DIOCESE OF YAKIMA - 166
APPLICATION FOR SPECIAL EVENTS COVERAGE

Name of Location (Parish/Institution/School)

_____

Street (Physical) Address (No P.O. Boxes**)**

_____

City/State:_____ **Zip:**_____

Telephone 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:_____

Date of Event:_____

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

Type of Special Event: (Example: Wedding Reception, Anniversary Party, Etc - If event is a Fundraiser, please be specific about what is occurring.

_____

_____

_____

Time of Event: From_____ To_____

Approx. number of Participants:_____

Is Liquor Being Served? ☐ Yes ☐ No

Is Food Being Served? ☐ Yes ☐ No

Cost of Coverage: $100 per event & *See Below
RENTER: Return this form and your payment (payable to this church, school or institute) back to this location at least two weeks before your event.

**PLEASE BE SURE TO COMPLETE EACH REQUIRED FIELD IN THE TOP PORTION OF THIS FORM.
FAILURE TO DO SO MAY RESULT IN A DELAY OR DENIAL OF COVERAGE.**

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

This coverage is underwritten by Great American Assurance CO, Policy # on file with C.M.G. Agency, Inc.

Cost of coverage: **$100.00** Per Event **Overnight stays - $125.00**
Inflatable Amusement Device – A flat **$250.00**

BOOKKEEPERS: Collect & deposit rent monies – Then the Diocese a check payable to: ***Diocese of Yakima***

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 opened 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 $250.00 applies)**

**NOTIFICATION OF EVENT MUST REACH CATHOLIC MUTUAL
AT LEAST 15 DAYS IN ADVANCE OF THE EVENT.**
★SUBJECT TO APPROVAL BY C.M.G. AGENCY, INC.★

BOOKKEEPERS: RETURN COPY OF THIS FORM TO:
Send your Check with copy of form to Diocese.

Diocese of Yakima
Melody Gulley
5301-A Tieton Drive
Yakima, WA 98908

and

Catholic Mutual Group
Troy Taylor
10843 Old Mill Rd, Ste 300
Omaha, NE 68154-2600
FAX: 1-402-551-2943

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

Approving Location: OMAHA, NE ATTN: MEMBER SERVICES FAX: 402-551-2943

***DISTRIBUTION:* Original: Catholic Mutual Group, Copies to Lessee, Location and Diocese Office** **1/1/2012**