

**DIOCESE OF SUPERIOR - 0052
APPLICATION FOR SPECIAL EVENTS COVERAGE**

Name of Parish or Institution: _____

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): _____

Date of Event: _____

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

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

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? _____

Street Address: _____

Yes _____ No _____

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

Is Food Being Served? _____

Telephone: _____

Yes _____ No _____

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

(Please Print E-mail(s) Clearly)

TO AVOID DELAY OR DENIAL OF COVERAGE, PLEASE ENSURE THAT EACH FIELD IS COMPLETED.

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.

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

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

COMPLETE AND RETURN THIS FORM TO: Catholic Mutual Group
Attn: Paul Altmann, Claims/Risk Manager
Box 969
Superior, WI 54880

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

**Approving Location: SUPERIOR, WI ATTN: PAUL ALTMANN
FAX NO.: 715-395-3758**

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