

**CATHOLIC BISHOP OR SPOKANE
APPLICATION FOR SPECIAL EVENTS COVERAGE**

Name and Address of Parish or Institution:

Date of Event: _____

Type of Special Event (*Example: Wedding reception, Anniversary party, etc.*) – Please specify:

Lessee (*Additional Insured*) Information:

Name of Sponsoring Organization or Individual Requesting Coverage:

(Please Print Lessee Name(s) or Organization)

Time of Event: From _____ To: _____

Approximate Number of Participants: _____

Is Liquor Being Served? Yes No

Is Food Being Served? Yes No

Lessee (*Additional Insured*) Contact Person:

Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

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 #GLP 00005584901-02**

Cost of Coverage \$95 Per Event

COVERAGE DOES NOT APPLY TO CERTAIN EVENTS SUCH AS, BUT NOT LIMITED TO:

- Sporting events including tournaments & camps
- Any Carnival event
- Amusement rides, including mechanically operated devices, trampolines & rebounding devices
- Fireworks & fireworks displays
- Events where a fee or admission is charged, unless all proceeds go to charity
- Events organized or operated by professional promoters/performers
- Events with attendance of more than 1,000 persons
- Events which exceed 72 hours in duration
- Events involving pool or lake activities
- Events involving recreational vehicles

**NOTIFICATION OF AN EVENT MUST REACH CATHOLIC MUTUAL
AT LEAST 15 DAYS IN ADVANCE OF THE EVENT.**

- **PLEASE FAX COMPLETED FORM TO (509) 325-1803 OR**
- **E-MAIL TO dnottom@moloneyoneill.com**

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

Please make check payable to: PARISH/SCHOOL

COMPLETE AND RETURN THIS FORM TO: PARISH/SCHOOL

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

Approving Location: OMAHA, NE

ATTN: MEMBER SERVICES