

# Ecclesiastical Province of Miami

Catholic Diocese Tenant User Liability Insurance Program Guide

K&K Insurance

June 2024



**Gallagher**

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This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to K&K.



# Catholic Diocese Tenant User Liability Insurance Program (TULIP) Overview

This insurance program has been specifically designed for the organizers of short-term special events that meet the following criteria:

- Maximum total attendance is 1,000 or less.
- Maximum number of consecutive event days (not including set-up or tear down) is 9.
- Event is held at a single location.
- Event location must be held in the U.S.

## Eligible Operations

- Anniversary party
- Auction
- Awards banquet
- Awards presentation
- Baby shower
- Bake sale
- Ball (Dance)
- Ballet
- Band Concert
- Banquet
- Baptism
- Bazaar
- Beauty Pageant
- Benefit
- Bingo
- Birthday party
- Book sale
- Breakfast
- Bridal Show
- Bunco
- Business Meeting
- Carnival (no amusement devices)
- Casino Game
- Choir Concert
- Christening
- Concert (Bluegrass, Classical, Country and Western Pop Rock)
- Conference
- Confirmation
- Convention
- Cook-Off
- Corn Hole
- Dance
- Debutante ball
- Demonstration
- Dinner
- Dinner Theater
- Drawing
- Garage Sale
- Graduation
- Graduation party
- Holiday Party
- Instructional Class
- Job Fair
- Lecture
- Luncheon
- Meeting
- Memorial service
- Musical Concert
- Open House
- Opera
- Pageant
- Picnics w/out Pool or Lake
- Play
- Poker
- Prom
- Quinceanera
- Raffle
- Recital
- Rehearsal Dinner
- Religious Assembly
- Retirement party
- Reunion
- Rummage Sale
- School Band/Drill Competition
- Scrapbooking
- Seminar
- Show (Antique, Art, Automobiles, Boat, Craft, Dance, Fashion, Fishing, Flower, Garden, Holiday, Home, Quilt, Stage Performance, Talent)
- Sidewalk Sale
- Social Reception
- Speaking Engagement
- Tea Party
- Telethon
- Trade Show
- Trivia Night



- Engagement party
- Exposition
- Family gathering
- Festival
- First Holy Communion
- Food Concessions
- Funeral Service
- Voter Registration
- Wake
- Wedding
- Wedding reception
- Wine Tasting
- Workshop

**Ineligible for this program:**

Certain event types are not eligible for coverage by this program. **K&K** reserves the right to decline any request for coverage.

The ineligible event types include, but are not limited to the following (and are excluded from coverage):

- Activist rallies/marches/literature distribution
- Athletic events and competitions\*
- BYOB\*
- Cinematography and photography for commercial Use
- Concerts\*
- Day Care Operations
- Events providing room accommodations and/or camping as part of the event
- Events held on airport premises
- Events involving or including Drones
- Gun and/or knife shows
- Haunted attractions
- Historical battle reenactments
- In-or-on water activities (pool, lakes, rivers, etc.)
- Mazes (com/hay/fences)
- Motorized vehicle/motorcycle/watercraft practicing for, qualifying for, or testing for any racing speed, demolition on stunting activity
- Parades\*
- Rodeos\* (activities including, but not limited to bull or bronco riding, roping activities, or barrel racing)

\*This event/activity is not available online. Please contact K&K at 800-553-8368.



## Coverages Available & Program Highlights

### Commercial General Liability

- Each Occurrence
- General Aggregate (other than products operations) completed
- Products –completed operations aggregate
- Personal and Advertising Injury
- Damage to Premise Rented to You
- Medical Expense (other than participants)

### Notable Exclusions

- Abuse molestation, harassment, or sexual conduct
- Aircraft/hot air balloon
- Airport
- Amusement devices – the ownership, operation, maintenance, or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable device, any bungee operation or equipment, any vertical device or equipment used for climbing – either permanently affixed or temporarily erected or dunk tank. Amusement devices do not include any video or computer games or structures that are not designed to bounce on, slide on, ride on, or tunnel through.
- Animals – injury or death to any animal; injury, death or property damage caused by an animal owned, rented or hired by you.
- Asbestos
- Commercial General Liability standard exclusions
- Corporal Punishment
- Employment-Related Practices
- Drones
- Fireworks
- Fungi or Bacteria
- Haunted Attractions
- Lead
- Nuclear Energy Liability
- Professional Services
- Rodeos
- Room & Board Liability
- Saddle Animals
- Snowmobile
- Water Hazard

### Preliminary Underwriting Information Required

The following information is required 10 business days prior to the desired effective date:

- Completed and signed enrollment form
- Full premium payment check or credit/debit card.
- A schedule of events/activities or a brochure for this event.
- Certificates of insurance as per requirements on the enrollment form.

Full program eligibility can be found at the below link:

<https://www.kandkinsurance.com/sites/Tulip/pages/Catholic-Diocese-Tulip-Program.aspx>



# How to Purchase Online

\*The Diocese is unable to provide pricing or premiums for this coverage. Follow the instructions below that take you through the process. The website provides pricing prior to purchasing coverage.

To begin the enrollment process, please visit the below website:

<https://www.kandkinsurance.com/sites/Tulip/pages/Catholic-Diocese-Tulip-Program.aspx>

1. Select “Apply Online”

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## Catholic Diocese TULIP Insurance

Event liability insurance for organizers of short-term events held at Catholic parishes that participate in K&K's Catholic Diocese Tenant User Liability Insurance Program (TULIP).

Apply Online

Overview Program Highlights Contact information FAQ

This program offers event liability insurance for approved Catholic Diocese parishes. The following information is required 10 business days prior to the desired effective date:

- Completed and signed enrollment form
- A schedule of events/activities or a brochure for this event
- Full premium payment by check or credit/debit card
- Certificates of insurance as per requirements on the application

For events outside of the Catholic Diocese TULIP program, please visit our [short-term events liability insurance](#) page to apply online.

