

**DIOCESE OF SANTA ROSA - 0801  
APPLICATION FOR SPECIAL EVENTS COVERAGE**

**Coverage Limit:** \$1,000,000 Combined Single Limit Bodily Injury and Host Liquor Liability, \$500,000 Property Damage Liability.

Includes \$100,000 for Defense Costs for Sexual Misconduct, excluding overnight events (see below for purchase options).

Coverage provided is per event (not per claim). **Submission of application does not bind coverage - all events are subject to approval.**

Coverage underwritten by **Nationwide Mutual 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:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Street (Physical) Address (NO P.O. BOXES):** \_\_\_\_\_

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

**City/State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Time of Event:** From \_\_\_\_\_ To \_\_\_\_\_

**Lessee (Additional Insured) Information:**

Name of Sponsoring Organization or Individual Requesting Coverage  
\_\_\_\_\_

**Is this an overnight event?** \_\_\_\_\_  
Yes No

*(Please Print Lessee Name(s) or Organization)*

**Approx. Number of Participants:** \_\_\_\_\_

**Lessee (Additional Insured) Contact Person:**

**Name:** \_\_\_\_\_

**Is Food Being Served?** \_\_\_\_\_  
Yes No

**Street Address:** \_\_\_\_\_

**Is Liquor Being Served?** \_\_\_\_\_  
Yes No

**City/State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

*(Please Print E-mail(s) Clearly)*

**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.**

[krighetti@srdiocese.org](mailto:krighetti@srdiocese.org)

**COVERAGE DOES NOT APPLY TO CERTAIN EVENTS,  
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
- Events with attendance of more than 1,000 persons
- Events involving bounce houses and other inflatable devices
- Rap/Hip-Hop/Alternative music (non-religious bands)
- 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

**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)

**RETURN WITH FORM TO:**

Catholic Mutual Group  
10843 Old Mill Road  
Omaha, NE 68154  
Fax: (402) 551-2943  
E-mail: [bblanchard@catholicmutual.org](mailto:bblanchard@catholicmutual.org)

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