

Application for Special Events Coverage for Recurring Meetings

Archdiocese/Diocese of: _____

Date(s) of Meeting(s): _____

Example: 1st Monday of month, 2nd/4th Thursday, etc.

Name of Parish,
School, or Agency: _____

Type of Meeting (Example: Support Groups,
Community Organizations, Home Owners Assoc., Etc. - Please Specify): _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____

Meeting Time: From: _____ To: _____

Contact Person: _____
(printed name)

Approximate Number of Participants: _____

Lessee (Additional Insured) Information:

Number of meetings per month: _____

Organization Name: _____

Is Food Being Served? (not including light refreshments.)
Yes No

Contact Person: _____

Street Address: _____

Coverage is not afforded for alcohol through this program.
See below for additional exclusions.

City, State, Zip Code: _____

Telephone: _____

Lessee Signature _____

The Special Events coverage provides \$1,000,000 Combined Single Limit Bodily Injury, and Property Damage coverage per event (not per claim). This coverage is underwritten by Nationwide Mutual Insurance Company

Please use the chart to the right to determine the event class and corresponding cost of coverage:

Class _____ Cost of Coverage _____

	Participants	Frequency	Cost
Class A	One - 50	Monthly	\$200
Class B	51-250	Monthly	\$300
Class C	One - 50	Bi-Monthly	\$250
Class D	51-250	Bi-Monthly	\$350
Class E	One - 50	Weekly	\$300
Class F	51-250	Weekly	\$400

Coverage does not apply to certain events such as, but not limited to:

- Amusement rides, mechanically operated devices, trampolines, & rebounding devices
- Events where a fee or admission is charged, unless all proceeds go to charity
- 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
- Liquor Liability (Dram Shop) coverage
- Any Carnival Event

For Company Use only:

**NOTIFICATION OF AN EVENT MUST REACH ARTHUR J. GALLAGHER
AT LEAST 15 DAYS IN ADVANCE OF THE EVENT**

ALL EVENTS NEED PRIOR APPROVAL BY K & K Insurance Group, Inc.

COMPLETE AND RETURN THIS FORM TO:

**Once the application is reviewed and approved
an invoice will be sent out:**

Katie Navin

Please do not send cash.

E-mail: Katie_Navin@ajg.com
Phone: (630) 228-6665
Fax: (630)285-4062

Please report all claims to K & K Insurance Group, Inc. Claims department at 1-800-237-2917

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