2. You will need to select your diocese from the drop-down list and click "Search."

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Phone 1-800-553-8368  
Fax 1-260-459-5624  
Claims 1-800-237-2917  
[Ask us a question/E-mail](#)

**Catholic Diocese TULIP Program**


Quote Eligibility Rating Quote

**Login/Register**  
First time users must register in order to save their Quotes & Applications: [Register here](#)  
E-mail   
Password   
  
[Forgot password?](#)

**Get Quote/Buy Policy**  
Select a Program

**Other K&K Sites**  
Select a Category

**Catholic Diocese TULIP – Eligibility**  
Select the Diocese Name, enter the first few letters of the parish name, choose the state of diocese/parish and click the Search button. If your diocese or parish is not listed, please call us at **1-800-553-8368**.

**Select your Diocese/Parish**  
\*Diocese Name:   

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- The list of parishes associated with your diocese will appear. Select your diocese and click “Continue” at the bottom right of the screen.

<input type="radio"/>	Diocese of St. Augustine	St. Pius V Parish	2110 Blue Avenue , Jacksonville
<input type="radio"/>	Diocese of St. Augustine	St. Pius V School	1470 West 13th Street , Jacksonville
<input type="radio"/>	Diocese of St. Augustine	St. Stephen Chapel	2400 E Highway 100 , Bunnell
<input type="radio"/>	Diocese of St. Augustine	St. Therese of the Child Jesus Mission	5430 NW Hwy 41 , Jasper
<input type="radio"/>	Diocese of St. Augustine	St. Vincent De Paul Farm	5985 State Road 16 , St. Augustine
<input type="radio"/>	Diocese of St. Augustine	St. William Church	275 Satsuma Street , Keystone Heights
<input type="radio"/>	Diocese of St. Augustine	St. William Parish	210 SW Peach Street , Keystone Heights



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## Catholic Diocese TULIP Program

**Phone** 1-800-553-8368  
**Fax** 1-260-459-5624  
**Claims** 1-800-237-2917

[Ask us a question/E-mail](#)

Quote 1 Eligibility 2 Rating 3 Quote

### Catholic Diocese TULIP – Eligibility

Select the Diocese Name, enter the first few letters of the parish name, choose the state of diocese/parish and click the Search button. If your diocese or parish is not listed, please call us at 1-800-553-8368.

#### Select your Diocese/Parish

\* Diocese Name:

Please choose from the Diocese/Parishes listed below:

Diocese Name	Parish Name	Address	
<input type="radio"/>	Diocese of St. Augustine	Annunciation Interparish School	1606 Blanding Blvd , Middleburg
<input type="radio"/>	Diocese of St. Augustine	Apostleship of the Sea Ministry	2701-9 Talleyrand Avenue , Jacksonville
<input type="radio"/>	Diocese of St. Augustine	Apostleship of the Sea Ministry	9611 Blount Island Blvd , Jacksonville
<input type="radio"/>	Diocese of St. Augustine	Assumption Parish	2403 Atlantic Blvd , Jacksonville
<input type="radio"/>	Diocese of St. Augustine	Assumption School	2431 Atlantic Blvd , Jacksonville
<input type="radio"/>	Diocese of St. Augustine	Barry Manor	1000 Husson Avenue , Palatka
<input type="radio"/>	Diocese of St. Augustine	Basilica of the Immaculate Conception	121 East Duval Street , Jacksonville
<input type="radio"/>	Diocese of St. Augustine	Bishop John J. Synder H.S.	5001 Samaritan Way , Jacksonville
<input type="radio"/>	Diocese of St. Augustine	Bishop Kenny High School	1055 Kingman Avenue , Jacksonville
<input type="radio"/>	Diocese of St. Augustine	Blessed Trinity Church	10472 Beach Blvd. , Jacksonville
<input type="radio"/>	Diocese of St. Augustine	Blessed Trinity School	10472 Beach Blvd. , Jacksonville
<input type="radio"/>	Diocese of St. Augustine	Casa San Pedro	365 Marywood Drive , St. Johns
<input type="radio"/>	Diocese of St. Augustine	Cathedral Basilica	38 Cathedral Place , St. Augustine
<input type="radio"/>	Diocese of St. Augustine	Cathedral Early Education Center	10 Sebastian Street , St. Augustine

**Login/Register**

First time users must register in order to save their Quotes & Applications: [Register here](#)

E-mail:

Password:

[Forgot password?](#)

**Get Quote/Buy Policy**

Select a Program

**Other K&K Sites**

Select a Category



4. Select event type from the list and click "Continue."



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## Catholic Diocese TULIP Program

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Claims 1-800-237-2917  
[Ask us a question/E-mail](#)

Quote 1 Eligibility 2 Rating 3 Quote

### Catholic Diocese TULIP – Eligibility


Please select the type of event to be insured.

