



NOTE: CATHOLIC MUTUAL MUST RECEIVE APPLICATION AT LEAST 15 DAYS PRIOR TO EVENT. DO NOT SUBMIT APPLICATIONS MORE THAN 6 MONTHS IN ADVANCE.

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: _____

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)

rferguson@cdlex.org

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? _____
(Include Beer & Wine) 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.

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: Robert Ferguson AT RFERGUSON@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**