

**Diocese of Ogdensburg**  
**Insurance Program – “Special Events Coverage”**

**Please Complete ALL information on this form.**

Name of Parish/Contact Person: \_\_\_\_\_

Parish Address: \_\_\_\_\_

Name of Sponsoring Organization or Individual Requesting Coverage (Additional Insured)

\_\_\_\_\_

Type of Event (Wedding, Bazaar): \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Contact Person, Address, City, Phone: \_\_\_\_\_

\_\_\_\_\_

Is Liquor Being Served?  Yes  No

Is Food Being Served?  Yes  No

Estimated No. of Attendees: \_\_\_\_\_

**Notification of an Event must reach Diocese Office at Least 24 hours in advance of the Event.**

“Special Events” Coverage Carrier: Great Divide Insurance Company

Cost of Coverage: Class 1 \$100 for 1-100

Class 1 \$120 for 101-500

Class 1 \$175 for 501-1,500

If other than Class 1 Refer to Attached Schedule

Limit of Liability: \$1,000,000, including host liquor liability

Complete and return this form with Payment to:

Rita Tulip  
PO Box 369  
604 Washington Street  
Ogdensburg, NY 13669

***Make check payable to: Diocese of Ogdensburg***