



**Roman Catholic Diocese of Austin
Application for Special Events Coverage**

Date of Event: _____

Event Sponsor:

Name of Organization: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone (including area code): _____

Email Address: _____

Location Information:

Parish Name: _____

Address: _____

City, State, Zip: _____

Phone (including area code): _____

Email Address: _____

Name of Person completing this application: _____

Print Your Name

Date: _____

Eligible Events

- **Anniversary Party**
- **Auction**
- **Awards Banquet**
- **Awards Presentation**
- **Baby Shower**
- **Bake Sale**
- **Band Concert**
- **Banquet**
- **Bazaar**
- **Beauty Pageant**
- **Benefit**
- **Bingo**
- **Birthday Party**
- **Bridal Shower**
- **Business Meeting**
- **Carnival
(no amusement devices)**
- **Choir Concert**
- **Concert
(Bluegrass, Classical,
Country and Western,
Pop Rock)**
- **Dance**
- **Debutante Ball**
- **Dinner**
- **Dinner Theater**
- **Demonstration**
- **Drawing**
- **Engagement Party**
- **Exposition**
- **Family Gathering**
- **Festival**
- **Graduation Party**
- **Holiday Party**
- **Lecture**
- **Luncheon**
- **Meeting**
- **Quinceanera**
- **Rehearsal Dinner**
- **Religious Assembly**
- **Retirement Party**
- **Reunion**
- **Wedding Reception**
- **Wine Tasting**
- **Workshop**

Desired coverage dates (including setup and teardown):

MM/DD/YYYY MM/DD/YYYY

Provide Attendance Information:

Number of consecutive event days (not including set-up or tear-down): _____

Estimated daily attendance of this event: _____

Are overnight accommodations part of the event? Yes No

Is there a live musical performance at this event? Yes No

Alcoholic beverages are (select one):

- Not available at the event
- Furnished without a charge
- Sold
- Both sold and furnished without a charge

Is the insured required to obtain a liquor license/permit? Yes No

Does the insured event have any concessionaires, exhibitors or vendors? Yes No

Do the concessionaires, exhibitors or vendors currently have coverage? Yes No

Does the event have any of the following activities? Yes No

- Rides, mechanical amusement devices, inflatable recreational devices, dunk tanks, bungee operations/equipment
- Petting zoos or animals owned, rented or hired by the insured
- Fireworks/pyrotechnics

These activities are not covered by this program and resulting claims will be denied. You may continue to purchase coverage with the understanding that these activities are excluded. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an Additional Insured.

Accept & continue Decline

Catholic Diocese TULIP – Ineligible Operations

The following events/activities are ineligible for enrollment in this program and no coverage will be provided.

- | | |
|---|--|
| <ul style="list-style-type: none">● Activist rallies/marches/literature distribution● Athletic events and competitions *● BYOB *● Cinematography & photography for commercial use● Concerts *● Day Care Operations● Events held on an airport premises● Events providing room accommodations and/or camping as part of the event● Gun/knife shows● Haunted attractions | <ul style="list-style-type: none">● Historical battle reenactments● In-or-on water activities (pools, lakes, rivers, etc)● Mazes (corn/hay/fence) (pools, lakes, rivers, etc)● Motorized vehicle/motorcycle/ watercraft practicing for qualifying for or testing for any racing speed, demolition or stunting activity● Parades *● Rodeos * (activities including, but not limited to bull or bronco riding, roping activities, or barrel racing) |
|---|--|

- Are any of the above events/activities offered ○ Yes ○ No

Warranty and Disclosure Statement

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. K&K reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided. The information I provided on the enrollment form becomes a part of the insurance contract.

Compensation and Other Disclosure Information

K&K Insurance Group, Inc. (“K&K”) is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another their party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and condition including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and

compensation expected to be received based in whole or in part of any alternative quotes presented to the

○ I have agreed to all of the above terms

Name of person completing this form:

First name: _____

Last name: _____