



ROMAN CATHOLIC
DIOCESE OF ROCHESTER

RISK MANAGEMENT – SPECIAL EVENT INSURANCE REQUEST FORM

INSTRUCTIONS:

1. Complete this form in its entirety
2. Send completed form and payment to the Risk Management Department
 - E-mail the completed form to william.millen@dor.org
 - Mail to: Diocese of Rochester, Attn. William Millen, Risk Manager, 1150 Buffalo Road, NY 14624

NOTIFICATION OF EVENT MUST REACH RISK MANAGEMENT THREE (3) BUSINESS DAYS PRIOR TO THE EVENT

PARISH/SCHOOL INFORMATION: <i>parish or school representative to complete section</i>	
1.	Parish/School Name: <i>(e.g., Our Lady of the Valley)</i>
2.	Parish/School No: <i>(e.g., 341)</i>
3.	Location Name (if applicable): <i>(e.g., St. Ann)</i>
3.	Location Address: <i>(Street, City, State and Zip)</i>
4.	Contact Name, Phone and E-mail:
5.	Date of Request:

EVENT INFORMATION:	
1.	Date of Event:
2.	Type of Event: <i>(e.g., Wedding, Birthday, Fundraiser)</i>
3.	Individual or Organization: <i>(Name of Insured requesting coverage)</i>
4.	Insured Address: <i>(Street, City, State and Zip)</i>
5.	Contact Name, Phone and E-mail:
6.	Time of Event: <i>(Start and End)</i>
7.	Number of Participants: <i>(provide maximum # anticipated)</i>
8.a.	Is Food Being Served? <input type="checkbox"/> YES <input type="checkbox"/> NO
8.b.	If Yes, how is food being prepared? <input type="checkbox"/> ON-SITE <input type="checkbox"/> CATERED <input type="checkbox"/> WITH A CHARGE <input type="checkbox"/> NO CHARGE
9.a.	Is Alcohol Being Served? <input type="checkbox"/> YES <input type="checkbox"/> NO
9.b.	If Yes, is alcohol is being served: <input type="checkbox"/> WITH A CHARGE <input type="checkbox"/> NO CHARGE
NOTE: If alcohol is being served please complete the Alcohol Waiver Form . If alcohol is being sold the Insured may need to obtain a liquor license or permit to distribute.	

Signature: Name of individual(s) or organization
requesting insurance (Electronic Signature accepted)

Date:

Make checks payable to: Diocese of Rochester

Special Events Coverage Information

Insurer: Nationwide Mutual Insurance Company

General Liability Coverage Limits:

• Each Occurrence	\$1,000,000
• General Aggregate (other than Products-completed Operations)	\$1,000,000
• Products-completed Operations Aggregate	\$1,000,000
• Personal and Advertising Injury	\$1,000,000
• Damage to Premises Rented to You	\$ 300,000
• Medical Expense (other than participants)	\$ 5,000

Terms & Conditions:

- Premiums are 100% fully earned when coverage begins and non-refundable.
- Any exposure changes that deviate from the original enrollment form must be reported to K&K in writing.
- Acceptance of this quote confirms your desire to obtain liability insurance through the Sports, Leisure and Entertainment Risk Purchasing Group.
- Coverage will be effective at the date and time upon receipt of the completed enrollment form and premium unless the desired effective date is later.
- Host liquor liability is included if the Named Insured is not required to obtain a license/permit to serve or furnish alcoholic beverages (with or without a charge)

Coverage applies to events including, but not limited to: Anniversary party, baby shower, bake sale, band concert, baptism, birthday party, business meeting, christening, dance, dinner, family gathering, funeral service, garage sale, graduation, holiday party, meeting, open house, prom, raffle, rehearsal dinner, reunion, show (craft, garden, talent), and wedding reception.

Coverage does not apply to events including, but not limited to: Rides, mechanical amusement devices, inflatable recreational devices, dunk tanks, bungee operations/equipment, petting zoos or animals owned, rented or hired by the insured, fireworks/pyrotechnics, activist rallies, athletic events and competitions, day care operations, gun/knife shows, haunted attractions, in-or-on water activities (pools, lakes, rivers, etc.), mazes (corn, hay, fence), and motorized vehicle/motorcycle/watercraft.

If you have a questions about a specific event not included above in the coverage applies/does not apply sections, please contact Risk Management. Depending on the event coverage may be acquired.

Cost of coverage: **\$95.00** for 1-1,000 persons (events with greater than 1,000 persons are not covered)

NOTES:

1. The information provided on the request form is required by the insurance carrier
2. Additional information may be requested by Risk Management
3. For any questions completing this form, please contact Risk Management