

**DIOCESE OF COLUMBUS, OH- 0035**  
**APPLICATION FOR SPECIAL EVENTS COVERAGE**

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

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

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

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

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

**Type of Special Event** (Example: wedding reception, anniv. party, etc.  
If event is a fundraiser, please be specific about what is occurring):  
\_\_\_\_\_  
\_\_\_\_\_

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

**Lessee (Additional Insured) Information:**

Name of Sponsoring Organization or Individual Requesting Coverage  
\_\_\_\_\_

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

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

**Approximate Number of Participants:** \_\_\_\_\_

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

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

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

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

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

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

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

**To receive approval notification please print e-mail(s):** sifmailbox@colsdio.org

*(Please Print E-mail(s) Clearly)*

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

The Special Events coverage provides \$1,000,000 Combined Single Limit Bodily Injury, Property Damage, and Host Liquor Liability coverage per event (not per claim).

This coverage is 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)

**COVERAGE DOES NOT APPLY TO CERTAIN EVENTS, SUCH AS, BUT NOT LIMITED TO:**

- \* Sporting events including tournaments & camps
- \* Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
- \* Events where a fee or admission is charged, unless all proceeds go to charity
- \* Events with attendance of more than 1,000 persons
- \* Events involving pool or lake activities
- \* Events involving 'BYOB' (Bring your own bottle)
- \* Any carnival event
- \* Fireworks & fireworks displays
- \* Events organized or operated by professional promoters/performers
- \* Events which exceed 72 hours in duration
- \* Events involving recreational vehicles
- \* Political Rallies
- \* Inflatable Amusement Device (unless pre-approved/flat charge of \$250 applies)

APPROVING LOCATION: OMAHA, NE  
ATTN: BECKY WAGNER, MEMBER SERVICES DEPT.

*Please make check payable to: Diocese of Columbus Self Insurance Fund*  
(Applications without payment will be rejected)

**COMPLETE AND RETURN THIS FORM AND SEND PAYMENT TO:**

**Catholic Mutual Group**  
10843 Old Mill Rd  
Omaha, NE 68154-2600

*Please report all claims to C.M.G. Agency, Inc. Claims Department at 1-800-228-6108.*

**DISTRIBUTION:** Original: C.M.G. Agency, Inc., Copies to Lessee and Parish or Institution