logged in as: tenant.user@bene-marc.com Order Number: 7483

<i>Excess Liability Option</i>		
Add	Product	Base Price
<input type="button" value="Select"/>	Optional Coverage Not Taken	0.00

Click the "Select" button to select coverage to processed to next question

Additional Insurance Options

<i>Third Party Property Damage</i>		
Add	Product	Premium
<input type="button" value="Select"/>	I decline This Optional Coverage	0.00
<input type="button" value="Select"/>	Loss Limit: \$25,000.00 Aggregate per Event/Occurrence Deductible: \$250.00 Per Claim	\$302.50
<input type="button" value="Select"/>	Loss Limit: \$50,000.00 Aggregate per Event/Occurrence Deductible: \$250.00 Per Claim	\$171.50
<input type="button" value="Select"/>	Loss Limit: \$100,000.00 Aggregate per Event/Occurrence Deductible: \$250.00 Per Claim	\$282.50

Click the "Select" button to select coverage to processed to next question

Additional Insurance Options

<i>Excess Accident Medical Option</i>		
Add	Product	Premium
<input type="button" value="Select"/>	I Decline This Optional Coverage	0.00
<input type="button" value="Select"/>	Loss Limit: \$2,500.00 Aggregate per Event/Occurrence Deductible: \$0.00 Per Claim	\$72.00
<input type="button" value="Select"/>	Loss Limit: \$5,000.00 Aggregate per Event/Occurrence Deductible: \$100.00 Per Claim	\$78.00
<input type="button" value="Select"/>	Loss Limit: \$5,000.00 Aggregate per Event/Occurrence Deductible: \$0.00 Per Claim	\$104.00
<input type="button" value="Select"/>	Loss Limit: \$10,000.00 Aggregate per Event/Occurrence Deductible: \$100.00 Per Claim	\$110.00
<input type="button" value="Select"/>	Loss Limit: \$10,000.00 Aggregate per Event/Occurrence Deductible: \$0.00 Per Claim	\$152.00

Click the "Select" button to select coverage to processed to "Order Summary"

You are logged in as: tenant.user@bene-marc.com

Order Summary

Please scroll down and click the "Continue" button to complete your order!

Order Number: 7483

Order Date: 11-08-2007

Tenant User Information

Bill To Information

Name: Tenant User
E-Mail Address: Tenant.User@bene-marc.com
Phone Number: 817-738-6899
Fax Number: 817-738-1811
Company: Bene-marc, Inc
Address: 6301 Southwest Blvd, Ste 101

Name: Tenant User
E-Mail Address: Tenant.User@bene-marc.com
Phone Number: 817-738-6899
Fax Number: 817-738-1811
Company: Bene-marc, Inc
Address: 6301 Southwest Blvd, Ste 101

General Liability

Praetorian Insurance Company

Policy	Premium
Test University / Class 1 / 1000 Participants / 1 Days	\$165.00
<u>Terrorism Risk Insurance Act (TRIA):</u>	\$4.65
General Liability Total:	\$169.65

Excess Liability

Not Available

Policy	Premium
No Coverage Purchased	

Third Party Property Damage

Praetorian Insurance Company

Policy	Premium
TPPD - Loss Limit \$50,000.00/Deductible \$250.00	\$80.00
<u>Terrorism Risk Insurance Act (TRIA):</u>	\$0.75
Third Party Property Damage Total:	\$80.75

Excess Accident Medical

Fidelity Security Life Insurance Company

Policy	Premium
Accident Medical - Excess \$10,000.00/Deductible \$100.00	\$49.00
Excess Accident Medical Total:	\$49.00
Grand Total:	\$299.40

[Print This Page](#)

[Continue](#)

The "Order Summary" will give you information on the order and total premium. "Print This Page" if you choose and click "Continue" to move to the "Order Agreement"

You are logged in as: tenant-user@bene-marc.com Order Number: 1

Order Agreement

I declare that to the best of my knowledge, the information contained in this online application is true, and that no material facts have been suppressed or misstated. I further understand that any false or fraudulent statements or misrepresentations may result in termination or voidance of any insurance contract issued from the information stated herein. I understand there will be no refund if the Institution has not approved use of their facility for my event before I purchase insurance.

By clicking "I Accept" you agree to the above statement. Clicking "I Decline" will log you off the Tenant User System and your order, while retained, will be incomplete and not processed.

I Accept

I Decline

Click "I Accept" if you agree to the "Order Agreement"

You are logged in as: tenant.user@bene-marc.com Order Number: 7483

Order Payment

Clicking "Bill My Credit Card" will take you to a secure credit card gateway. There you'll need to enter your credit card number and expiration date and submit the transaction. Your order will not be processed until confirmation that you have completed this transaction is received.

Bill My Credit Card

We accept credit cards



A tenant user will click "Bill My Credit Card"

Order Information

* Required Fields

Invoice Number: URMIA TU 7483
Description: test, Date: 2007-11-12
Total: US \$299.40

Payment Information



Card Number: * (enter number without spaces or dashes)

Expiration Date: * (mmyy)

Billing Information

Customer ID:

First Name: Last Name:

Company:

Address:

City:

State/Province: Zip/Postal Code:

Country:

Email:

Phone:

Fax:

Shipping Information

Copy Billing Information to Shipping Information

First Name: Last Name:

Company:

Address:

City:

State/Province: Zip/Postal Code:

Country:

Security Code




Please enter the security code above.

[I cannot read the code, please provide a new one.](#)



Enter credit card information and check tenant user information. Enter "Security Code" in place provided and click "Submit" to complete order

Administered by

Bene-Marc, Inc.

TEST MODE

Thank You for your Tenant User Insurance Order

This is your receipt. You may print this page for your records.

Order Information

Merchant:	Bene-Marc Inc
Date/Time:	28-May-2007 07:52:34 PM
Authorization:	This transaction has been approved.
Authorization Code:	000000
Invoice:	1
Description:	Order: 1 - Old Car Show
Amount:	1931.43 (USD)
Payment Method:	Visa

You will receive a receipt for your order once transaction has been completed.