

**DIOCESE OF BATON ROUGE, BATON ROUGE - 0210**  
**APPLICATION FOR SPECIAL EVENTS COVERAGE**

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

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

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

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

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

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

**Lessee (Additional Insured) Information:**

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

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

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

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

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

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

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

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

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

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

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

**To receive approval notification please clearly indicate e-mail address below**

**Diocesan:** \_\_\_\_\_ eneck@diobr.org

**Parish/Institution:** \_\_\_\_\_

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

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

Coverage Limit: \$1,000,000 Combined Single Limit Bodily Injury, Property Damage, and Host Liquor Liability. Coverage provided is per event (not per claim). **Submission of application does not bind coverage - all events are subject to approval.**

This coverage is underwritten by **Nationwide Mutual Insurance 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 involving recreational vehicles
- \* Political Rallies

**ADDITIONAL CHARGE APPLIES TO:**

- \* Events which exceed 3 days in duration (charge TBD)
- \* Inflatable Amusement Device (charge of \$100 per device applies; device must be pre-approved)

*Please make check payable to: Diocese of Baton Rouge*

**COMPLETE AND RETURN THIS FORM TO:**

**Catholic Life Center  
Attn: Mr. Joe Ingraham- Finance Office  
PO Box 2028  
Baton Rouge, LA 70821**

**IN THE EVENT OF A CLAIM, PLEASE CONTACT C.M.G. AGENCY CLAIMS DEPT: 800-228-6108**