



June 13, 2008

*****IMPORTANT NOTICE***
TO ALL LOCATIONS
IN THE DIOCESE OF DES MOINES**

RE: SPECIAL EVENTS COVERAGE & APPLICATIONS

The Diocese of Des Moines has elected to renew the Special Events Coverage through Catholic Mutual effective July 1, 2008. **Please allow this correspondence to serve as notification that there is a change in process regarding the submission of applications and associated fees.**

Effective immediately, all event applications for event dates July 1 or after should be sent directly to Catholic Mutual (in lieu of sending to LMC). A check in the amount of \$95, made payable to Catholic Mutual Group, should accompany each application (Exception: Overnight Stay event charge is \$125). Please indicate "Member #767" in the memo section of your submitted check.

Attached is an updated Special Event Application for your use. Please keep in mind that event applications should be submitted at least 15 days in advance of any event date. You may mail or fax the application to the address/fax number on the attached application form.

An event application should be completed and submitted for any outside group, organization, or individual using parish/school facilities for a non-parish sponsored event. Please find enclosed the "Guidelines for Special Event Coverage" for your reference.

The staff at your diocesan locations has done an outstanding job in implementing sound risk management, and we commend you!

If you have any questions regarding this information, please feel free to contact Connie Gorackowski at 1-800-228-6108, ext. 2359. Thank you.

DIOCESE OF DES MOINES-767
APPLICATION FOR SPECIAL EVENTS COVERAGE

Name of Parish or Institution: _____

Date of Event: _____

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

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

Type of Special Event (Example: wedding reception, anniv. party, etc. If event is a fundraiser, please be specific about what is occurring): _____

City/State: _____ **ZIP Code:** _____

Phone No.: _____

Lessee (Additional Insured) Information:

Name of Sponsoring Organization or Individual Requesting Coverage _____

Time of Event: From _____ To _____

(Please Print Lessee Name(s) or Organization)

Approximate Number of Participants: _____

Lessee (Additional Insured) Contact Person:

Name: _____

Is Liquor Being Served? Yes _____ No _____

Street Address: _____

City/State: _____ **ZIP Code:** _____

Is Food Being Served? Yes _____ No _____

Telephone: _____

**PLEASE BE SURE TO COMPLETE EACH REQUIRED FIELD IN THE TOP PORTION OF THIS FORM.
FAILURE TO DO SO MAY RESULT IN A DELAY OR DENIAL OF COVERAGE.**

The Special Events coverage provides \$1,000,000 Combined Single Limit Bodily Injury, Property Damage, and Host Liquor Liability coverage per event (not per claim).

This coverage is underwritten by **Great American Assurance Company, Policy No. on file with C.M.G. Agency, Inc.**

Cost of Coverage: \$95 Per Event (Overnight Stays - \$125)

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

- * Sporting events including tournaments & camps
- * Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
- * Events where a fee or admission is charged, unless all proceeds go to charity
- * Events with attendance of more than 1,000 persons
- * Events involving pool or lake activities
- * Events involving 'BYOB' (Bring your own bottle)
- * Any carnival event
- * Fireworks & fireworks displays
- * Events organized or operated by professional promoters/performers
- * Events which exceed 72 hours in duration
- * Events involving recreational vehicles
- * Political Rallies

★ **SUBJECT TO APPROVAL BY C.M.G. AGENCY, INC.** ★

Please make check payable to: Catholic Mutual Group

**COMPLETE AND RETURN THIS FORM TO: Catholic Mutual Group
10843 Old Mill Rd.
Omaha, NE 68154-2600**

Please report all claims to C.M.G. Agency, Inc. Claims Department at 1-800-228-6108.

Approving Location: OMAHA, NE **ATTN: MEMBER SERVICES
FAX NO.: 402-551-2943**

DISTRIBUTION: Original: C.M.G. Agency, Inc., Copies to Lessee and Parish or Institution