



### PARISH OR INSTITUTION

NAME:  PHONE:

MAILING ADDRESS:

CITY:  STATE:  ZIP CODE:

### ORGANIZATION / CONTACT (LESSEE)

ORGANIZATION OR INDIVIDUAL REQUESTING COVERAGE:

PHONE (Please include area code):  EMAIL:

MAILING ADDRESS:

CITY:  STATE:  ZIP CODE:

### EVENT INFORMATION

EVENT NAME:  NUMBER OF PARTICIPANTS:

EVENT DATE: From:  To:  EVENT TIME: From:  To:

TYPE OF SPECIAL EVENT (Example: wedding reception, anniversary party, etc. If it's a fundraiser, be specific about what is occurring):

### EVENT DETAILS

IS FOOD BEING SERVED?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
IS LIQUOR BEING SERVED?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF YES:</b> 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 <b>LIQUOR LIABILITY</b> coverage by separate application.	<b>IF NO:</b> 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.
IS THIS AN OVERNIGHT EVENT?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF YES:</b> State Hours:	
DO YOU WANT TO APPLY FOR EVENT INSURANCE?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF YES:</b> See Payment Instructions (Over)	<b>IF NO:</b> Please supply Certificate of Insurance naming Roman Catholic Church in the State of Hawaii as additional insured.

SIGNATURE:  DATE:



## GENERAL CONDITIONS

### APPLICANT PROCESS

CATHOLIC MUTUAL MUST RECEIVE APPLICATION AT LEAST 15 DAYS PRIOR TO EVENT.  
DO NOT SUBMIT APPLICATIONS MORE THAN 6 MONTHS IN ADVANCE.  
Questions should be addressed to Catholic Mutual Member Services Department at 800-228-6108.

### 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 next page](#) for purchase options).  
• Coverage provided is per event (not per claim). *Submission of application does not bind coverage — all events are subject to approval.*

#### COST OF COVERAGE:

\$95 per event (Overnight Stays — \$125) Subject to Change  
Coverage underwritten by Nationwide Mutual Insurance Company;  
Policy No. on file with C.M.G. Agency, Inc.

#### DEFENSE COSTS FOR SEXUAL MISCONDUCT OR 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.

### LIMITATIONS

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

1. Any carnival event
2. Fireworks and firework displays
3. Events involving "BYOB" (Bring Your Own Bottle)
4. Events involving pool or lake activities
5. Events involving recreational vehicles
6. Rap/Hip-Hop/Alternative music (non-religious bands)
7. Event organized or operated by professional promoters/performers
8. Organized sporting events, including tournaments and camps (some sporting activities are allowed and must be pre-approved)
9. Events where a fee or admission is charged, unless all proceeds go to charity
10. Political rallies
11. Amusement rides, including mechanically operated devices, trampolines, and rebounding devices
12. Events which exceed 72 hours in duration

### ADDITIONAL CHARGES

- Events which exceed 3 days in duration (charge TBD)
- Inflatable amusement devices (must be pre-approved, picture required. Minimum charge of \$100 per inflatable applies; each device is underwritten; charge is determined by size and potential risk.)
- Events that exceed 1,000 in attendance (charge TBD)

### CHECK PAYMENT: DIOCESE OF HONOLULU

Submit form and check to:  
Chancery Office  
1184 Bishop Street  
Honolulu, HI 96813  
CC: Catholic Mutual Group