



**CATHOLIC DIOCESE OF
ARLINGTON**

Office of Risk Management

200 North Glebe Road, Suite 630 • Arlington, VA 22203
Office (703) 841-2503 • Fax (703) 778-9118
riskmanagement@arlingtondiocese.org

**APPLICATION FOR RENTER'S LIABILITY COVERAGE
LESSEE MUST ALSO COMPLETE A FACILITY USE AGREEMENT**

Parish/School LOCATION for Event:

Street Address: _____

City/State: _____ ZIP Code: _____

Contact at Parish/School LOCATION:

Name _____

Email _____

Date of Event: _____

If multiple days, enter start date and end date.

Time of Event: _____

START TIME

END TIME

Type of Event (e.x.: Wedding Reception, Anniversary Party, Baptism, etc.) Please be specific, not just party.:

LESSEE (Additional Insured) Contact:

Name: _____

Street Address: _____

City/State: _____ ZIP Code: _____

Telephone #: _____

LESSEE Email Address for Approval Confirmation:

Approximate # of Participants: _____

Is Liquor Being Served YES NO

Is Food Being Served YES NO

Total Charge: \$130 Per Event

Cost of Coverage: \$90 per event
Administration and Processing Fee: \$40 per event

***Cancellation: 24 hour advance notice must be received by The Office of Risk Management for refund consideration**

Renter's Liability provides \$1,000,000 Combined Single Limit Bodily Injury, Property Damage, and Host Liquor Liability Coverage.

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

- Any carnival event sponsored by a diocesan parish or school
- Amusement rides, including mechanically operated devices, trampolines and rebounding devices
- Fireworks and fireworks displays
- Parties serving alcohol without a state permit when required
- Events organized or operated by professional promoters/performers or chartered organizations
- Events with attendance of more than 1,000 persons
- Events involving pool or lake activities
- Events involving recreational vehicles

APPLICATION MUST BE RECEIVED BY THE OFFICE OF RISK MANAGEMENT AT LEAST 15 DAYS IN ADVANCE OF THE EVENT

COVERAGE IS SUBJECT TO APPROVAL BY WALDORF & ASSOCIATES AGENCY

This coverage is underwritten by Underwriters at Lloyd's

Checks should be made payable and submitted to:

**Catholic Diocese of Arlington
c/o Office of Risk Management
200 North Glebe Road, Suite 630
Arlington, VA 22203**

Signature of Applicant (LESSEE): _____

Signature of Parish/School (LOCATION): _____