#### Eligible Events

<input type="radio"/> Anniversary party	<input type="radio"/> Cook-Off	<input type="radio"/> Play
<input type="radio"/> Auction	<input type="radio"/> Corn Hole	<input type="radio"/> Poker
<input type="radio"/> Awards banquet	<input type="radio"/> Dance	<input type="radio"/> Prom
<input type="radio"/> Awards presentation	<input type="radio"/> Debutante ball	<input type="radio"/> Quinceanera
<input type="radio"/> Baby shower	<input type="radio"/> Demonstration	<input type="radio"/> Raffle
<input type="radio"/> Bake sale	<input type="radio"/> Dinner	<input type="radio"/> Recital
<input type="radio"/> Ball (Dance)	<input type="radio"/> Dinner Theater	<input type="radio"/> Rehearsal Dinner
<input type="radio"/> Ballet	<input type="radio"/> Drawing	<input type="radio"/> Religious Assembly
<input type="radio"/> Band Concert	<input type="radio"/> Engagement party	<input type="radio"/> Retirement party
<input type="radio"/> Banquet	<input type="radio"/> Exposition	<input type="radio"/> Reunion
<input type="radio"/> Baptism	<input type="radio"/> Family gathering	<input type="radio"/> Rummage Sale
<input type="radio"/> Bazaar	<input type="radio"/> Festival	<input type="radio"/> School Band/Drill Competition
<input type="radio"/> Beauty Pageant	<input type="radio"/> First Holy Communion	<input type="radio"/> Scrapbooking
<input type="radio"/> Benefit	<input type="radio"/> Food Concessions	<input type="radio"/> Seminar
<input type="radio"/> Bingo	<input type="radio"/> Funeral Service	<input type="radio"/> Show (Antique, Art, Automobiles, Boat, Craft, Dance, Fashion, Fishing, Flower, Garden, Holiday, Home, Quilt, Stage Performance, Talent)
<input type="radio"/> Birthday party	<input type="radio"/> Garage Sale	<input type="radio"/> Sidewalk Sale
<input type="radio"/> Book Sale	<input type="radio"/> Graduation	<input type="radio"/> Social Reception
<input type="radio"/> Breakfast	<input type="radio"/> Graduation party	<input type="radio"/> Speaking Engagement
<input type="radio"/> Bridal Show	<input type="radio"/> Holiday Party	<input type="radio"/> Tea Party
<input type="radio"/> Bridal Shower	<input type="radio"/> Instructional Class	<input type="radio"/> Telethon
<input type="radio"/> Bunco	<input type="radio"/> Job Fair	<input type="radio"/> Trade Show
<input type="radio"/> Business Meeting	<input type="radio"/> Lecture	<input type="radio"/> Trivia Night
<input type="radio"/> Carnival (no amusement devices)	<input type="radio"/> Luncheon	<input type="radio"/> Voter Registration



5. Enter event details. Note that this screen may look different depending on the type of event you choose.




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## Catholic Diocese TULIP Program

[Ask us a question/E-mail](#)

Quote

1
2
3

Eligibility    Rating    Quote

---

### Catholic Diocese TULIP- Eligibility

\* Desired coverage dates (including setup and teardown):

**Provide Attendance Information**

Number of consecutive event days (not including set-up or tear-down):	<input type="text"/>
Estimated daily attendance of this event:	<input type="text"/>
<b>Total event attendance:</b>	<input type="text"/>

Are overnight accommodations part of the event?       Yes  No

Is there a live musical performance at the event?       Yes  No

Alcoholic beverages are (select one):

- Not available at the event
- Furnished without a charge ( [what's this?](#) )
- Sold ( [what's this?](#) )
- Both sold and furnished without a charge ( [what's this?](#) )

Does the insured event have any concessionaires, exhibitors or vendors?       Yes  No

Does the event have any of the following activities?       Yes  No

- Rides, mechanical amusement devices, inflatable recreational devices, dunk tanks, bungee operations/equipment
- Petting zoos or animals owned, rented or hired by the insured
- Fireworks/pyrotechnics

**Login/Register**

First time users must register in order to save their Quotes & Applications: [Register here](#)

E-mail

Password

[Forgot password?](#)

**Get Quote/Buy Policy**

Select a Program

**Other K&K Sites**

Select a Category



- Review the ineligible operations. You will need to confirm these activities are not offered at your event before continuing to the next page.

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Claims 1-800-237-2917  
[Ask us a question/E-mail](#)

Quote

1 Eligibility 2 Rating 3 Quote

### Catholic Diocese TULIP – Ineligible Operations

The following events/activities are ineligible for enrollment in this program and no coverage will be provided. To continue, you must first confirm that none of the following services are offered by the entity obtaining a quotation.

Activist rallies/marches/literature distribution	Gun/knife shows
Athletic events and competitions*	Haunted attractions
BYOB*	Historical battle reenactments
Cinematography & photography for commercial use	In-or-on water activities (pools, lakes, rivers, etc)
Concerts*	Mazes (corn/hay/fence)
Day Care Operations	Motorized vehicle/motorcycle/watercraft practicing for, qualifying for, or testing for any racing speed, demolition or stunting activity
Events held on an airport premises	Parades*
Events providing room accommodations and/or camping as part of the event	Rodeos* (activities including, but not limited to bull or bronco riding, roping activities, or barrel racing)

\*This event/activity is not available online. Please contact K&K at 1-800-553-8368

Are any of the above events/activities offered?  Yes  No

Back Continue

**Login/Register**  
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E-mail   
Password   
Go

[Forgot password?](#)

**Get Quote/Buy Policy**  
Select a Program   
Go

**Other K&K Sites**  
Select a Category

- The K&K website will calculate rates based on the event information you provided.

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Quote

1 Eligibility 2 Rating 3 Quote

### Catholic Diocese TULIP – Rates

Premium

Commercial General Liability	Number of Event days	Overnight?	Number of Vendors	Total Event Attendance (50 attendees)
\$1,000,000.00	1	No	0	\$90.00

Back Continue


**Login/Register**  
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E-mail   
Password   
Go


[Forgot password?](#)

**Get Quote/Buy Policy**

- Review the coverage and premium quote summary for accuracy. You have the option to go back, save the quote for later, or continue. If all is in order, click "Continue."


