



# Protected Self-Insurance Program SPECIAL EVENT COVERAGE

**THIS FORM MUST BE SUBMITTED  
AT LEAST TWO WEEKS PRIOR TO THE EVENT**

\_\_\_\_\_  
*Name of Parish or Institution*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Name of Sponsoring Organization or Individual Requesting Coverage as Additional Insured*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Description of Special Event*

\_\_\_\_\_  
*Date of Event*

\_\_\_\_\_  
*From:  
Time of Event*

\_\_\_\_\_  
*To:*

\_\_\_\_\_  
*Approximate Number of People at Event*

Will liquor be available at the event?

Yes

No

Will food be served at the event?

Yes

No

*I attest that the information submitted is true and complete to the best of my knowledge and that I have read and understand the restrictions and information provided at the bottom of this page.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Special Events Coverage is provided through the Cincinnati Insurance Company. **The cost of coverage is \$150.00 per day**, and the limits of general liability coverage including host liquor liability is \$1,000,000.00 combined single limits. **Special Events Coverage may not be used when liquor is available via cash bar, donations, or included in the price of admission or ticket sales, nor may it be used for athletic or sporting events.** It is understood that the insurance coverage in every respect is subject to the provisions of the actual policy on file in the Protected Self-Insurance Program Office.

**Complete, sign, and return this form and the license agreement with payment to:**

**Protected Self-Insurance; PO Box 30; Swanton, Ohio 43558. Make check payable to: Diocese of Toledo.**