

THE ROMAN CATHOLIC BISHOP OF SACRAMENTO, SACRAMENTO, CA - 0813
APPLICATION FOR SPECIAL EVENTS COVERAGE

Coverage Limit: \$1,000,000 Combined Single Limit Bodily Injury and Host Liquor Liability, \$500,000 Property Damage Liability.
Coverage provided is per event (not per claim). Submission of application does not bind coverage - all events are subject to approval.

Coverage underwritten by Markel 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:

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

City/State: _____ ZIP Code: _____

Phone No.: _____

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/State: _____ ZIP Code: _____

Telephone: _____

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

(Please Print E-mail(s) Clearly)

Date of Event: _____

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

Time of Event: From _____ To _____

Is this an overnight event? Yes _____ No _____

Approx. Number of Participants: _____

Is Food Being Served? Yes _____ No _____

Is Liquor Being Served? Yes _____ No _____

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 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.

DEFENSE COSTS FOR SEXUAL MISCONDUCT
\$100,000 LIMIT

Coverage is not automatically included, however, you have the option to purchase this coverage by separate application for an additional charge.

Do you want to apply for this 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 TO:

CATHOLIC MUTUAL GROUP
10843 OLD MILL ROAD
OMAHA NE 68154

Email: memberservices@catholicmutual.org
FAX: 402-551-2943

COVERAGE DOES NOT APPLY TO CERTAIN EVENTS AND EXPOSURES, 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
Non-religious musical performances/concerts (contact us for special exceptions)
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
Claims related to an epidemic/pandemic