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## Catholic Diocese TULIP Program

Phone 1-800-553-8368  
 Fax 1-260-459-5624  
 Claims 1-800-237-2917

[Ask us a question/E-mail](#)

**Quote**

1 Eligibility   2 Rating   3 **Quote**

Quote Date : 08/15/2019

**Login/Register**

First time users must register in order to save their Quotes & Applications: [Register here](#)

E-mail

Password

[Forgot password?](#)

### Catholic Diocese Tenant's & User's Liability Insurance

**Get Quote/Buy Policy**

Select a Program

### Catholic Diocese/Parish Information

Diocese Name:	Diocese of St. Augustine
Parish Name:	Cathedral Basilica
Parish State:	Florida

**Commercial General Liability**

**Eligibility**

Selected operation: Wedding reception

Desired coverage dates (including setup and teardown): 08/23/2019 to 08/24/2019

Provide attendance information:

Number of consecutive event days (not including set-up or tear-down):	1
Estimated daily attendance of this event	50
<b>Total event attendance</b>	<b>50</b>

Are overnight accommodations part of the event? No

**Applicable in FL and OK**  
 Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**  
 Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**  
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**  
 It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**  
 Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**  
 Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

9. Enter the insured information. This is the information corresponding with the entity purchasing coverage (as described below).

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**Catholic Diocese TULIP Program**

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Enrollment 1 Insured Information 2 Additional Information 3 Certificate Request 4 Warranty 5 Final Summary 6 Payment

**Login/Register**

First time users must register in order to save their Quotes & Applications: [Register Here](#)

E-mail:

Password:

[Forgot password?](#)

**Get Quote/Buy Policy**

Select a Program

**Other K&K Sites**

Select a Category

**Insured Information**

**IMPORTANT: THIS SECTION IS TO BE COMPLETED FOR THE PERSON OR BUSINESS PURCHASING COVERAGE**

**1. For the "Named Insured" use your name if you operate as a sole proprietor, or your legal business name if you operate as a corporation or LLC.**

**2. You will be asked to provide information for Additional Insureds later in the purchase process.**

\*Named insured (as it should appear on the policy) ( [what's this?](#) ):

Doing business as (DBA) ( [what's this?](#) ):

\*Contact first name:

\*Contact last name:

\*Mailing address:

\*City:

\*State:

\*Zip:

\*Phone (including area code):

Cell (including area code):

Fax (including area code):

\*E-mail:


\*Re-confirm e-mail:

Website address (if any):

This is a new account  
 This is a renewal of coverage

*\* fields are mandatory*

10. Enter additional event information.



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[Ask us a question/E-mail](#)

Enrollment 1 Insured Information 2 **Additional Information** 3 Certificate Request 4 Warranty 5 Final Summary 6 Payment

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Select a Category

**Event - Additional Information**

Name of event:

Date(s) of event/coverage (including set up and tear down): 8/23/2019 8/24/2019

**Event location**

Venue name:

Address:

City:

State:

Zip:

Is this event held annually?  Yes  No



11. After you have completed the purchasing process, you will receive a certificate of insurance as proof of coverage. If you need to list an entity (facility, property owner, or sponsor) as additional insured, complete the certificate holder information on this page (optional). \*

**Enrollment** 1 Insured Information 2 Additional Information 3 **Certificate Request** 4 Warranty 5 Final Summary 6 Payment

**Login/Register**  
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 Password:    
[Forgot password?](#)

**Get Quote/Buy Policy**  
 Select a Program

**Other K&K Sites**  
 Select a Category

**Certificate of Insurance Requests**  
 At the conclusion of the insurance purchase, you will receive a certificate(s) of insurance as evidence of the coverage that has been purchased.  
 If you require additional certificates listing a facility, property owner, or sponsor as an **Additional Insured**, please complete the certificate information section below.

Do you need to request any additional certificate(s) of insurance to present to a third party? ( [what's this?](#) )  Yes  No

**Certificate 1** [Preview](#)

Certificate holder: **Additional Insured**  
 Entity name: **Diocese of St. Augustine/Annunciation Interparish School**  
 Mailing address: **1606 Blanding Blvd**  
 City: **Middleburg** State: **Florida** Zip: **32068**  
 Relationship: **Owner, Manager or Lessor of the premises**

**If other additional insured certificates are needed, please enter the information below.**

Additional Insured Field is limited to 90 characters. If a longer name is needed, you must complete your insurance transaction first, then submit a request for another certificate by using the ONLINE Certificate Request Option on the Customer Service tab located at the top of our Website page.

**Certificate Information:**  
 Name of Certificate holder (Additional Insured):   
 Mailing address:   
  
 City:   
 State:   
 Zip:

**Please indicate the relationship of the above entity: (select one)**  
 Owner, manager or lessor of the premises/location where the events take place  
 Sponsor of event  
 Co-promoter of event

**If the relationship of the certificate holder you are entering is not listed above or if special language is required, complete your insurance purchase first. After your purchase is complete, you may submit a special request by using the ONLINE Certificate Request option on the Customer Service tab located at the top of our web page.**

\*It is a common requirement for many businesses to provide proof of insurance to a third party because of the relationship they have with the third party (e.g. the owner of a facility or premises where the insured may be operating). Here are some common terms associated with this practice:

**Evidence of Coverage (sometimes referred to as Proof of Insurance):**

A document (also referred to as a Certificate of Insurance) providing proof that the Named Insured has insurance for their specified business operations.

**Certificate of Insurance:**

A document providing evidence that certain general types of insurance coverage (usually commercial liability) and limits have been purchased by the party required to furnish the certificates.

**Certificate Holder:**

The third party specifically listed on a Certificate of Insurance to whom evidence of coverage is being presented. The Certificate of Insurance may be presented as only evidence of coverage to the Certificate Holder or may identify the Certificate Holder as an Additional Insured on the insured's coverage.

**Additional Insured:**

Those individuals or entities who generally are not automatically included as an insured under the liability policy of others, but who have an interest in the claims arising out of the operations of the Named Insured. Typically done through an endorsement to the policy, the Named Insured provides protection to the Additional Insured by adding them to its policy(s).


