

DIOCESE OF PHEONIX - 0269
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: \$95 Per Event (Overnight Stays - \$125)

TO AVOID DELAY OR DENIAL OF COVERAGE, PLEASE ENSURE THAT EVERY FIELD IS COMPLETED.

Name of Parish or Institution: _____

Date of Event: _____

Type of Special Event (Example: wedding reception, anniv. party, etc. If it's a FUNDRAISER, be specific about what is occurring):

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

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

Phone No.: _____

Time of Event: From _____ To _____

Lessee (Additional Insured) Information:

Approximate Number of Participants: _____

Name of Sponsoring Organization or Individual Requesting Coverage

(Please Print Lessee Name(s) or Organization)

Is Food Being Served? _____
Yes _____ No _____

Lessee (Additional Insured) Contact Person:

Is Liquor Being Served? _____
Yes _____ No _____

Name: _____

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.

Street Address: _____

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

Telephone: _____

Does this event require the additional coverage? _____ Yes _____ No

To receive approval notification please print e-mail(s):
(Please Print E-mail(s) Clearly)

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, 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

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.)

MAKE CHECK PAYABLE TO:
DIOCESE OF Pheonix

RETURN WITH FORM TO:

Catholic Mutual Group
Attn: Kathy Tuley
400 E. Monroe
Pheonix, AZ 85004
E-mail: ktuley@catholicmutual.org
Phone: 602-354-2181 / Fax: 602-354-



1712 Magnavox Way
P.O. Box 2338
Fort Wayne, Indiana 46801
(800) 553-8368 Fax (260) 459-5624
www.kandkinsurance.com
CA #0334819

LIQUOR LIABILITY INSURANCE FORM

1. Named Insured as it is to appear on policy: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ E-mail Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

2. Name Liquor License is in: _____

3. Liquor License Number: _____ Class of License: _____

4. Opening and closing hours of event(s) (for each event): _____

5. Opening and closing hours of alcoholic beverage sales (for each event, must contain a minimum 1/2 hour buffer): _____

6. Has applicants' alcohol beverage license ever been revoked or suspended? 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. Has applicant ever been fined by alcoholic beverage control or other governmental regulator? Yes No

If yes, please explain: _____

10. Type of alcohol beverages sold: _____ What proof: _____

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No

If yes, what type: _____

13. Do you maintain security personnel at event entry check points? Yes No

If yes, what type: _____

Do they exercise the right of search and seizure of contraband items Yes No

If yes, how do they notify the public of this?: _____

14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? Yes No

15. If site is completely enclosed, are minors allowed to enter? Yes No

16. Are the servers professional (two years bartending experience or more) Yes No

Are the servers non-professional (no bartending experience) Yes No

Explain: _____

17. Do the servers receive any type of alcohol awareness training? Yes No

Explain: _____

18. At what location are I.D.'s checked? _____

19. Are rules and regulations clearly displayed for patrons' viewing? Yes No
 Explain: _____

20. In what size container is the alcoholic beverage served at each event? Cup _____ oz. Pitcher Other: _____

21. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Yes No
 (We require maximum of two per person per trip) Explain: _____

22. Is there any type of designated driver program in effect? Yes No
 Explain: _____

23. Is there any other underlying Liquor Liability coverage being provide? Yes No
 If yes, explain and attach a copy of the certificate of insurance: _____

24. Limits of Liquor Liability purchased? Yes No
 If yes, what is the additional limit? _____

Comments: _____

I understand that K&K Insurance Group, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insureds or an insureds property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Information Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Information Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

I also understand that this is not an application for insurance and that no insurance is or will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

Signature: _____ Date: _____

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah

Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.



Sexual Abuse or Sexual Molestation Liability Coverage Request Supplemental Questionnaire

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Remit completed questionnaire with payment

GENERAL INFORMATION

I am a new account

I am renewing my coverage

Named insured (as it should appear on the policy): _____
(the legal name of the business or organization; typically the name that would appear on any contracts or agreements)

Doing business as (DBA): _____
(additional name(s) under which the named insured operates)

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

DATES

Coverage will begin the day after coverage is bound or on a later date you specify below. Coverage will expire on the same day as your K&K RPG commercial general liability program coverage. (If renewing coverage, please provide the expiration date of your current policy).

Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION

Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? Yes No

2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No

a. Are you aware of any occurrences that could lead to a claim? Yes No

If yes to 2. or 2.a., please explain: _____

3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No

a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No

b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member? Yes No

c. Do the written procedures establish and require adherence to the "three person rule"? Yes No

("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.)

If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities? Yes No

4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.

Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

The term "Volunteers" in the following questions means someone who exerts control over or supervises participants.

Please Complete All Questions	Employees (Check Here if No Employees <input type="checkbox"/>)	Volunteers (Check Here if No Volunteers <input type="checkbox"/>)
Are written applications required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes and applicant checks yes, do you reject the applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are background checks provided by a third party vendor/service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please explain any NO responses: _____

Submit completed questionnaire to K&K. Upon receipt we will review and, if accepted, will provide you with a quotation. Premium payment is needed in order to bind coverage.

- E-mail KK_MassMerchandising@kandkinsurance.com
- Fax 1-260-459-5995
- Mail

Regular: K&K Insurance Group, Inc.
 MM RPG Programs
 P.O. Box 2338
 Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Group, Inc.
 MM RPG Programs
 1712 Magnavox Way
 Fort Wayne, IN 46804