DIOCESE OF SPRINGFIELD

Special Event Insurance Request Form

Parish/Institution Information

NAME:		
ADDRESS:		
CITY:		
STATE:		
ZIP CODE:		
TELEPHONE #:		
EMAIL ADDRESS:		
*Insurance Certificates v	will be ser	nt via email. Please make sure to provide a valid email address for the Parish.
Lessee Information	on (Per	son requesting Special Event Coverage)
NAME:		
ADDRESS:		
CITY:		
STATE:		
ZIP CODE:		
TELEPHONE #:		
Event Information		
DATE OF EVENT:		
TYPE OF EVENT:		
TIME OF EVENT:		AM /PM TOAM /PM
APPROX. NUMBER OF		
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 SERVED?		□Yes □No
WILL VENDORS OR EXHIBITORS BE PRESENT?		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 413.452.0513