

NOTE: CATHOLIC MUTUAL MUST RECEIVE APPLICATION AT LEAST 15 DAYS PRIOR TO EVENT. DO NOT SUBMIT APPLICATIONS MORE THAN 6 MONTHS IN ADVANCE.

HARTFORD ROMAN CATHOLIC DIOCESAN CORPORATION
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.

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: \$100 Per Event (Overnight Stays - \$125)

Additional Charges Will Apply For Events Which Exceed 3 Days in Duration

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.: _____

Time of Event: From _____ To _____

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: _____

Is this an overnight event? _____

Yes

No

Approx. Number of Participants: _____

Is Food Being Served? _____

Yes

No

Is Liquor Being Served? _____

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 add'l 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.

**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
- 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

**MAKE CHECK PAYABLE TO:
ARCHDIOCESE OF HARTFORD**

COMPLETE AND RETURN THIS FORM TO:

CATHOLIC MUTUAL GROUP
467 BLOOMFIELD AVE.
BLOOMFIELD, CT 06002

FAX: 860-726-9412

PHONE: 860-242-5600 or 800-331-2561

IN THE EVENT OF A CLAIM, PLEASE CONTACT CATHOLIC MUTUAL GROUP: 800-331-2561