



# Application for Special Events Coverage

Diocese of Sioux Falls—007

**COVERAGE LIMIT:** \$1,000,000 combined single limit bodily injury; and host liquor liability; \$500,000 property damage liability. Coverage provided is per event, not per claim. Submission of application does not bind coverage. All events are subject to approval. Coverage is underwritten by Nationwide Mutual Insurance Company. The policy number is on file with CMG Agency, Inc. In the event of a claim, call 800-228-6108.

## Additional Insured (Lessee) Information

**Directions:** Complete all information below and return this form to the Parish/Institution contact for processing 20 days before the event. Incomplete or untimely applications risk not being approved.

Individual/Organization \_\_\_\_\_

Lessee Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Lessee Email \_\_\_\_\_

## Event Information

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Is this an overnight event?  Yes  No

Event Type (e.g. wedding reception, birthday party, etc.):  
\_\_\_\_\_

Is this event a Fundraiser?  No  Yes

If "yes", attach a detailed description of all activities, vendors, and etc.

Will inflatable devices (aka bounce houses) be used?  No  Yes

If "yes", attach pictures of each device for pre-approval.

Estimated Number of Participants \_\_\_\_\_

Is food being served?  Yes  No

Is liquor being served?  Yes  No

## Liquor Liability

Do you require Liquor Liability coverage (see below)?  No  Yes

If liquor will be sold, the cost included in a ticket price, and/or a license or permit is required for you to serve or furnish alcohol, you must complete the *Liquor Liability Application* for additional coverage. The diocese CMG Office will provide you with an application if needed.

If liquor liability is not purchased and an alcohol related claim results, the claim will be excluded if it is determined that additional coverage for liquor liability should have been obtained.

## Parish/Institution Information

**Directions:** Once the completed form is received from the lessee, sign and immediately submit the form 15 days before the event to John Polkinghorn at [jpolkinghorn@catholicmutual.org](mailto:jpolkinghorn@catholicmutual.org) or fax to (605) 988-3723. Please call (605) 988-3718 for any questions.

Parish/Institution \_\_\_\_\_

Contact Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Office Email \_\_\_\_\_

Was the Lessee asked, but unable to obtain their own insurance coverage as outlined in the *Facility Use Agreement*?  Yes  No

Contact Signature \_\_\_\_\_

## Coverage Exclusions and Additional Charges

**Events excluded from coverage include, but are not limited to:**

- Amusement rides, including mechanically operated devices, trampolines, and rebounding devices.
- Any and all carnival events
- Events involving "Bring Your Own Bottle" (aka BYOB)
- Events involving pool or lake activities
- Events involving recreational vehicles
- Events organized or operated by professional promoters/performers
- Non-Charitable events charging admission or other fees
- Fireworks and firework displays
- Non-Religious rap, hip-hop, and/or alternative bands
- Organized sporting events—includes tournaments and camps (some sporting activities may be allowed with pre-approval)
- Political Rallies

**Additional charges apply for:**

- Events exceeding 3 days (cost TBD)
- Events exceeding 1,000 participants (cost TBD)
- Inflatable amusement devices (picture of device must be submitted for pre-approval; cost is \$100/device)