

DIOCESE OF DULUTH - 0027
APPLICATION FOR SPECIAL EVENTS COVERAGE

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 underwritten by **Markel Insurance Company**; Policy No. on file with C.M.G. Agency, Inc.

Cost of Coverage: NO CHARGE

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

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)

suzanne.lott@duluthcatholic.org

**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

Date of Event: _____

Type of Special Event (Example: wedding reception, anniv. party, etc. If it's a **FUNDRAISER**, be specific about what is occurring):

Time of Event: From _____ To _____

Is this an overnight event?

Yes _____ No _____

Approx. Number of Participants:

Is Food Being Served?

Yes _____ No _____

Is Liquor Being Served?

Yes _____ No _____

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 Note: If liquor liability coverage is NOT purchased and an alcohol related claim results, the claim will be excluded if it is determined that a liquor liability policy should have been purchased.

**DEFENSE COSTS FOR SEXUAL MISCONDUCT
\$100,000 LIMIT**

Coverage is not automatically included, however, you have the option to purchase this coverage by separate application for an additional charge.
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)

**COMPLETE AND RETURN
THIS FORM TO:**

DIOCESE OF DULUTH
PASTORAL CENTER
2830 EAST FOURTH STREET
DULUTH, MN 55812

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