The Named Insured's purpose for providing additional insured status to others may be a desire to protect the other party because of a close relationship with that party or to comply with a contractual agreement requiring it to do so (e.g., customers or owners of property leased by the Named Insured). For example, an exercise studio may be required to add as an additional insured the owner of the building where they lease space.

**Loss Payee:**


Most often used with personal property (vehicles, equipment, etc.). The loss payee is the company that holds the loan note on personal property and usually requires to be named in a loss payable clause of the insured's insurance policy. The loss payable clause is a provision that authorizes the insurer to make a loss payment to a person or entity (loss payee) other than the insured to the extent that the loss payee has an insurable interest in the property.



12. Please read the warranty and disclosure information. You will need to agree to the terms before continuing.


We Take Fun Seriously

Home Testimonials About Us Agents Customer Service FAQ Resources Contact Us



## Catholic Diocese TULIP Program

**Phone** 1-800-553-8368  
**Fax** 1-260-459-5624  
**Claims** 1-800-237-2917

[Ask us a question/E-mail](#)

**Enrollment**

1 Insured Information
2 Additional Information
3 Certificate Request
4 **Warranty**
5 Final Summary
6 Payment

**Login/Register**

First time users must register in order to save their Quotes & Applications: [Register here](#)

E-mail:

Password:

[Forgot password?](#)

**Get Quote/Buy Policy**

Select a Program

**Other K&K Sites**

Select a Category

**Warranty and Disclosure Statement**

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. K&K reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided. The information I provided on this enrollment form becomes a part of the insurance contract.

**Compensation and Other Disclosure Information**

K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to [warranty@kandkinsurance.com](mailto:warranty@kandkinsurance.com).

I have agreed to all of the above terms

**Name of person completing this form:**

First name:

Last name:

Relationship to insured:



13. Review the final summary for accuracy. If all is in order, scroll to the bottom and click “Continue to Payment” on the right side of the screen.

Enrollment
1 Insured Information
2 Additional Information
3 Certificate Request
4 Warranty
5 Final Summary
6 Payment

Application Date : 08/20/2019

## Final Summary

### Catholic Diocese Tenant's & User's Liability Insurance

**Insured Information**
Edit

Are you an insurance agent or broker?	No		
Named insured (as it should appear on the policy):	John Smith		
Doing business as (DBA):			
Contact first name:	John		
Contact last name:	Smith		
Mailing address:	123 ABC St		
City:	Jacksonville	State:	Florida
Phone:	904-555-5555	Fax:	
E-mail:	john@123.com		
Website:			

**Premium Summary**

<b>Total Commercial General Liability:</b>	\$ 90.00
<b>Total Premium:</b>	\$ 90.00
<b>RPG Administration Fee</b>	\$15.00
<b>Total Amount Due</b>	<b>\$105.00</b>

\* Premium subject to change if not completing purchase same day as quoting \*

This summary is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions, as they may change from one coverage period to the next. Please remember that you will receive evidence of coverage immediately if purchased online. You may request a copy of the full policy by submitting a written request.

Acceptance of this quote confirms your desire to obtain liability insurance through the Sports, Leisure and Entertainment Risk Purchasing Group (where applicable). An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged.

**Fraud Warning**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**  
Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**  
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**  
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**  
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**  
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**  
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**  
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**  
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Back
Save App
Continue to Payment

**Login/Register**

First time users must register in order to save their Quotes & Applications: [Register here](#)

E-mail:

Password:

[Forgot password?](#)

**Get Quote/Buy Policy**

Select a Program ▼

**Other K&K Sites**



14. You will need to indicate if you are already a registered user or not. If you answer yes, the site will prompt you to log in to your account. If not, you will be prompted to register before completing payment information.

The screenshot shows the K&K Insurance website. The logo is in the top left with the tagline "Insuring the world's fun!". The top navigation bar includes links for Home, Testimonials, About Us, Agents, Customer Service, FAQ, Resources, and Contact Us. On the right, contact information is provided: Phone 1-877-648-6404, Fax 1-260-459-5502, and Claims 1-800-237-2917. A link to "Ask us a question/E-mail" is also present. The main heading is "Tenant User Liability Insurance Program". Below this is a "Registration" section with a form. The form includes a checkbox for "Registration information is the same as Insured information". The registration fields are: \*How did you hear about us: (dropdown), \*E-mail: (text), \*Re-confirm e-mail: (text), \*Password: (text), \*Confirm password: (text), \*Security question: (dropdown), \*Answer: (text), \*Registrant first name: (text), \*Registrant last name: (text), \*Mailing address: (text), \*City: (text), \*State: (dropdown), \*Zip: (text), \*Phone (including area code): (text), Cell (including area code): (text), Fax (including area code): (text), and Website address (if any): (text). There are "Cancel" and "Submit" buttons at the bottom of the form. A note at the bottom right of the registration section states "\* fields are mandatory".

**K&K INSURANCE**  
Insuring the world's fun!

Home Testimonials About Us Agents Customer Service FAQ Resources Contact Us

**Tenant User Liability Insurance Program**

Phone 1-877-648-6404  
Fax 1-260-459-5502  
Claims 1-800-237-2917

[Ask us a question/E-mail](#)

\* fields are mandatory

**Registration**

Registration information is the same as Insured information

\*How did you hear about us:

\*E-mail:

(All communication will be sent to this address)

\*Re-confirm e-mail:

\*Password:

(Please select a password that meets the following criteria: Minimum of 6 characters, starts with a letter and contains at least one number.)

