



**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

Name of Parish/School: _____

Date of Event: _____

Street Address: _____

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

City/State: _____ **ZIP Code:** _____

Time of Event: _____

Lessee (Additional Insured) Contact:

Name: _____

Approximate # of Participants: _____

Street Address: _____

Is Liquor Being Served YES NO

City/State: _____ **ZIP Code:** _____

Is Food Being Served YES NO

Telephone #: _____

Parish/School Contact:

Email Address for Approval Confirmation: _____

Name _____

Email _____

LESSEE MUST ALSO COMPLETE A FACILITY USE AGREEMENT.

Total Charge: \$130 Per Event

Cost of Coverage: \$90 per event

Administration and Processing Fee: \$40 per event

***You must notify the Office of Risk Management at least 24 hours in advance if the event is cancelled to be considered for a refund**

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

NOTIFICATION OF AN EVENT MUST REACH 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): _____

Name and Title of Parish/Institution Administrator: _____