

**ARCHDIOCESE OF WASHINGTON 180/1018  
APPLICATION FOR SPECIAL EVENTS COVERAGE**

**Name of Parish or Institution:** \_\_\_\_\_

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

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

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

**Type of Special Event** (Example: wedding reception, anniv. party, etc. If event is a fundraiser, please be specific about what is occurring): \_\_\_\_\_

**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)*

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

**Approximate Number of Participants:** \_\_\_\_\_

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

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

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

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

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

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

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

**PLEASE BE SURE TO COMPLETE EACH REQUIRED FIELD IN THE TOP PORTION OF THIS FORM.  
FAILURE TO DO SO MAY RESULT IN A DELAY OR DENIAL OF COVERAGE.**

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 No. on file with C.M.G. Agency, Inc.**

**Cost of Coverage:**   \$125   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                            |
| * Events involving 'BYOB' (Bring your own bottle)   | * Political Rallies   |
|   | * Inflatable Amusement Device:                                      |

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



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



**PLEASE MAKE CHECK PAYABLE TO: ARCHDIOCESE OF WASHINGTON**

**COMPLETE AND RETURN THIS FORM TO:**

**Catholic Mutual Group  
200 N Glebe Rd., #714  
Arlington, VA 22203**

**Report accidents or claims immediately to: CMG Agency Claims at: 703-841-1214 or 1-800-228-6108**

**Approving Location: 'Washington, DC' . Fax No. '703-841-1217' . . . . .**

**DISTRIBUTION:** Original: C.M.G. Agency, Inc., Copies to Lessee and Parish or Institution