

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)

jjirakj@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
jjirakj@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