

APPLICATION FOR SPECIAL EVENTS COVERAGE

Name of Parish or Institution: _____

Date of Event: _____

NOTE: CATHOLIC MUTUAL MUST RECEIVE APPLICATION AT LEAST 15 DAYS PRIOR TO EVENT. DO NOT SUBMIT APPLICATIONS MORE THAN 6 MONTHS IN ADVANCE.

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

Type of Special Event (Example: wedding reception, anniv. party, etc.
If event is a fundraiser, please be specific about what is occurring): _____

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

Phone No.: _____

Lessee (Additional Insured) Information:

Name of Sponsoring Organization or Individual Requesting Coverage _____

Time of Event: From _____ To _____

(Please Print Lessee Name(s) or Organization)

Approximate Number of Participants: _____

Lessee (Additional Insured) Contact Person:

Name: _____

Is Liquor Being Served? _____
Yes _____ No _____

Street Address: _____

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

Is Food Being Served? _____
Yes _____ No _____

Telephone: _____

**PLEASE BE SURE TO COMPLETE EACH REQUIRED FIELD IN THE TOP PORTION OF THIS FORM.
FAILURE TO DO SO MAY RESULT IN A DELAY OR DENIAL OF COVERAGE.**

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).

This coverage is 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)**

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

- * Sporting events including tournaments & camps
- * Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
- * Events where a fee or admission is charged, unless all proceeds go to charity
- * Events with attendance of more than 1,000 persons
- * Events involving pool or lake activities
- * Events involving 'BYOB' (Bring your own bottle)
- * Any carnival event
- * Fireworks & fireworks displays
- * Events organized or operated by professional promoters/performers
- * Events which exceed 72 hours in duration
- * Events involving recreational vehicles
- * Political Rallies
- * Inflatable Amusement Device (unless pre-approved/flat charge of \$250 applies)

★ **SUBJECT TO APPROVAL BY C.M.G. AGENCY, INC.** ★

*Please make cashiers check or money order payable to: **Archdiocese of Atlanta**
NO PERSONAL CHECKS WILL BE ACCEPTED*

COMPLETE AND RETURN THIS FORM TO: Catholic Mutual Group
Attn: Steve Brown, CRM
680 W. Peachtree St. NW
Atlanta, GA 30308-1984

Please report all claims to C.M.G. Agency, Inc. Claims Department at 404-876-5995.

**Approving Location: ATLANTA, GA ATTN: ALEX HAGAN
FAX NO.: 404-885-7219**

DISTRIBUTION: Original: C.M.G. Agency, Inc., Copies to Lessee and Parish or Institution