

NOTE: CATHOLIC MUTUAL MUST RECEIVE APPLICATION AT LEAST 15 DAYS PRIOR TO EVENT. DO NOT SUBMIT APPLICATIONS MORE THAN 6 MONTHS IN ADVANCE.

DIOCESE OF BILOXI - 0357
APPLICATION FOR SPECIAL EVENTS COVERAGE

Coverage Limit: \$1,000,000 Combined Single Limit Bodily Injury and Host Liquor Liability, \$500,000 Property Damage Liability.
Includes \$100,000 for Defense Costs for Sexual Misconduct, excluding overnight events (see below for purchase options).
Coverage provided is per event (not per claim). **Submission of application does not bind coverage - all events are subject to approval.**

Coverage underwritten by **Nationwide Mutual Insurance Company**; Policy No. on file with C.M.G. Agency, Inc.

Cost of Coverage: \$100 Per Event (Overnight Stays - \$125)

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)

rutkowski6832@yahoo.com

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? Yes _____ No _____

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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.

**DEFENSE COSTS FOR SEXUAL MISCONDUCT
FOR OVERNIGHT EVENTS - \$100,000 LIMIT**

Coverage does not automatically apply for overnight events, however, you have the option to purchase this coverage by separate application. Additional charge may apply.

Do you want to apply for this coverage? _____ Yes _____ No

ADDITIONAL CHARGES WILL APPLY FOR:

- Events which exceed 3 days in duration (charge TBD)
- Inflatable Amusement Device (A charge of \$100 per device applies. Must be pre-approved, picture required.)

**COVERAGE DOES NOT APPLY TO CERTAIN EVENTS,
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
- Events with attendance of more than 1,000 persons
- Rap/Hip-Hop/Alternative music (non-religious bands)
- 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

**MAKE CHECK PAYABLE TO:
ST. THOMAS CHURCH**

**RETURN TO:
720 E. BEACH BOULEVARD
LONG BEACH, MS 39560**

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



Catholic Diocese of Biloxi
RISK MANAGEMENT INSURANCE OFFICE

Sr. Rebecca A. Rutkowski, O.S. F.
1790 Poppo Ferry Rd., Biloxi, MS 39532
Phone: 228-702-2136 Fax: 228-702-2178

PARISH FACILITY USAGE / INDEMNITY AGREEMENT

This signed Indemnity Agreement and a Certificate of Insurance in the amount of \$1,000,000.00 - naming as an "Additionally Named Insured: - The Catholic Diocese of Biloxi, Bishop Roger P. Morin, and (your Parish) - must reach the Diocese of Biloxi / Risk Management Office at least 15 days in advance of use. (all use of Diocesan facilities is subject to approval by Catholic Mutual Group.)

Parish: _____
(Parish is understood to include the Diocese of Biloxi) (Please Type of Print)

Facility to be used: _____

User of facility: _____

Dates of usage: _____ Time: _____

Purpose of usage: _____

Number of Participants: _____

It is hereby agreed between PARISH and USER of facility that the Facility is reserved on the above date and time and for the above purpose only.

The USER of the facility agree(s) to accept responsibility for any loss or damage done to the facility or equipment, and other Parish property as a result to their use of the facility. The USER agrees to maintain order and control over persons in attendance; and to abide by all policies and procedures of the Parish.

Facility USERS agrees to protect, defend, hold harmless and fully indemnify the Parish for any claim or cause of action whatsoever arising out of or related to the usage, which takes place during the above identified date of facility usage. The USER further agrees to defend the Parish against any action that is brought against the Parish by the above named facility user and/or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the Parish, its employees or agents, or the negligence of any other individual or organization.

Signature of USER: _____ Date: _____

Name of USER: (Please Print) _____

Signature of Witness: _____ Date: _____

Print Name: _____