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

Name of Parish or Institution: ____________________________

Date of Event: ____________________________

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

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)

Cost of Coverage: $95 Per Event (Overnight Stays - $125)

DEFENSE COSTS FOR SEXUAL MISCONDUCT FOR OVERNIGHT EVENTS - $100,000 LIMIT

Coverage does not automatically apply for overnight events, however, you have the option to purchase this coverage by separate application. Additional charge may apply.

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 approved inflatable applies; each device is underwritten; charge is determined by size and potential risk.)
- Events that exceed 1,000 in attendance (charge TBD)
- 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, & bouncing devices

COMPLETE AND RETURN THIS FORM TO:
CATHOLIC MUTUAL GROUP
10843 OLD MILL ROAD
OMAHA NE 68154

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

IN THE EVENT OF A CLAIM, PLEASE CONTACT C.M.G. AGENCY CLAIMS DEPT: 800-228-6108

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