



SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

Notification of an event must reach DISC **no less than 48 hours in advance** to obtain coverage.

LIMITS OF LIABILITY

\$1,000,000 combined single limit per occurrence (Host liquor liability included)

↓ LOCATION TO BE INSURED ↓

PLEASE COLLECT PAYMENT FROM APPLICANT & DEPOSIT TO YOUR ACCOUNT. YOU WILL RECEIVE A MONTHLY STATEMENT FROM THE DIOCESAN FINANCE OFFICE THAT WILL INCLUDE THIS CHARGE.

Name of Parish, School, or Institution _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Pastor/Administrator _____

↓ APPLICANT ↓

Name of Party
Requesting Coverage _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Home Telephone _____ Daytime Telephone _____

↓ NON-DIOCESAN / NON-PARISH EVENT INSURED ↓

Date _____ Time of Event: from _____ until _____

Type of Event (reception, banquet, shower, etc.) _____

***Athletic events are NOT covered.**

Are you bringing any equipment onto the site? _____ No _____ Yes*

***If yes, please describe in detail on the back of this form.**

Approximate Number of Participants _____ Is food being served? _____ No _____ Yes

Are alcoholic beverages, including beer or wine, being served? _____ No _____ Yes*

***If yes, are you charging admission?** _____ No _____ Yes

NOTE: The SELLING of any alcoholic beverage at your event is STRICTLY PROHIBITED!!

The Ohio Department of Liquor Control allows only non-profit charitable institutions to obtain a temporary beer/wine/liquor permit for events where such alcoholic beverages are sold. Under the law, a permit is required for anyone selling alcoholic beverages; selling is defined to include any form of remuneration for alcoholic beverages, including where such beverages are provided as part of an admission ticket price.

The insurance being applied for by this application DOES NOT cover liquor liability at any event open to the public or at any event where alcoholic beverages are SOLD!

PREMIUM OF \$100 (One calendar day/twenty-four hours) PAYABLE TO PARISH, SCHOOL OR INSTITUTION LISTED ABOVE UNDER FIRST SECTION LABELED "LOCATION TO BE INSURED".

Send completed application without check to:

Diocesan Insurance Service Committee

1111 Superior Ave, Suite 420 • Cleveland, Ohio 44114

Phone: 216-621-7183 / Fax: 216-325-9067 / Email: jagibbs@etfco.com