



DIOCESE OF WICHITA

Special Events Program Reference Guide

December 2024

**Catholic Mutual
Group**

*Serving the temporal
needs of the church
since 1889*

COMMITMENT + EXPERTISE + STABILITY

WHAT IS SPECIAL EVENTS COVERAGE?

Special Events Coverage is a mechanism which allows the Diocese to transfer liability to an outside carrier when a parish rents out their parish hall for an event that is not sponsored by the parish. Special Events coverage provides \$1,000,000 in liability coverage for bodily injury and \$500,000 in property damage. Coverage is provided to the parish, Diocese, and the leasing party. Host liquor liability is included, but certain events with liquor as described below will have an additional charge.

WHEN SHOULD SPECIAL EVENTS COVERAGE BE UTILIZED?

Locations use Special Events Coverage when leasing the parish hall for events that are considered “Non-Parish Sponsored” for the following types of events (this list is not inclusive):

- Wedding receptions.
- Birthday parties.
- Graduation parties.
- Anniversary parties.
- Quinceanera.
- Some bounce houses may be approved under the Special Events coverage. Prior approval is required for all bounce houses by sending a description and photos of all sides of the bounce house with your Special Events application.

Some types of events are **not** covered and shown below (this list is not inclusive).

- Any carnival events involving amusement rides, including mechanically operated devices, trampolines, rebounding devices or bounce houses.
- Fireworks and fireworks display.
- Events where guests bring their alcohol (“BYOB”).
- Events involving, water activities including pool, lake, or water inflatables.
- Events involving recreational vehicles.
- Non-religious musical performances/concerts.
- Any event organized or run by a professional promoter or performers.
- Organized Sporting events including tournaments and camps.
 - Some sporting events are allowed but must be pre-approved.
- Political Rallies.
- Any event with animals, (see petting zoo portion of application for the only exception).
- Parades or processions that are not part of a festival/bazaar.
- Camps.

SPECIAL EVENTS COVERAGE

- If you have any questions regarding the completion or processing of the application, please contact Member Services at memberservices@catholicmutual.org.
- A minimum of 15 days prior to the event date, the completed Special Event application should be emailed to James Jirak, jirakj@dioceseofwichita.org.
- The charge for Special Events coverage is \$95. If an overnight stay is involved, then the charge is \$125.
- Host liquor liability is included in the Special Events coverage. Host Liquor Liability means liquor is not being sold and/or a liquor license or liquor permit is not required.
- If liquor is to be sold, or the cost for liquor included in ticket price, and/or a liquor license or liquor permit is required for you to serve or furnish alcohol, you must obtain Liquor Liability coverage by a separate application. Additional charges will apply for liquor liability, starting at \$75.
- The Diocese purchases a block of Special Events and pays for them upfront. When a location submits a Special Event application, the location will collect all charges for the event from the leasing party. The leasing party's check is made payable to the parish.
- The parish will reimburse the Diocese for the Special Event charge.

RISK MANAGEMENT CONSIDERATIONS

Risk Management Guidelines are available on Catholic Mutual's website, www.catholicmutual.org and available to you at no charge. Please contact Rhonda Nelson at rnelson@catholicmutual.org or 800-228-6108 ext. 2378 for additional risk management information.

WHEN THE KNIGHTS OF COLUMBUS USE YOUR FACILITIES

When the Knights of Columbus use your facility the Diocesan Certificate of coverage does not extend coverage to their exposure. To prevent having a claim denied, each year at the Knights of Columbus policy renewal date, the Knights of Columbus should sign the Facility Usage Agreement and provide the parish a Certificate of Insurance that names the parish and the Diocese of Wichita as additional insureds.

Inflatable Guidelines

~All manufacturer recommendations should be followed.

~We prefer that the inflatable be indoors in order to avoid wind exposure. If the inflatable is set up outdoors, please confirm the device is securely anchored. The inflatable should not be operated if wind gusts that exceed 20 MPH.

~There needs to be adult supervision at all times.

~Participants should be grouped according to size. Toddlers with toddlers, smaller kids with smaller kids, and bigger kids with bigger kids.

~The number of participants allowed at one time should also be monitored. No more than 4-6 children at any one time, depending on the size of the inflatable. The manufacturer of the device may provide weight capacity or maximum number of participants.

