

For Office Use Only
Paid \$100_____
Check #_____
By_____

DIOCESE OF ALTOONA-JOHNSTOWN INSURANCE PROGRAM

FACILITY EVENT COVERAGE – USERS LIABILITY

COMMERCIAL GENERAL LIABILITY PART

PLEASE PROVIDE ALL INFORMATION REQUESTED ON THIS FORM:

SPONSORS NAME: _____

MAILING ADDRESS: _____

EVENT LOCATION: _____

EVENT DESCRIPTION: _____
(Wedding Reception, Reunion, Banquet, Shower, etc.)

NUMBER OF PARTICIPANTS : _____ **(APPROXIMATELY)**

IS LIQUOR BEING SERVED: YES _____ NO _____
IS FOOD BEING SERVED: YES _____ NO _____

DATE OF EVENT: _____

TIME OF EVENT: **FROM:** **TO:**

Liquor Served **Cost of Coverage: \$100 per Event/Per Day**

Limit of Liability: **\$1,000,000 Single Limit Including Host Liquor**

COMPLETE AND RETURN THIS FORM TO:

DIOCESE OF ALTOONA-JOHNSTOWN
FINANCE OFFICE
2713 WEST CHESTNUT AVE.
ALTOONA, PA 16601

MAKE CHECKS PAYABLE TO: DIOCESE OF ALTOONA-JOHNSTOWN

KEEP ONE COPY OF THIS FORM FOR YOUR RECORDS