\*Confirm password:

\*Security question:

\*Answer:

\*Registrant first name:

\*Registrant last name:

\*Mailing address:

\*City:

\*State:

\*Zip:

\*Phone (including area code):

Cell (including area code):

Fax (including area code):

Website address (if any):

15. Once coverage is purchased online, the person submitting the event request, as well as your Gallagher representative, will receive:

- Copy of the application
- Evidence of Coverage
- Certificate naming the diocese and specific parish as additional Insured.
- You will also have the ability to purchase coverage for vendors during the same transaction. Vendor Example: Use of a DJ or photographer at a party that does not have insurance coverage.

 W01477968-Acord 25-EOC.pdf .pdf File	 W01477969Diocese of St. AugustineSt. Luke Parish.pdf .pdf File
 W01477970Diocese of St Augusting, Bishop Felipe Es.pdf .pdf File	 070820190246805289-Application Summary.pdf .pdf File

**Thank You For Your Business.**

Your payment has been processed successfully.

Thank you for allowing us to serve your insurance needs. Your payment has been processed successfully.

Below is a detailed purchase summary. In addition, attached to this email, you will find your coverage documents related to your insurance purchase in PDF (Adobe Reader) format. Please open the attachments to print and save for your records.

**Please Note:** If at any time during your coverage period, you need to request additional certificates of insurance for this account, please [click here for Customer Service](#).

We appreciate your business.

Sincerely,

**K&K Insurance Group, Inc.**  
1712 Magnavox Way

Insured	Diocese of St Augustine	
Doing business as (DBA)	St Luke Catholic Church	
Insured State	Florida	
<b>Coverage(s) Purchased</b>		
Catholic Diocese Tulip General Liability	\$90.00	
<b>Total Premium</b>	<b>\$90.00</b>	
<b>Total Premium &amp; Payment Information</b>		
<b>Total Premium</b>	<b>\$90.00</b>	
RPG Administration Fee	\$15.00	
<b>Total Payment</b>	<b>\$105.00</b>	
Payment Method	CREDIT CARD	



# Vendors

Coverage for vendors must be purchased along with an event.

- Please be advised that vendors are not covered under this policy. If any vendor (Professional or non-Professional) is going to be part of this event, they must provide a current certificate of insurance, showing General Liability, Auto Liability and Workers compensation coverages. Limits of at least \$1MM (for each line of coverage) should be required. Higher limits may be needed in certain cases.
- The certificate must name as additional insured:
  - The Diocese of \_\_\_\_\_
  - Your entity
  - The Bishop



# Frequently Asked Questions

<https://www.kandkinsurance.com/sites/Tulip/Pages/FAQ.aspx>

## **How soon does coverage start? When will we receive proof of coverage?**

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

## **When should we make our coverage effective?**

The effective date is the date you need your insurance to start. For many, this is the first day that your organization has set to up for the event. Coverage will be in effect for the time period of the event.

## **What is Host Liquor?**

This program provides coverage if the named insured conducts an event or activity where alcoholic beverages are served or furnished, with or without a charge, and is not required to obtain a license or permit to do so. If a liquor license or permit is required, claims resulting from serving or furnishing alcoholic beverages will be excluded unless Liquor Liability Coverage option is purchased.

## **Will we receive a policy after submitting the enrollment form?**

No. You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (PG). The PG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the PG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the PG master policy can be requested in writing to: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, IN 46804.

## **I have been asked by the facility that I am using for the event to add them as an additional insured to my policy. What does this mean and how do I do that?**

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they now are entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under the certificate request section of the enrollment form. Please remember to provide their complete name, address and relationship to you. All requests must be made in writing.

## **Can I apply for coverage over the phone?**

Unfortunately, we are not able to take your information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to K&K via e-mail, fax or mail.

### **What are certificate requests? How do I complete this section on the enrollment form?**

A certificate is a document prepared by K&K providing you evidence of coverage. You will automatically receive a certificate providing you with proof of coverage once coverage is bound. You will need to complete the certificate request section if you have been asked to provide another certificate, to an entity such as the facility you are utilizing for your event.

### **I have been asked by the facility that I instruct at to add them as an “additional insured” to my policy? What does this mean and how do I do that?**

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they now are entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under the certificate request section of the enrollment. Please remember to provide their complete name, address and relationship to you. All requests must be made in writing.

### **Will I receive a policy after I submit the enrollment form?**

No, you will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through sports, Leisure and Entertainment Risk Purchasing Group (RPG). The PG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to obtain coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each member – there are not share limits of liability with any other members. A copy of the PG master policy can be requested in writing to: K&K Insurance Group, Inc. 1712 Magnavox Way, Fort Wayne, IN 46804.

### **How soon does coverage start? When will we receive proof of coverage?**

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

### **When should we make our coverage effective?**

The effective date is the date you need your insurance to start. If you are renewing annual coverage with K&K, use the expiration date of your coverage. Coverage will be in effect for the time period selected.

### **If we need to request another certificate of insurance for a specific event that we are attending, how do we do this?**

A written request from the insured contact is required. There is a certificate request form that will be sent with your original coverage documents that can either be faxed or e-mailed to K&K. Please allow adequate time for processing.

### **Can I apply for coverage over the phone?**

Unfortunately, we are unable to take your information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to K&K via e-mail, fax or mail.

### **What is a general aggregate?**

The general aggregate is the maximum amount to be paid out in any policy period for all losses.

### **I have been asked by the event that I am exhibiting at to add them as an additional insured to my policy. What does this mean?**

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are the landlord or sponsor. By providing an entity additional insured status, they are now entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You may request an additional insured in the appropriate section of the enrollment form. Please remember to provide the complete name, address and relationship to you. Additional insured requests must be made in writing.

### **What is the co-insurance penalty referenced with Equipment and contents (Inland Marine) coverage?**

The Equipment & Contents (Inland Marine) policy contains a 100% coinsurance clause. With a 100% coinsurance clause, you are agreeing to accept a penalty if a covered loss occurs and all of your equipment and contents are not insured to their replacement cost value. For this reason, it is vital that the values of your equipment and contents be accurately reported and updated annually to reflect inflation and other increases in cost. If they are undervalued, a coinsurance penalty may be applied at the time of a loss. The penalty equals the difference between the amount of the loss and the amount actually paid by the carrier.