~Any stakes in the ground should be covered with cones or protective material making them easy to see. Any cords or air compressors should be placed in areas away from foot traffic and they must be secured.

Please complete the following verifying the above guidelines will be followed:

Signature

Printed Name

Date

DIOCESE OF WICHITA - 013
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 underwritten by Markel Insurance Company; Policy No. on file with C.M.G. Agency, Inc.

Payment: \$95 per event; \$125 for Overnight events.

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

Name of Parish or Institution:

Street (Physical) Address (NO P.O. BOXES):

City/State: _____ ZIP Code: _____

Phone No.: _____

Lessee (Additional Insured) Information:

Name of Sponsoring Organization or Individual Requesting Coverage

(Please Print Lessee Name(s) or Organization)

Lessee (Additional Insured) Contact Person:

Name: _____

Street Address: _____

City/State: _____ ZIP Code: _____

Telephone: _____

To receive approval notification please print e-mail(s):

(Please Print E-mail(s) Clearly)

jirakj@catholicdioceseofwichita.org

Date of Event: _____

Type of Special Event (Example: wedding reception, anniv. party, etc. If it's a FUNDRAISER, be specific about what is occurring):

Time of Event: From _____ To _____

Is this an overnight event? Yes _____ No _____

Approx. Number of Participants: _____

Is Food Being Served? Yes _____ No _____

Is Liquor Being Served? (Include Beer & Wine) Yes _____ No _____

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 LIQUOR LIABILITY coverage by separate application.

Does this event require the additional coverage? Yes _____ No _____

To Note: If liquor liability coverage is NOT purchased and an alcohol related claim results, the claim will be excluded if it is determined that a liquor liability policy should have been purchased.

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

- Any carnival event
Fireworks & fireworks displays
Events involving 'BYOB' (Bring your own bottle)
Events involving pool or lake activities
Events involving recreational vehicles
Non-religious musical performances/concerts (contact us for special exceptions)
Events organized or operated by professional promoters/performers
Organized sporting events, including tournaments & camps (some sporting activities are allowed and must be pre-approved).
Events where a fee or admission is charged, unless all proceeds go to charity
Political Rallies
Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
Claims related to an epidemic/pandemic

ADDITIONAL CHARGES WILL APPLY FOR:

- Events which exceed 3 days in duration (charge TBD)
Inflatable Amusement Device (Must be pre-approved, picture required. Minimum charge of \$100 per inflatable applies; each device is underwritten; charge is determined by size and potential risk.)
Events that exceed 1,000 in attendance (charge TBD)

COMPLETE AND RETURN THIS FORM TO:

Diocese of Wichita
Attn: James Jirak
424 N Broadway St
Wichita, KS 67202
jirakj@catholicdioceseofwichita.org



LIQUOR LIABILITY APPLICATION

- 1. Named Insured as it is to appear on policy: _____
- 2. Name of Alcoholic Beverage Licensee: _____
- 3. Alcoholic Beverage License Number: _____ Class of License: _____
- 4. Is coverage for a specific event? Yes No
- 5. Opening and closing hours of event(s) (for each event): _____

NOTE: Alcohol sales must cease a minimum of 1/2 hour before event closing

- 6. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
If yes, please explain: _____
- 7. Has applicant incurred claims for liquor liability during the last three years? Yes No
If yes, please explain: _____
- 8. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No
If yes, please explain: _____
- 9. Type of alcoholic beverages sold: _____

10. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

- 11. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
- 12. Do you maintain security personnel at event entry check points? Yes No
Do they exercise the right of search and seizure of contraband items? Yes No
- 13. Are the alcohol sales and consumption contained by fencing within one fixed site? Yes No
- 14. Name the formal awareness training program that the servers receive (e.g. TIPs, TAMs, TABC): _____
- 15. At what point of sale are I.D.'s checked? _____
- 16. Are rules and regulations clearly displayed for patrons' viewing? Yes No
- 17. Is there any type of designated driver program in effect? Yes No
- 18. Is there any other Liquor Liability coverage being provided? Yes No
If yes, explain and attach a copy of the certificate of insurance: _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date

Date