

ARCHDIOCESE OF SEATTLE-685
APPLICATION FOR SPECIAL EVENTS COVERAGE

Name of Parish or Institution:
Our Lady of Lourdes
4723 NW Franklin St.
Vancouver, WA 98663
360-695-1366

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

Lessee (Additional Insured) Information:
Name of Sponsoring Organization or Individual
Requesting Coverage

(Please Print Lessee Name(s) or Organization)

Time of Event: From: _____ To: _____

Approximate Number of Participants: _____
Is Liquor Being Served? _____
Yes No

Lessee (Additional Insured) Contact Person:
Name: _____
Street Address: _____
City/State/ZIP Code: _____
Telephone: _____

Is Food Being Served? _____
Yes No

**Please be certain to complete each required field in the top portion of this form.
Failure to do so may result in 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: \$98 Per Event. (Overnight Stays - \$125)

COVERAGE DOES NOT APPLY TO CERTAIN EVENTS, SUCH AS, BUT NOT LIMITED TO:

- | | |
|---|--|
| *Sporting Events including tournaments & camps | *Any carnival event |
| *Amusement rides, including mechanically operated devices, trampolines & rebounding devices | *Fireworks & fireworks displays |
| *Events where a fee or admission is charged, unless all proceeds go to charity | *Political Rallies |
| *Events organized or operated by professional promoters/performers | *Events involving 'BYOB' (Bring your own bottle) |
| *Events which exceed 72 hours in duration | *Events with attendance of more than 1,000 persons |
| *Events involving pool or lake activities | *Events involving recreational vehicles |

**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: ARCHDIOCESE OF SEATTLE

COMPLETE AND RETURN THIS FORM TO:

**Catholic Mutual Group
710 – 9th Avenue
Seattle, WA. 98104-2017**

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

Approving Location: Seattle, WA. FAX NO: 206-264-2094

**DISTRIBUTION: Original: C.M.G. Agency, Inc. Copies to: Lessee and Parish or Institution
CMRS-226A(10-06)**