

For Office Use Only Paid \$100_____
Check #_____
By_____

**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: _____

Cost of Coverage: \$100 Per Event/Per Day
Deductible: \$250 Per Claim
Limit of Liability: \$100,000 Single Limit Including Host Liquor

COMPLETE AND RETURN THIS FORM TO:

**DIOCESE OF ALTOONA-JOHNSTOWN
FINANCE OFFICE
927 S. LOGAN BOULEVARD
HOLLIDAYSBURG, PA 16648**

MAKE CHECKS PAYABLE TO: DIOCESE OF ALTOONA-JOHNSTOWN

KEEP ONE COPY OF THIS FORM FOR YOUR RECORDS