WHAT IS PARISH SPONSORED SPECIAL EVENT?

Parish Sponsored Special Events are diocesan events being held off or on church owned properties.

WHEN SHOULD PARISH SPONSORED SPECIAL EVENTS COVERAGE BE UTILIZED?

Parish Sponsored Special Events Coverage can be used when a parish or other church institution is hosting an event. When determining whether or not an activity is parish sponsored, the following questions are helpful:

1. Does the parish have full control or final decision making authority over the function?
2. Do fees associated with the function flow through parish accounts?
3. If applicable, is the function open to all parish members?
4. Is the purpose of the function to facilitate learning, raise funds for the parish or to provide a social service on behalf of the parish?
5. Is the organizer or leader of the function a parish employee or volunteer? Generally, if the answer to any of the above questions is “yes”, the activity is parish sponsored.

WHAT IS COVERED BY PARISH SPONSORED SPECIAL EVENTS COVERAGE?

Below is a brief explanation of what is covered by Parish Sponsored Special Events Coverage along with some items that are excluded. Please note that this is not meant to be an exhaustive explanation of what is covered and excluded.

- Most parish sponsored activities can be covered under Parish Sponsored Special Events. Common examples are festivals, cook-offs, school dances, high school reunions, 5k runs, and school field days. Coverage for these events provides $1,000,000 in general liability coverage to the parish and archdiocese outside the self-insured retention of the archdiocese in the event of a loss.
- Liquor Liability coverage is available and can be purchased for an additional premium.
- Automatic Additional Insureds for: Lessors of Leased Equipment and Persons or Organizations with whom you have agreed by contract, permit or written agreement.
- Coverage does not apply to certain events such as, but not limited to:
  - Fireworks & firework displays
  - Events involving BYOB (bring your own bottle)
  - Events involving lake activities
  - Events involving recreational vehicles
  - Organized sporting events, including tournaments & camps
  - Amusement rides, including mechanically operated devices, trampolines & rebounding devices
Catholic Mutual Guidelines for
Parish Sponsored Special Events Coverage

HOW DO I COMPLETE AND PROCESS THE PARISH SPONSORED SPECIAL EVENTS APPLICATION FORM?

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

1. Applicant Information: Name of Parish or Institution and mailing address.
2. Underwriting Information – Please include description of event/operation/business, policy period requested, opening and closing hours of event, location of event site, estimated attendance, list any entities requiring Additional Insured on your policy, security personnel information, number and type of medical personnel.
3. Once the application is completed, please email or fax request to:

Jesse Hamilton
Catholic Mutual Group
1000 Howard Avenue, Suite 1202
New Orleans, LA 70113
jhamilton@catholicmutual.org
Telephone: 504-527-5769
Fax: 504-527-5799

The application should be submitted at least 15 business days prior to an event. Any questions regarding the completion or processing of the application should be directed to Jesse Hamilton.
FESTIVAL/SPECIAL EVENT APPLICATION

IMPORTANT

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

APPLICANT INFORMATION

Named Insured as it is to appear on policy:

Doing Business As:

Insured is: □ Corporation □ Partnership □ Joint Venture □ Other:

Mailing Address:

City: ___________________ State: __________ Zip: __________

Contact Person: ___________________ Title: ___________________

Telephone Number: (______) _______ Fax Number: (______) _______

E-mail Address: ___________________ Web Site: ___________________

AGENT / BROKER INFORMATION (if applicable)

Name of Agent/Brokerage:

Contact Person: ___________________

Mailing Address:

City: ___________________ State: __________ Zip: __________

Telephone Number: (______) _______ Fax Number: (______) _______

Tax ID Number: ___________________ E-mail Address: ___________________

UNDERWRITING INFORMATION

1. Name of Event: Crawfish Cook-off

2. Description of event/operations/business:

3. Policy Period Requested: _______ to _______

4. Date(s) of Event:
   Opening and closing hours of event: Open: _______ Close: _______

5. Location of Event Site (Name of Facility):
   Address: ___________________
   City: ___________________ State: __________ Zip: __________

6. What is your past experience producing this type of event?

7. Gross Receipts last year (all sources): $
   This year's budget: $

8. Estimated total attendance this year:
   Estimated maximum daily attendance:
   Total attendance last year:

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9. Annual owned or leased grounds exposure: □ Yes □ No
   If yes, how many acres: ____________

10. List any entities requiring Additional Insured status on your policy
    Name of Entity __________________________ Business Relationship to You __________________________ Certificate Required □ Yes □ No
    a. ____________________________
    b. ____________________________
    c. ____________________________

