DIOCESE OF SPRINGFIELD

Special Event Insurance Request Form

Parish/Institution Information

NAME:	
ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
TELEPHONE #:	
EMAIL ADDRESS:	
*Insurance Certificates wil	be sent via email. Please make sure to provide a valid email address for the Parish.
Lessee Information	(Person requesting Special Event Coverage)
NAME:	
ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
TELEPHONE #:	
Event Information	
DATE OF EVENT:	
TYPE OF EVENT:	
TIME OF EVENT:	□AM / □PM TO □AM / □PM
APPROX. NUMBER O	
PARTICIPANTS	
IS LIQUOR BEING SERVED?	☐ Yes ☐ No What kind of liquor is being served? ☐ Beer ☐ Wine ☐ Liquor Do you need Host Liquor Liability Coverage? ☐ Yes ☐ No
IS FOOD BEING SERVI	ED? □Yes □No
WILL VENDORS OR EXHIBITORS BE PRESE	NT? Vendors: □Yes □ No Exhibitors: □Yes □No

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

- Sporting events including tournaments & camps please contact the office regarding these events
- Amusement rides, including mechanically operated devices, trampolines & rebounding devices
- Events where a fee or admission is charged, unless all proceeds go to charity
- Events involving pool or lake activities <u>please contact the office regarding these events</u>
- 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
- All Bounce houses and Inflatable Amusement Devices and Climbing Walls

If you have any questions, please contact the Office of Fiscal Affairs at 413.452.0696