

**DIOCESE OF ATLANTA, GA - 0348**  
**APPLICATION FOR SPECIAL EVENTS COVERAGE**

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

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

**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)*

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

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

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

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

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

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

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

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

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

**Type of Special Event** (Example: wedding reception, anniv. party, etc.)

If event is a fundraiser, please be specific about what is occurring):

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

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

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

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

**TO AVOID DELAY OR DENIAL OF COVERAGE, PLEASE ENSURE THAT EACH FIELD IS COMPLETED.**

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 **Nationwide Mutual Insurance Company**, Policy No. on file with C.M.G. Agency, Inc.

**Cost of Coverage:**       \$95   Per Event     **(Overnight Stays - \$125)**

**COVERAGE DOES NOT APPLY TO CERTAIN EVENTS, SUCH AS, BUT NOT LIMITED TO:**

- \* Sporting events including tournaments & camps
- \* Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
- \* Events where a fee or admission is charged, unless all proceeds go to charity
- \* Events with attendance of more than 1,000 persons
- \* Events involving pool or lake activities
- \* Events involving 'BYOB' (Bring your own bottle)
- \* Any carnival event
- \* Fireworks & fireworks displays
- \* Events organized or operated by professional promoters/performers
- \* Events which exceed 72 hours in duration
- \* Events involving recreational vehicles
- \* Political Rallies
- \* Inflatable Amusement Device (unless pre-approved/flat charge of \$250 applies)

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

*Please make cashiers check or money order payable to: Archdiocese of Atlanta*  
**NO PERSONAL CHECKS WILL BE ACCEPTED**

**COMPLETE AND RETURN THIS FORM TO: Catholic Mutual Group**  
**Attn: Alex Hagan, CRM**  
**2401 Lake Park Drive**  
**Smyrna, GA 30080**

*Please report all claims to C.M.G. Agency, Inc. Claims Department at 404-920-7375.*

**Approving Location: SMYRNA, GA     ATTN: ALEX HAGAN**  
**FAX NO.: 404-920-7376**

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