

**Archdiocese of Indianapolis
Application for Special Events Coverage for Recurring Meetings**

Name of Parish,
School, or Agency: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____

Contact Person: _____
(printed name)

Lessee (Additional Insured) Information:

Organization Name: _____

Contact Person: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Email: _____

Lessee Signature _____

Date(s) of Meeting(s): _____
Example: 1st Monday of month, 2nd/4th Thursday, etc.

Type of Meeting (Example: Support Groups,
Community Organizations, Home Owners Assoc., Etc. - Please Specify): _____

Meeting Time: From: _____ To: _____

Approximate Number of Participants: _____

Number of meetings per month: _____

Is Food Being Served? (not including light refreshments.)
Yes No

Coverage is not afforded for alcohol through this program.
See below for additional exclusions.

The Special Events coverage provides \$1,000,000 Combined Single Limit Bodily Injury, and Property Damage coverage per event (not per claim). This coverage is underwritten by Nationwide Mutual Insurance Co.

Please use the chart to the right to determine the event class and corresponding cost of coverage:		Participants	Frequency	Cost
Class _____	Cost of Coverage _____	Class A One - 50	Monthly	\$200
		Class B 51-250	Monthly	\$300
		Class C One - 50	Bi-Monthly	\$250
		Class D 51-250	Bi-Monthly	\$350
		Class E One - 50	Weekly	\$300
		Class F 51-250	Weekly	\$400

Coverage does not apply to certain events such as, but not limited to:

- Amusement rides, trampolines, & rebounding devices, etc.
 - Events with fee or admission, unless all proceeds go to charity
 - Events organized or operated by professional promoters/performers
 - Events with attendance of more than 250 persons
 - Sporting events including tournaments & camps
 - Events which exceed 72 hours in duration
 - Events involving pool or lake activities
 - Events involving recreational vehicles
 - Fireworks & fireworks displays
 - Any Carnival Event
- Liquor liability Coverage

For Company Use only:

Coverage period is July 1, 2013 - July 1, 2014.

**NOTIFICATION OF AN EVENT MUST REACH ARTHUR J. GALLAGHER
AT LEAST 15 DAYS IN ADVANCE OF THE EVENT
*ALL EVENTS NEED PRIOR APPROVAL BY K & K Insurance Group, Inc.***

Please make check or money order payable to:

Arthur J. Gallagher Risk Management Services

Please do not send cash.

COMPLETE AND RETURN THIS FORM TO:

Arthur J. Gallagher Risk Management Services

Attn: Mira Andreeva Phone: (630) 634.4583
Two Pierce Place Fax: (630)285.4062
Itasca, IL 60143 E-mail: mira_andreeva@ajg.com

Please report all claims to K & K Insurance Group, Inc. Claims department at 1-800-237-2917

All Events must be reported 15 days prior to effective date.

Date rec'd _____ CK # _____ COA _____

07/2012