ARCHDIOCESE OF HARTFORD
APPLICATION FOR SPECIAL EVENTS COVERAGE

Name of Parish or Institution: _____

Street Address: _____

City/State: _____ **ZIP Code:** _____

Telephone: _____

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: _____

Date of Event: _____

Type of Special Event (Example: Wedding reception, Anniversary party, Etc. - **Please Specify):** _____

_____

_____

Time of Event: From _____ TO _____

Approximate Number of Participants: _____

Is Liquor Being Served? _____ Yes _____ No

Is Food Being Served? _____ Yes _____ No

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 - 5584901-02**

Cost **of Coverage:** **$100** 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 Bring Your Own Beer or Liquor

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 Hartford

COMPLETE AND RETURN THIS FORM TO:

Catholic Mutual Group
467 Bloomfield Ave.
Bloomfield, CT 06002

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

Approving Location: HARTFORD, CT
FOR OFFICE USE ONLY

ATTN: ANDY ZAJAC
FAX NO.: (860) 726-9412

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