



# Application for Special Events Coverage

**COVERAGE LIMIT:** \$1,000,000 combined single limit bodily injury; and host liquor liability; \$500,000 property damage liability. Coverage provided is per event, not per claim. Submission of application does not bind coverage. All events are subject to approval. Coverage is underwritten by Nationwide Mutual Insurance Company. The policy number is on file with CMG Agency, Inc. In the event of a claim, call 800-228-6108.

**EXCLUSIONS & ADDITIONAL CHARGES:** Events excluded from coverage include, but are not limited to all carnival events; amusement rides, including mechanically operated devices, trampolines, and rebounding devices; events involving "Bring Your Own Bottle" (aka BYOB); events involving pool or lake activities; recreational vehicles; fireworks and firework displays; non-religious rap, hip-hop, and/or alternative bands; political rallies; events organized or operated by professional promoters/performers; and organized sporting events (*includes tournaments and camps*). Additional charges apply for events exceeding 3 days, exceeding 1,000 participants; non-charitable events charging admission or other fees; and events involving inflatable amusement devices (pre-approval required; cost is \$100/device)

**INSTRUCTIONS:** Complete all information below and return this form to the Parish/Institution contact at least 14 days before the event.

## LESSEE INFORMATION

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

Name of Contact for Sponsoring Organization: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email for Notification \_\_\_\_\_

## EVENT INFORMATION

1. Type of Event (*e.g. baby shower, wedding reception, graduation party, and etc.*): \_\_\_\_\_
2. Date(s) of Event (*include setup dates*) \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_
3. Approximate Number of Participants \_\_\_\_\_
4. Will this event occur overnight? No Yes
5. Is this event a fundraiser for charity? No Yes → If "Yes", attach a detailed description of all activities, vendors, and etc.
6. Will this event generate revenue for the lessee? No Yes → If "Yes", attach a check for \$95 payable to the "Diocese of Sioux Falls"
7. Will inflatable devices (bounce houses) be used at this event? No Yes → If "Yes", attach an picture of the device(s) for approval
8. Will food be served? No Yes
9. Will alcohol be served? No Yes → If "Yes", what kind (*check all that apply*): Beer Wine Liquor (vodka/rum/whiskey/etc.)
  - a. Who will serve the alcohol to event participants? \_\_\_\_\_
  - b. Will alcohol be sold to participants or is the cost of the alcohol included in a ticket price? No Yes → If "Yes", the lessee must obtain apply for a *Special Alcoholic Beverage License* from their city or county **and** complete the *Liquor Liability Application* to obtain additional coverage. The lessee is responsible for the cost of the additional coverage.

## PARISH / INSTITUTION INFORMATION

Parish/Institution Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email for Notification \_\_\_\_\_

**Was the Lessee asked, but unable to obtain their own insurance coverage as outlined in the Facility Use Agreement?** No Yes

Pastor or Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax completed application to (605) 988-3723 or email to [rdelle@sfcatholic.org](mailto:rdelle@sfcatholic.org).