## Diocese of Shreveport Application for Special Events Coverage

Name of Parish, School, or Agency:	Date of Event:		
Street Address:	Type of Event (Example: Wedding Reception Anniversary Party, Etc Please Specify):		
City, State, Zip Code:		· · · · · ·	
Phone:			
Contact Person:	Time of Event: F	rom:	То:
(printed name) Lessee (Additional Insured) Information: Name of Sponsoring Organization and/or Individual Requesting Coverage:	Approximate Number Will there be Liquor at		No
Street Address:	Is Liquor being sold, ir provided at a fundraise	er?	of admission, or
City, State, Zip Code:	If yes, a separate, addition	Yes onal Liquor Liability pol	No licy is required.
Telephone:	Is Food Being Served	? Yes	No
Lessee Signature	Overnight Event?	Yes	No
This coverage is underwritten by Great American Assurance Company.			
Cost of Coverage: \$125 Per Event (Need Prior Underwritting Approva   Coverage does not apply to certain events such as, but not limited to - Amusement rides, mechanically operated devices, trampolines, & rebo   - Events where a fee or admission is charged, unless all proceeds go to - Events organized or operated by professional promoters/performers   - Events with attendance of more than 1,000 persons   - Sporting events including tournaments & camps   - Events which exceed 72 hours in duration   - Events involving pool or lake activities   - Events involving recreational vehicles   - Fireworks & fireworks displays   - Any Carnival Event   - Liquor Liability (Dram Shop) coverage	I) (Need o: unding devices charity For Company Use onl		Approval)
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Please report all claims to K & K Insurance Group, Inc. Claims department at 1-800-237-2917

rev 7/2008

## All Events must be reported 15 days prior to effective date.