

**Name of Parish/School/Entity:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

Street Address: \_\_\_\_\_

**Type of Special Event** (Example: Wedding reception,

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Anniversary party, Etc. - Please Specify): \_\_\_\_\_

Telephone: \_\_\_\_\_

**Licensee (Additional Insured) Information:**

**Time of Event:** From \_\_\_\_\_ To \_\_\_\_\_

Name of Sponsoring Organization or Individual Requesting Coverage

**Approximate Number of Participants:** \_\_\_\_\_

(Please Print Licensee Name(s) or Organization)

**Licensee (Additional Insured) Contact Person:**

**Is Liquor Being Served?** \_\_\_\_\_

Name: \_\_\_\_\_

Yes

No

Street Address: \_\_\_\_\_

**Is Food Being Served?** \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Yes

No

Telephone: \_\_\_\_\_

**Licensee Signature** \_\_\_\_\_

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:**     \$100     Per Event

Coverage does **not** apply to certain events such as, but not limited to:

- Sporting events including tournaments & camps
- Any carnival event
- Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
- Fireworks & fireworks displays
- Events where a fee or admission is charged, unless all proceeds go to charity
- Events organized or operated by professional promoters/performers
- Events with attendance of more than 1,000 persons
- Events which exceed 72 hours in duration
- Events involving pool or lake activities
- Events involving recreational vehicles
- Events involving political rallies
- Events involving "BYOB" (Bring your own bottle)
- Events involving inflatable Amusement Device (unless pre-approved/flat charge of \$250 applies)

**NOTIFICATION OF AN EVENT MUST REACH CATHOLIC MUTUAL  
AT LEAST 30 DAYS IN ADVANCE OF THE EVENT.**

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

Approving Location: Diocese of Beaumont

ATTN: BEVERLY ESCAMILLA  
FAX NO.: 409-838-4511

***Please make check payable to: Diocese of Beaumont***

**COMPLETE & RETURN THIS FORM, LICENSE AGREEMENT & CHECK TO:**

**Department of Financial Services  
P.O. Box 3948  
Beaumont, TX 77704**

***Please fax incident report for claims to Department of Financial Services at 409-924-4396***

**DISTRIBUTION:** Original: Dept of Financial Services (Diocese of Beaumont), Copies to Licensee and Parish /School/Entity