



SPECIAL EVENTS LIABILITY INSURANCE APPLICATION FORM

■ LOCATION TO BE INSURED

DISC Location Number _____ *(for DISC Office use only)* Please **PRINT!!!**

Name of Parish, School, or Institution _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ *(Include Area Code)* Pastor/Administrator _____

■ APPLICANT

Name of Party Requesting Coverage _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Home Telephone _____ *(Include Area Code)* Daytime Telephone _____ *(Include Area Code)*

■ NON-DIOCESAN/NON-PARISH EVENT INSURED

Date _____ Time of Event: *From* _____ *until* _____

Type of Event *(reception, banquet, shower, etc.)* _____

Approximate Number of Participants _____ Is food being served? ___ No ___ Yes

Are alcoholic beverages, including beer or wine, being served? ___ No ___ Yes

NOTE: The **SELLING** of any alcoholic beverage at your event is **STRICTLY PROHIBITED!!**

The Ohio Department of Liquor Control allows and requires only non-profit charitable institutions to obtain a temporary beer/wine/liquor permit for each event held where such alcoholic beverages are sold and served. Although there may be no direct charge made for a drink served, the Ohio Attorney General and State Liquor Control authorities consider it selling liquor even if it is included as part of an admission ticket price *(Ohio Revised Code 4307.58)*. The process of remuneration for alcohol remains although it is indirect or through advance arrangements. The insurance product being applied for in this application DOES NOT cover any event where alcohol is SOLD!

Will security be present? ___ No ___ Yes If so, how many security officers? _____

Premium: \$100 *(One calendar day/twenty-four hours)* Twelve or less events Premium: \$275
 Notification of an event must reach DISC no less than 48 hours in advance to obtain coverage

■ LIMITS OF LIABILITY ■

\$500,000 combined single limit per occurrence *(Host liquor liability included)*

Make checks payable to: "DIOCESAN INSURANCE SERVICE CORPORATION" or "D.I.S.C."

Complete and return this form along with payment to:

DIOCESAN INSURANCE SERVICE CORPORATION
 1100 CHESTER AVENUE, SUITE 300 • CLEVELAND, OHIO 44115-1404
 (216) 621-2242