

**DIOCESE OF LA CROSSE, WI - 0030
APPLICATION FOR SPECIAL EVENTS COVERAGE**

Coverage Limit: \$1,000,000 Combined Single Limit Bodily Injury and Host Liquor Liability, \$500,000 Property Damage Liability. Includes \$100,000 for Defense Costs for Sexual Misconduct, excluding overnight events (see below for purchase options). Coverage provided is per event (not per claim). **Submission of application does not bind coverage - all events are subject to approval.**

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

Cost of Coverage: \$95 Per Event (Overnight Stays - \$125)

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)

dherricks@stambrosefinancial.com _____

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
FOR OVERNIGHT EVENTS - \$100,000 LIMIT**

Coverage does not automatically apply for overnight events, however, you have the option to purchase this coverage by separate application. Additional charge may apply.

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 FORM
TO:**

CATHOLIC MUTUAL GROUP
ATTN: MS. KRIS TWINING
702 S HIGH POINT ROAD, SUITE 221
MADISON, WI 53719
FAX: (608)833-3794
E-MAIL: ktwining@catholicmutual.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
- Rap/Hip-Hop/Alternative music (non-religious bands)
- 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