

**SPECIAL EVENTS LIABILITY INSURANCE APPLICATION**

Notification of an event must reach Diocesan Master Insurance Program **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 Master Insurance Program

1100 Superior Ave, Suite 1500 • Cleveland, Ohio 44114

Phone: 216-367-1828 / Fax: 216-367-1829

Email: Lucy Jorz at ljorz@oswaldcompanies.com OR insurancerequest@dioceseofcleveland.org