

## Diocese of Richmond Application for Special Events Coverage

Name of Parish or Institution: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Type of Special Event (Example: wedding reception,  
 City/ST: \_\_\_\_\_ anniversary party, etc. – please specify): \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_

Lessee (Additional Insured) Information: \_\_\_\_\_ Time of Event:  
 (Name of sponsoring organization or individual From: \_\_\_\_\_ To: \_\_\_\_\_  
 requesting coverage) Approximate number of participants: \_\_\_\_\_

*(Please print Lessee name(s) or Organization)*  
 Lessee (Additional Insured) Contact Person:  
 Name: \_\_\_\_\_ Is liquor being served? \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Yes No  
 City/ST: \_\_\_\_\_ Is food being served? \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes No

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 Great American Assurance Company, Policy # 96 GLO 590934801

Cost of Coverage: \$100.00 Per Event

Coverage does not apply to certain events such as, but not limited to:

- Sporting events including tournaments & camps
- Any carnival event
- Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
- Fireworks & fireworks displays
- Events where a fee or admission is charged, unless all proceeds go to charity
- Events organized or operated by professional promoters/performers
- Events with attendance of more than 1,000 persons
- Events which exceed 72 hours in duration
- Events involving pool or lake activities
- Events involving recreation vehicles

**NOTIFICATION OF AN EVENT MUST REACH CATHOLIC MUTUAL  
 AT LEAST 15 DAYS IN ADVANCE OF THE EVENT  
 \*\*\*\*\* SUBJECT TO APPROVAL BY C.M.G. AGENCY, INC. \*\*\*\*\***

Approving Location: _____	ATTN: _____
	FAX Number: _____

Please make check payable to: Diocese of \_\_\_\_\_ Richmond \_\_\_\_\_

**COMPLETE AND RETURN THIS FORM TO:** Catholic Mutual Group, ATTN: Kurt Hickman  
 811 Cathedral Place, Richmond VA 23220  
 FAX Number: 804-358-9159

*Please report all claims to C.M.G. Agency, Inc. Claims Department at 1-800-228-6108.*

<i>DISTRIBUTION – Original: C.M.G. Agency, Inc., copies to Lessee and Parish or Institution</i>
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