

**NOTE: CATHOLIC MUTUAL MUST RECEIVE APPLICATION AT LEAST 15 DAYS PRIOR TO EVENT. FAX TO TROY TAYLOR: 402-551-2943  
DO NOT SUBMIT APPLICATIONS MORE THAN 6 MONTHS IN ADVANCE.**

**DIOCESE OF YAKIMA, WA – 0166  
APPLICATION FOR SPECIAL EVENTS COVERAGE - English**

**Coverage Limit:** \$1,000,000 Combined Single Limit Bodily Injury and Host Liquor Liability, \$500,000 Property Damage Liability.  
Coverage 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 is underwritten by **Nationwide Mutual Insurance Company**; Policy No. on file with C.M.G. Agency, Inc.

**Cost of coverage: \$100 Per Event (Overnight stays - \$125)**

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

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

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

\_\_\_\_\_

**Type of Special Event:** (Example: Wedding Reception, Birthday, Anniversary Party, Etc - If event is a

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

**Fundraiser, (be specific about what is occurring.)** \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No: \_\_\_\_\_

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

**Lessee (Additional Insured) Information:**

**Is this an Overnight Event?** \_\_\_\_\_ Yes \_\_\_\_\_ No

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?** \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

If liquor is to be sold (or cost included in ticket price) and/or a license permit is required in order for you to serve or furnish alcohol, you must obtain **LIQUOR LIABILITY** coverage by separate application

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

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

Does this event require the additional coverage for alcohol? \_\_\_Yes \_\_\_ No

**To receive approval notification please clearly print e-mail(s) address below: (Recommended)**

\_\_\_\_\_

**To Note: If liquor liability coverage is NOT purchased and a 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 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
- \*Events with attendance of more than 1,000 persons
- \*Rap/Hip-Hop/Alternative music (non-religious bands)
- \*Events organized or opened 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 charity
- \*Political Rallies
- \*Amusement rides, including mechanically operated devices trampolines, & rebounding devices

**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 CHARGE WILL APPLY FOR:**

- \*Events which exceeds 3 days in duration (charge TBD)
- \*Inflatable Amusement Device (A charge of \$100 per device applies. Must be pre-approved picture required.)

**MAKE YOUR PARISH- SCHOOL - INSTITUTION CHECK PAYABLE TO: DIOCESE OF YAKIMA**

**RETURN CHECK WITH FORM TO:**  
Diocese of Yakima  
Attn: Melody Gulley  
5301-A Tieton Drive  
Yakima WA 98908