The simple formula used to arrive at the amount to be paid by the carrier is as follows:

“Did” / “Should” x Loss Amount – Deductible = Amount Paid.

“Did” = the amount of coverage you did purchase

“Should” = The replacement value of your equipment & contents that you should have insured.

### **What does the term “replacement cost” value mean with regards to equipment & contents (inland marine) coverage?**

Replacement cost means that the value of covered property will be based on the replacement cost at the time of loss without any deduction for depreciation. It is limited to the cost of repair or replacement with similar property and used for the same purpose.

### **Will we receive a policy after submitting the enrollment form?**

No. You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (PG). The PG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the PG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the PG master policy can be requested in writing to: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, IN 46804.

## K&K Contact Information

Phone 1-800-553-8368  
Fax 1-260-459-5624  
Claims 1-800-237-2917  
Email [diocese@kandkinsurance.com](mailto:diocese@kandkinsurance.com)

### **Website Links:** Get

Quote/Buy Policy:

<https://www.kandkinsurance.com/sites/Tulip/pages/DioceseEligibility.aspx>

Program Overview:

<https://www.kandkinsurance.com/sites/Tulip/pages/Catholic-Diocese-Tulip-Program.aspx>

Renew Coverage, Request a Certificate/Additional Insured, or Request a Policy Change:

<https://www.kandkinsurance.com/sites/Tulip/Pages/CustomerService.aspx>

Frequently Asked Questions:

<https://www.kandkinsurance.com/sites/Tulip/Pages/FAQ.aspx>



# Catholic Diocese Tenant User Liability Enrollment Form

## PROGRAM DESCRIPTION

This insurance program has been specifically designed for the organizers of short term special events that meet the following criteria:

- Maximum total attendance is 1,000 or less.
- Maximum number of consecutive event days (not including set-up or tear down) is 9.
- Event is held at a single location.
- Event location must be held in the U.S.

## INELIGIBLE OPERATIONS

Certain event types are not eligible for coverage by this program. K&K reserves the right to decline any request for coverage.

The ineligible event types include, but are not limited to the following (and are excluded from coverage):

- Activist rallies/marches/literature distribution
- Athletic events and competitions
- BYOB
- Cinematography and photography for commercial use
- Concerts
- Day Care Operations
- Events providing room accommodations and /or campaigning as part of the event
- Events held on airport premises
- Gun and/or knife shows
- Haunted attractions
- Historical battle reenactments
- In-or-on water activities (pool, lakes, rivers, etc.)
- Mazes (corn/hay/fences)
- Motorized vehicle/motorcycle/watercraft/powerboat practicing for, qualifying for, or testing for any racing speed, demolition or stunting activity
- Parades
- Rodeos (activities including, but not limited to bull or bronco riding, roping activities, or barrel racing)

- Anniversary party
- Auction
- Awards banquet
- Awards presentation
- Baby shower
- Bake sale
- Ball (Dance)
- Ballet
- Band Concert
- Banquet
- Baptism
- Bazaar
- Beauty Pageant
- Benefit
- Bingo
- Birthday party
- Book sale
- Breakfast
- Bridal Show
- Bunco
- Business Meeting
- Carnival (no amusement devices)
- Casino Game
- Choir Concert
- Christening
- Concert (Bluegrass, Classical, Country and Western Pop Rock)
- Conference
- Confirmation
- Convention
- Cook-Off
- Corn Hole
- Dance
- Debutante ball
- Demonstration
- Dinner
- Dinner Theater
- Drawing
- Engagement party
- Exposition
- Family gathering
- Festival
- First Holy Communion
- Food Concessions
- Funeral Service
- Garage Sale
- Graduation
- Graduation party
- Holiday Party
- Instructional Class
- Job Fair
- Lecture
- Luncheon
- Meeting
- Memorial service
- Musical Concert
- Open House
- Opera
- Pageant
- Picnics w/out Pool or Lake
- Play
- Poker
- Prom
- Quinceañera
- Raffle
- Recital
- Rehearsal Dinner
- Religious Assembly
- Retirement party
- Reunion
- Rummage Sale
- School Band/Drill Competition
- Scrapbooking
- Seminar
- Show (Antique, Art, Automobiles, Boat, Craft, Dance, Fashion, Fishing, Flower, Garden, Holiday, Home, Quilt, Stage Performance, Talent)
- Sidewalk Sale
- Social Reception
- Speaking Engagement
- Tea Party
- Telethon
- Trade Show
- Trivia Night
- Voter Registration
- Wake
- Wedding
- Wedding reception
- Wine Tasting
- Workshop

\*If the insured's event type is not listed above, DO NOT CONTINUE. Please contact the K&K office for confirmation of eligibility at 1-800-553-8368.

### NOTABLE EXCLUSIONS

- Abuse molestation, harassment, or sexual conduct
- Aircraft/hot air balloon
- Amusement devices - the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment operation or equipment, any vertical device or equipment used for climbing - either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through.
- Animals - injury or death to any animal; injury, death or property damage caused by any animal owned, rented or hired by you
- Asbestos
- Commercial general liability standard exclusions
- Corporal Punishment
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Haunted attractions
- Lead
- Nuclear energy liability
- Professional Services
- Rodeos
- Room & board liability
- Saddle animals
- Snowmobile
- Water hazard

### PRELIMINARY UNDERWRITING INFORMATION REQUIRED

The following information is required 15 business days prior to the desired effective date:

- Completed and signed enrollment form
- A schedule of events/activities or a brochure for this event
- Full premium payment
- Certificates of insurance as per requirements on the enrollment

### COVERAGES AND LIMITS

Coverage under this program provides \$1,000,000 Combined Single Limit Bodily Injury, Property Damage, and Host Liquor Liability coverage per event (not per claim).