11. Has insurance for this event ever been: □ Cancelled □ Declined □ Nonrenewed □ Yes □ No
    If so, please explain: ____________________________________________

12. Does this Organization engage in any other business operations under the same name? □ Yes □ No
    If yes, please explain: ____________________________________________

13. Who provides security for this event? □ City □ County □ State □ Employees □ Private Agency
    a. Does the private agency provide a Certificate of Insurance naming you as additional insured? □ Yes □ No □ N/A
    b. If security personnel are the event employees, are they armed? □ Yes □ No □ N/A
    If yes, please attach training procedures to this application.
    c. Average number of security officers per event day: _______________
    d. Average number of security officers after hours: _______________

14. Minimum number and type of medical personnel:
    Paramedic_________________ EMT/EMS________________ Nurse_________________ Other_________________
    a. Distance to nearest hospital: __________________________ Response time in minutes: _______________
    b. Is there an ambulance on site? □ Yes □ No
    c. Describe any other medical facilities on site: ______________________________________________________

15. Do you have written emergency procedures addressing the following?: □ Yes □ No
    □ Severe weather □ Bomb threat □ Catastrophic occurrences (e.g. bleacher collapse)

16. Type of concert, if applicable: □ Hard Rock □ Jazz □ C&W □ Classical
    □ Bluegrass □ Pop Rock □ Other: __________________________

17. Type of seating during event: □ Assigned □ Festival □ None

18. If event is held indoors, does security check for cans and bottles at the door? □ Yes □ No

19. Grandstands: _______________ □ Yes □ No Year Built: _______________
    Construction: □ Wood □ Concrete □ Metal Grandstand Height: ____________ (ft)
    Guardrails: □ Sides □ Back Kick boards in place? □ Yes □ No

20. Number of Fixed Bleachers: ______ Construction: □ Wood □ Concrete □ Metal Bleacher Height: ____________ (ft)
    Number of Portable Bleachers: ______ Construction: □ Wood □ Metal Bleacher Height: ____________ (ft)
    Guardrails: □ Sides □ Back Kick boards in place? □ Yes □ No
    Age of oldest bleacher unit: __________________________

21. Do you have a documented inspection/maintenance program for grandstands and/or bleachers? □ Yes □ No
    If yes, date of last inspection: __________________________

22. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders: __________________________

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23. Do you have a petting zoo?  □ Yes  □ No
   If Yes, is it operated by an independent contractor?  □ Yes  □ No
   If Yes, do you receive a certificate of insurance naming you as an additional insured?  □ Yes  □ No
   Do you have a contract with a holder harmless and indemnification agreement?  □ Yes  □ No
   Are all animals properly vaccinated?  □ Yes  □ No
   Is there a hand washing at the exit of the petting zoo?  □ Yes  □ No
   Is there signage posted with regard to the importance of hand washing after animal contact?  □ Yes  □ No

24. Do you obtain certificates of insurance from product and/or service providers naming you as an additional insured?  □ Yes  □ No

25. Do you provide housing for vendors and/or contractors?  □ Yes  □ No
   If yes, please describe: ________________________________________________________________

PARADE SECTION (if applicable)

26. Date(s) of Parade: _______________________________________________

27. Number of Floats: ________________________________________________

28. Estimated spectator attendance: ____________________________________

29. Are souvenirs or other items allowed to be thrown into the crowd?  □ Yes  □ No

30. Check if any of the following additional coverages are needed through K&K Insurance Group, Inc.:
   □ A. Motorsports Liability (tractor pull, demo derby, auto racing)
   □ B. Liquor Liability
   □ C. Fireworks Liability
   □ D. Excess Fireworks Liability
   □ E. Contingent Ride Liability
   □ F. Rodeo Spectator Liability
   □ G. Volunteer Workers Medical
   □ H. Property; Auto Liability (including Nonowned/Hired; Inland Marine; Crime;
   □ I. Directors and Officers Liability
   □ J. Directors and Officers Medical
      Number of Directors and Officers:_____

   *Requires separate application and /or requires a Certificate of Insurance evidencing underlying coverage.

SUMMARY OF REQUESTED ITEMS

31. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:
   □ Complete schedule of events, if not on your web site.
   □ Please submit a diagram of the parade route from beginning to end (if applicable).
   □ Four (4) year detailed loss history from previous carrier(s).

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature ____________________________  Producer's Signature (if applicable) ____________________________

Applicant's Name (print) ____________________________  Producer's Name (print) ____________________________

Date ____________________________  Date ____________________________

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