

<b>For Office Use Only</b> Paid \$100 _____ Check # _____ By _____
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**DIOCESE OF ALTOONA-JOHNSTOWN  
INSURANCE PROGRAM**

**FACILITY EVENT COVERAGE – USERS LIABILITY**

**COMMERCIAL GENERAL LIABILITY PART**

**PLEASE PROVIDE ALL INFORMATION REQUESTED ON THIS FORM:**

**SPONSORS NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**EVENT LOCATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EVENT DESCRIPTION:** \_\_\_\_\_  
(Wedding Reception, Reunion, Banquet, Shower, etc.)

**NUMBER OF PARTICIPANTS :** \_\_\_\_\_ ( APPROXIMATELY)

**IS LIQUOR BEING SERVED:** YES \_\_\_\_\_ NO \_\_\_\_\_

**IS FOOD BEING SERVED:** YES \_\_\_\_\_ NO \_\_\_\_\_

**DATE OF EVENT:** \_\_\_\_\_

**TIME OF EVENT:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**Liquor Served** Cost of Coverage: \$100 per Event/Per Day

**Limit of Liability:** \$1,000,000 Single Limit Including Host Liquor

**COMPLETE AND RETURN THIS FORM TO:**

**DIOCESE OF ALTOONA-JOHNSTOWN  
FINANCE OFFICE  
2713 WEST CHESTNUT AVE.  
ALTOONA, PA 16601**

**MAKE CHECKS PAYABLE TO: DIOCESE OF ALTOONA-JOHNSTOWN**

**KEEP ONE COPY OF THIS FORM FOR YOUR RECORDS**