

**Application for Special Events Coverage**  
**(Liquor Sales)**

Archdiocese/Diocese of: _____	Date of Event: _____
Name of Parish: School, or Agency: _____	Type of Event (Example: Wedding Reception Anniversary Party, Etc. - Please Specify): _____
Street Address: _____	_____
City, State, Zip Code: _____	_____
Phone: _____	Time of Event: From: _____ To: _____
Contact Person: _____ (printed name)	Approximate Number of Participants: _____
<b>Lessee (Additional Insured) Information:</b>	Will there be Liquor at the event?
Name of Sponsoring Organization and/or Individual Requesting Coverage: _____	Yes <span style="margin-left: 100px;">No</span>
Email: _____	Is Liquor being sold, included in the price of admission, or provided at a fundraiser?
Street Address: _____	Yes <span style="margin-left: 100px;">No</span>
City, State, Zip Code: _____	If yes, a separate, additional Liquor Liability policy is required.
Telephone: _____	Is Food Being Served? Yes <span style="margin-left: 100px;">No</span>
Lessee Signature _____	Overnight Event? Yes <span style="margin-left: 100px;">No</span>

The Special Events coverage provides \$1,000,000 Combined Single Limit Bodily Injury, Property Damage, and Host Liquor Liability coverage per event (not per claim).

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:**

**Marissa Olszewski**  
[Marissa\\_Olszewski@ajg.com](mailto:Marissa_Olszewski@ajg.com)  
Phone: (630) 285-4252  
Fax: (630)285-4062

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

**Please do not send cash or checks**

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.**