

**ROMAN CATHOLIC DIOCESE OF LEXINGTON - 0371**  
**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: \$95 Per Event**

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

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

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

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

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

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

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

**Phone No.:** \_\_\_\_\_

**Is this an overnight event?** \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Lessee (Additional Insured) Information:**  
Name of Sponsoring Organization or Individual Requesting Coverage  
\_\_\_\_\_  
\_\_\_\_\_

**Approx. Number of Participants:** \_\_\_\_\_

*(Please Print Lessee Name(s) or Organization)*

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

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

**Is Liquor Being Served?** \_\_\_\_\_  
**(Include Beer & Wine)** Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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

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

**To receive approval notification please print e-mail(s):**  
*(Please Print E-mail(s) Clearly)*

**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.

[dcooper@cdlex.org](mailto:dcooper@cdlex.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
- 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
- Events that exceed 1,000 in attendance
- Claims related to an epidemic/pandemic

**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.)

SUBMIT APPLICATION FOR APPROVAL:  
MEMBERSERVICES@CATHOLICMUTUAL.ORG  
(CC: DESTINY COOPER AT DCOOPER@CDLEX.ORG) or  
FAX: 402-551-2943 MAKE CHECK PAYABLE TO: ROMAN  
CATHOLIC DIOCESE OF LEXINGTON

**PAYMENT AND COPY OF APPLICATION:ROMAN  
CATHOLIC DIOCESE OF LEXINGTON  
CATHOLIC CENTER  
1310 WEST MAIN ST  
LEXINGTON, KY 40508**