

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

**HARTFORD ROMAN CATHOLIC DIOCESAN CORPORATION  
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: \$110 Per Event**

**Additional Charges Will Apply For Events Which Exceed 3 Days in Duration**

**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:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

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

**To receive approval notification please print e-mail(s):**

*(Please Print E-mail(s) Clearly) Also, please email judithfritz61424@icloud.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 add'l 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
- Events with attendance of more than 1,000 persons
- Non-religious musical performances/concerts (contact us for special exceptions)
- 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 performers

**MAKE CHECK PAYABLE TO:  
ARCHDIOCESE OF HARTFORD**

**COMPLETE AND RETURN THIS FORM TO:**

CATHOLIC MUTUAL GROUP  
467 BLOOMFIELD AVE.  
BLOOMFIELD, CT 06002

FAX: 860-726-9412  
PHONE: 860-242-5600 or 800-331-2561

**IN THE EVENT OF A CLAIM, PLEASE CONTACT CATHOLIC MUTUAL GROUP: 800-331-2561**