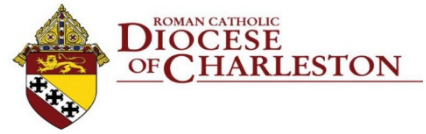




**CATHOLIC MUTUAL GROUP  
DIOCESE OF CHARLESTON, SC**



**APPLICATION FOR SPECIAL EVENT COVERAGE**

**NOTE:** Catholic Mutual Group **MUST** receive application at least **15 days** prior to event.  
**DO NOT SUBMIT** applications more than **6 months** in advance. **ALL** boxes must be completed.

**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 **Markel Insurance Company**, policy number on file with C.M.G. Agency, Inc.

Cost of Coverage: **\$120** per event **(\$125** per overnight stay)

Name of Location (Parish, School, Institution):			Date of Event:		Approximate # of Participants:	
Physical Address (No PO Boxes):			Type of Special Event: (If it is a FUNDRAISER, be specific about what is occurring)			
City / State:	Zip Code:	Phone (include area code):	Time event begins:		Time event ends:	
Location Email:			Is food being SERVED?		Is liquor being SERVED?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Renter (Organization or Individual requesting coverage):			Is liquor being SOLD?			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact for Renter:			If liquor is to be sold (or cost included in Ticket price) and/or a license or permit is required in order for you to serve or furnish alcohol, you must obtain <b>Liquor Liability</b> coverage by separate application.		Does this event require Liquor Liability?	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:			<p align="center"><b>ADDITIONAL CHARGES WILL APPLY FOR:</b></p> <ul style="list-style-type: none"> <li>* Events exceeding 3 days in duration (charge to be determined)</li> <li>* Inflatable Amusement Devices (A charge of \$100 per device applies; each device is underwritten; charge is determined by size and potential risk.)</li> <li>* <b>Must</b> be pre-approved and picture required.</li> <li>* Events that exceed 1,000 in attendance (charge to be determined)</li> </ul> <p align="center"><b>DEFENSE COSTS FOR SEXUAL MISCONDUCT FOR OVERNIGHT EVENTS</b>  <b>\$100,000 LIMIT</b> – Coverage is not automatically included, however, you have the option to purchase this coverage by separate application for an additional charge.            Do you want to apply for this coverage? Yes _____ No _____</p>			
City / State:	Zip Code:	Phone (include area code):				
Email – in order to received approval notification (print email clearly):						
<b>COVERAGE DOES NOT APPLY TO CERTAIN EVENTS, SUCH AS, BUT NOT LIMITED TO:</b>						
<ul style="list-style-type: none"> <li>* Any carnival event</li> <li>* Fireworks &amp; fireworks displays</li> <li>* Events involving "BYOB" (Bring your own bottle)</li> <li>* Events involving pool or lake activities</li> <li>* Events involving recreational vehicles</li> <li>* Events with attendance of more than 1,000 persons</li> <li>* Rap/Hip-Hop/Alternative music (non-religious bands)</li> </ul>			<ul style="list-style-type: none"> <li>* Events organized or operated by professional promoters/performers</li> <li>* Organized sporting events, including tournaments &amp; camps</li> <li>* Events where a fee or admission is charged, unless all proceeds go to charity</li> <li>* Political Rallies</li> <li>* Amusement rides, including mechanically operated devices, trampolines, &amp; rebounding devices</li> <li>* Claims related to an epidemic/pandemic</li> </ul>			
<b>Please make <u>Parish</u> checks payable to:</b>  <p align="center"><b>Diocese of Charleston</b></p> <p><b>\$120</b> per event    <b>\$125</b> per overnight stays</p>			<b>Return to:</b> <p align="center">Catholic Mutual Group            901 Orange Grove Road            Charleston, SC 29407  <a href="mailto:emeister@catholicmutual.org">emeister@catholicmutual.org</a>            fax: 843-804-9408</p>			

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