

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

INSTRUCTIONS: 1) Complete this form and 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 (Named Insured) _____ Type of Event (reception, meeting... Please specify.) _____

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.**

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

Date _____

Date _____

Liability Insurance Coverage provided by:	Employers Fire Insurance Company
Limit of General Liability coverage:	\$1,000,000 per Occurrence
Host Liquor Liability:	Included
Liquor Liability:	Additional Premium Required (see below)
Third Party Property Damage Limit:	\$1,000,000 Each Occurrence / Aggregate
Third Party Property Damage Deductible:	\$250 Per Claim
Terrorism Coverage:	Included

Cost of Coverage/Premium (Check one)/per day:

1 TO 100 DAILY ATTENDANCE\$150	LQUOR LIABILITY INCLUDED.....\$250
101 TO 500 DAILY ATTENDANCE\$175	LQUOR LIABILITY INCLUDED.....\$375
501 TO 1500 DAILY ATTENDANCE...\$225	LQUOR 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 Risk Management Services
P.O. Box 7443
San Francisco, CA 94120-7443
Phone: (415) 546-9300