DIOCESE OF CHARLOTTE
OUTSIDE USER/SPECIAL EVENTS COVERAGE

Attachment B

Name of Parish or Institution	**Street Address City Zip**
Name of Location/Building	**Address To Be Used**
Name of Sponsoring Organization or Lessee (To Be Named Insured)*	**Type of Special Event (Example: Wedding, Individual Meeting, etc.) Please Specify.**
Contact Person(s)	**Address City Telephone**
Specify Date(s) of Event	**Time of Event**
Is Liquor Being Served? _____ **Yes/No**	**Is Food Being Served?** _____ **Yes/No**

Approximate Number of Participants _____

THIS NOTIFICATION OF AN EVENT MUST REACH THE DIOCESAN OFFICE AT LEAST SEVEN (7) DAYS PRIOR TO THE EVENT

Special Events coverage through:
Cost of coverage:
Limits of General Liability Coverage:
Host Liquor Liability:
Each Claim for Bodily Injury and Property Damage:

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

***Named Insured (See Above) Lessee**	**Additional Insured (Parish or Diocesan Entity)**

Signature of Named Insured
Sponsoring Organization Representative
Signature of Pastor/Parish Administrator or
Diocesan Representative

_____
_____

COMPLETE AND SIGN THIS FORM AND REMIT PAYMENT OF _____ TO:
Diocese of Charlotte
Attn: Rev. Mr. Guy Piche
P. O. Box 36776
Charlotte, NC 28236

Parish Instructions: 1) Make four (4) copies of this form when completely filled out; 2) Give the outside user's contact person one (1) copy; 3) Keep one for your file; 4) Mail the original form and two (2) copies to the Chancery with the payment check. Be sure the check is payable to the "Diocese of Charlotte".