

Application for Special Events Coverage

Name of Parish or Institution: _____

Date of Event _____

Street (Physical) Address (No P.O. boxes) _____

NOTE: Catholic Mutual Must Receive Application At Least 15 Days Prior to Event. **DO NOT SUBMIT** APPLICATION more than 6 Months in Advance.

City/State _____ Zip Code _____

:
Phone Number: _____

Type of Event: (example: wedding reception, anniv. Party, etc.) If event is a fundraiser, please specify about what is occurring) _____

Lessee (Additional Insured) Information:

Name of Sponsoring Organization or Individual Requesting Coverage _____

(please Print Lessee Name(s) or Organization) _____

Lessee (Additional Insured) Contact Person: Name: _____

Street Address: _____

City/Stat _____ Zip Code _____

Telephon _____

Time of Event: From _____ To _____
Approximate Number of Participants: _____

Is Liquor Being Served? _____ Yes _____ No

Is Food Being Served? _____ Yes _____ No

**PLEASE BE SURE TO COMPLETE EACH REQUIRED FIELD IN THE TOP PORTION OF THIS FORM.
FAILURE TO DO SO MAY RESULT IN 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 Great American Assurance Company, Policy No. on file with C.M.G. Agency, Inc.

Cost of Coverage: \$100 Per Event

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
- * Overnight Stay (unless approved/additional charge of \$125)
- * Events involving recreational vehicles
- * Political Rallies

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

Please make check payable to: Archdiocese of Hartford

COMPLETE AND RETURN THIS FORM TO: Catholic Mutual Group
467 Bloomfield Ave.
Bloomfield, CT 06002

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

Approving Location: Hartford, CT ATTN: ANDY ZAJAC
FOR OFFICE USE ONLY FAX: NO: (860) 726-9412

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