

**DIOCESE OF MADISON, WI-178**  
**APPLICATION FOR SPECIAL EVENTS COVERAGE**

Name of Parish or Institution: \_\_\_\_\_

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.

Street (Physical) Address (NO P.O. BOXES): \_\_\_\_\_

Type of Special Event (Example: wedding reception, anniv. party, etc. If event is a fundraiser, please be specific about what is occurring): \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

**Lessee (Additional Insured) Information:**

Name of Sponsoring Organization or Individual Requesting Coverage \_\_\_\_\_

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

Approximate Number of Participants: \_\_\_\_\_

(Please **Print** Lessee Name(s) or Organization)

**Lessee (Additional Insured) Contact Person:**

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

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

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

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

Is Liquor Being Served? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

Is Food Being Served? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

**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 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 Company, Policy No. on file with C.M.G. Agency, Inc.

Cost of Coverage:     \$95     Per Event (Overnight Stays - \$125)

**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 operated 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 applies)

**NOTIFICATION OF AN EVENT MUST REACH CATHOLIC MUTUAL  
AT LEAST 15 DAYS IN ADVANCE OF THE EVENT.**

**★ SUBJECT TO APPROVAL BY C.M.G. AGENCY, INC. ★**

*Please make check payable to: Diocese of Madison - Self-Insurance Fund*

**COMPLETE AND RETURN THIS FORM TO: Diocese of Madison**  
**Attn: Mr. Bob O'Hara**  
**P.O. Box 44983**  
**Madison, WI 53744-4983**

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

**Approving Location: MADISON, WI      ATTN: BOB O'HARA**  
**FAX NO.: 608-833-3794**

*DISTRIBUTION: Original: C.M.G. Agency, Inc., Copies to Lessee and Parish or Institution*