



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 Markel 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 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.

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 Catholic Mutual Group at memberservices@catholicmutual.org or fax to (402) 551-2943. Please call (800) 228-6108 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

Approval Email peisenberg@sfcatholic.org

Coverage Exclusions and Additional Charges

Coverage does not apply to certain events and exposure, such as, but not limits 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 musical performances/concerts (contact us for special exceptions)
- Organized sporting events—includes tournaments and camps (*some sporting activities may be allowed with pre-approval*)
- Political Rallies
- Claims related to an epidemic/pandemic

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)