

HOW DO I COMPLETE AND PROCESS THE THIRD PARTY SPECIAL EVENTS APPLICATION FORM?

The application form should be completed in full and must include the following information:

1. Name of Parish or Institution – Please include the name, address and phone number of the parish or facility where the event will be held.
2. Lessee Information (additional insured) – Please include the name of the individual(s) or organization holding the non-parish sponsored event.
3. Lessee (additional insured) Contact Person – Please indicate the name, address, and telephone number of the person primarily responsible for the activity.
4. **Type of Activity – Please provide a brief description of the activity including the date, time, approximate number of participants, whether or not food and/or liquor is being served.**
5. Processing the Completed Application – One copy of the application should be given to the lessee, another retained for your records, and a third submitted to Catholic Mutual. The original application should be submitted at least 15 business days prior to an event. The copy mailed to Catholic Mutual should be accompanied by a \$95 check issued from your Church or School and made payable to Catholic Mutual. Failure to submit a check from the Church or School account will delay the approval process of the event.

Any questions regarding the completion or processing of the application should be directed to Catholic Mutual.

ARE THERE RISK MANAGEMENT GUIDELINES TO ASSIST MY PARISH IN ALLOWING OUTSIDE USE OF ITS FACILITIES?

Risk Management Guidelines are available to assist your parish in allowing outside organizations to use your facilities. Please contact Catholic Mutual's Risk Management Department at (800) 228-6108 for further information.

**DIOCESE OF DAVENPORT (#0853)
APPLICATION FOR SPECIAL EVENTS COVERAGE**

Coverage Limit: \$1,000,000 Combined Single Limit Bodily Injury and Host Liquor Liability, \$500,000 Property Damage Liability. Includes \$100,000 for Defense Costs for Sexual Misconduct, excluding overnight events (*see below for purchase options*). Coverage provided is per event (not per claim). **Submission of application does not bind coverage - all events are subject to approval.**

Coverage underwritten by **Nationwide Mutual Insurance Company**; Policy No. on file with C.M.G. Agency, Inc.

Cost of Coverage: \$95 Per Event (Overnight Stays - \$125)

TO AVOID DELAY OR DENIAL OF COVERAGE, PLEASE ENSURE THAT EVERY FIELD IS COMPLETED.

Name of Parish or Institution: _____

Date of Event: _____

Type of Special Event (Example: wedding reception, anniv. party, etc. If it's a **FUNDRAISER**, be specific about what is occurring):

Street (Physical) Address (NO P.O. BOXES): _____

City/State: _____ **ZIP Code:** _____

Phone No.: _____

Time of Event: From _____ To _____

Lessee (Additional Insured) Information:

Name of Sponsoring Organization or Individual Requesting Coverage

Is this an overnight event? _____
Yes _____ No _____

(Please Print Lessee Name(s) or Organization)

Approx. Number of Participants: _____

Lessee (Additional Insured) Contact Person:

Name: _____

Is Food Being Served? _____
Yes _____ No _____

Street Address: _____

Is Liquor Being Served? _____
Yes _____ No _____

City/State: _____ **ZIP Code:** _____

Telephone: _____

If liquor is to be sold (or cost included in ticket price) and/or a license or permit is required in order for you to serve or furnish alcohol, you must obtain **LIQUOR LIABILITY** coverage by separate application.
Does this event require the additional coverage? _____ Yes _____ No

To receive approval notification please print e-mail(s):

(Please Print E-mail(s) Clearly)

To Note: If liquor liability coverage is NOT purchased and an alcohol related claim results, the claim will be excluded if it is determined that a liquor liability policy should have been purchased.

COVERAGE DOES NOT APPLY TO CERTAIN EVENTS, SUCH AS, BUT NOT LIMITED TO:

- Any carnival event
- Fireworks & fireworks displays
- Events involving 'BYOB' (Bring your own bottle)
- Events involving pool or lake activities
- Events involving recreational vehicles
- Rap/Hip-Hop/Alternative music (non-religious bands)
- Events organized or operated by professional promoters/performers
- Organized sporting events, including tournaments & camps (some sporting activities are allowed and must be pre-approved).
- Events where a fee or admission is charged, unless all proceeds go to charity
- Political Rallies
- Amusement rides, including mechanically operated devices, trampolines, & rebounding devices

DEFENSE COSTS FOR SEXUAL MISCONDUCT FOR OVERNIGHT EVENTS - \$100,000 LIMIT

Coverage does not automatically apply for overnight events, however, you have the option to purchase this coverage by separate application. Additional charges will apply.

Does this event require additional coverage? _____ Yes _____ No

ADDITIONAL CHARGES WILL APPLY FOR:

- Events which exceed 3 days in duration (charge TBD)
- Inflatable Amusement Device (Must be pre-approved, picture required. Minimum charge of \$100 per inflatable applies; each device is underwritten; charge is determined by size and potential risk.)
- Events that exceed 1,000 in attendance (charge TBD)

COMPLETE AND RETURN THIS FORM AND PAYMENT TO:

CATHOLIC MUTUAL GROUP
ATTN: MEMBER SERVICES DEPT.
10843 OLD MILL ROAD
OMAHA NE 68154
PLEASE MAKE CHECK PAYABLE TO: CATHOLIC MUTUAL GROUP
CHECK MUST BE FROM YOUR CHURCH OR SCHOOL.
NO CHECKS FROM THE LESSEE WILL BE ACCEPTED.