



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:
Street Address:
City/State: ZIP Code:

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

Lessee (Additional Insured) Contact:
Name:
Street Address:
City/State: ZIP Code:
Telephone #:
Email Address for Approval Confirmation:

Time of Event:
Approximate # of Participants:
Is Liquor Being Served YES NO
Is Food Being Served YES NO
Parish/School Contact:
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: