

NOTE: CATHOLIC MUTUAL MUST RECEIVE APPLICATION AT LEAST 15 DAYS PRIOR TO EVENT. HOWEVER, IF RECEIVED WITHIN 3 BUSINESS DAYS OF EVENT, AN ADDITIONAL FEE OF \$150 PER EVENT WILL BE CHARGED. DO NOT SUBMIT APPLICATIONS MORE THAN 6 MONTHS IN ADVANCE.

**ARCHDIOCESE OF ATLANTA - 0348
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) Late Registration \$245

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): 4905 Roswell Road

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: _____

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)

COVERAGE DOES NOT APPLY TO CERTAIN EVENTS AND EXPOSURES, 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
- Non-religious musical performances/concerts (contact us for special exceptions)
- 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
- Claims related to an epidemic/pandemic

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

**MAKE CASHIERS CHECK OR MONEY ORDER PAYABLE TO:
ARCHDIOCESE OF ATLANTA**

RETURN WITH FORM TO:
CATHOLIC MUTUAL GROUP
ATTN: ALEX HAGAN, CRM
2401 LAKE PARK DRIVE
SMYRNA, GA 30080

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