

LIABILITY INSURANCE FOR THE EVENTS OF OUTSIDE USERS AT DIOCESE OF SACRAMENTO FACILITIES

INSTRUCTIONS: 1) Complete this form – provide all information requested, make 3 copies 2) One copy is for the Outside User, 3) One copy for your file, 4) Immediately mail the original white and one copy to the Chancery office with the payment check.

(Be sure the check is made payable to "The Diocese of Sacramento".)

Parish or Agency (Additional Insured - Lessor) _____ Street Address _____ City _____ Zip _____

Facility/Building (i.e. Hall, School Gym, ...) To be used and address if different from above. _____

Sponsoring Organization or Individual Lessee _____ Type of Event (reception, meeting... Please specify.) _____
(Named Insured)

Contact Person(s) _____ Date of Event _____

Address _____ City _____ Telephone _____ Time of Event _____

Liquor being served ___ Yes ___ No Food being served ___ Yes ___ No Number of Participants: _____

Liquor Sold? ___ Yes ___ No If Yes, Liquor Liability must be purchased – see below

*Coverage is provided only for the event and dates specified above.
Prompt notification to the program administrator of any loss or incident is required.*

Date of Request _____

Signature of Outside User/Named Insured _____ Signature of Pastor, Parish Administrator or Diocesan Representative
acknowledging receipt of completed request, payment & Short Term Use Agreement.

Liability Insurance Coverage provided by: Everest National Insurance Company
Limit of General Liability coverage: \$1,000,000 per Occurrence
Host Liquor Liability: Included
Liquor Liability: Additional Premium Required (see below)

Cost of Coverage/Premium (Check one)/per day:
 _____ 1 TO 100 DAILY ATTENDANCE\$150 _____ LIQUOR LIABILITY INCLUDED.....\$250
 _____ 101 TO 500 DAILY ATTENDANCE.....\$175 _____ LIQUOR LIABILITY INCLUDED.....\$375
 _____ 501 TO 1500 DAILY ATTENDANCE.....\$225 _____ LIQUOR LIABILITY INCLUDED.....\$500
 NUMBER OF DAYS: _____ TOTAL PAYABLE \$ _____

This notification of an event *must* reach the CHANCERY AT LEAST SEVEN (7) DAYS PRIOR TO THE EVENT

REMIT COMPLETED FORM AND PAYMENT TO:

Diocese of Sacramento
2110 Broadway
Sacramento, CA 95818-2541
Attn: Insurance Department

PROGRAM ADMINISTRATOR:

Arthur J. Gallagher & Co. Insurance Brokers
P. O. Box 7443
San Francisco, CA 94120-7443
Phone: (415) 546-9300