Commercial General Liability	
Each Occurrence	\$1,000,000
General Aggregate (other than Products-completed Operations)	\$1,000,000
Products-completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Damage to Premises Rented to You	\$300,000
Medical Expense (other than participants)	\$5,000
Legal Liability to Participants	\$1,000,000

Coverage does not apply to certain events such as, but not limited to:

- Amusement rides, mechanically operated devices, trampolines & rebounding devices
- Events where a fee or admission is charged, unless all proceeds go to charity
- Events organized or operated by professional promoters/performers
- Events with attendance of more than 1,000 persons
- Sporting events including tournaments & camps
- Events which exceed 72 hours in duration
- Events involving pool or lake activities
- Events involving recreational vehicles
- Fireworks & fireworks displays
- Liquor Liability (Dram Shop) coverage
- Any Carnival Event

*This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to K&K.*



TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign and date where required

IMPORTANT INFORMATION			
The intent of this program is to provide coverage for events or activities held at Parish/Diocesan facilities that are not sponsored by the Parish or other Diocesan entity. This is issued as a matter of information only and does not amend, extend, or alter the coverage provided by the actual insurance policy.			
<b>HOW TO OBTAIN COVERAGE:</b>			
<b>15 Business Days Prior</b> the event at the church, the Diocesan entity <b>must</b> forward a complete application to the Diocese along with payment.			
<u>Mailing Address:</u> Diocese of St. Augustine ATTN: Deborah Tauro 11625 Old St. Augustine Road Jacksonville, FL 32258  Email: dtauro@dosafll.com	<u>Please make checks payable to:</u> Diocese of St. Augustine 11625 Old St. Augustine Road Jacksonville, FL 32258		
<b>Pricing is based on daily attendance for the entire time of the event:</b>		<b>Coverage for Vendors must be purchased along with an event:</b>	
Per event 1-3 days	\$105	Vendors	\$65 each
Per overnight event	\$125	Vendors with more than one booth at the event	\$33 for each additional booth with same vendor
Per event 4-6 days	\$205	Please note that policy premium may vary.	
Per event with pool use*	Additional \$40	*subject to K&K approval	
GENERAL INFORMATION			
Diocese Name:			
Name of Parish, School, or Agency:			
Street Address:			
City:	State:	Zip Code:	
INSURED INFORMATION			
<b>IMPORTANT: THIS SECTION IS TO BE COMPLETED FOR THE PERSON OR BUSINESS PURCHASING COVERAGE</b>			
<ol style="list-style-type: none"> <li>1. For the "Named Insured" use your name if you operate as a sole proprietor, or your legal business name if you operate as a corporation or LLC.</li> <li>2. You will be asked to provide information for Additional Insureds later in this form.</li> </ol>			
Named Insured (as it should appear on the policy):			
Doing Business As (DBA):			
Contact Name:			
Email:		Phone Number:	
Mailing Address:			
City:	State:	Zip Code:	

EVENT INFORMATION	
Event Type (see attached list of eligible events):	
Event Name:	
Desired coverage dates (including set-up or tear-down): _____ to _____	
Time of the event: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM to _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM	
Number of consecutive days (not including set-up or tear-down):	
Estimated daily attendance of this event:	
Are overnight accommodations part of this event? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Is there a live musical performance at the show? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Alcoholic beverages are (select one): <i>*If liquor is being sold, included in the price of admission, or provided at a fundraiser, please complete the attached Liquor Liability application.</i>	<input type="checkbox"/> Not available at this event <input type="checkbox"/> Furnished without a charge <input type="checkbox"/> Sold <input type="checkbox"/> Both sold and furnished without a charge
Will there be inflatables at this event? If yes, please read & sign the "Inflatable Guidelines" section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be pool use at this event? If yes, please refer to the "Swimming Pool Use" section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured event have any concessionaires, exhibitors, or vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the vendors providing their own coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> If any vendor (Professional or non-Professional) is going to be part of this event, they must provide a current certificate of insurance, showing General Liability, Auto Liability and Workers compensation coverages. Limits of at least \$1MM (for each line of coverage) should be required. Higher limits may be needed in certain cases.</p> <p>The certificate must name as additional insured:</p> <ul style="list-style-type: none"> <li>• The Diocese of St. Augustine</li> <li>• Your entity</li> <li>• The Bishop</li> </ul>	
<p><b>If NO:</b> Please be advised that vendors are not covered under this policy. Complete the attached "Vendors as Additional Insureds Information Form" to request coverage for an additional fee.</p>	
Does the event have the following activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• Rides, mechanical amusement devices, inflatable recreational devices, dunk tanks, bungee operations/equipment</li> <li>• Petting zoos or animals owned, rented or hired by the insured</li> <li>• Fireworks/pyrotechnics</li> </ul>	

Are any of the below events/activities offered? Ineligible

Operations:

Yes  No

- Activist rallies/marches/literature distribution
- Athletic events and competitions
- BYOB
- Cinematography and photography for commercial use
- Concerts
- Day Care Operations Events providing room accommodations and/or campaigning as part of the event
- Events held on airport premises
- Gun and/or knife shows
- Haunted attractions
- Historical battle reenactments
- In-or-on water activities (pool, lakes, rivers, etc.)
- Mazes (corn/hay/fences)
- Motorized vehicle/motorcycle/watercraft/powerboat practicing for, qualifying for, or testing for any racing speed, demolition or stunting activity
- Parades
- Rodeos (activities including, but not limited to bull or bronco riding, roping activities, or barrel racing)

**INFLATABLE GUIDELINES**

- All Manufacturer recommendations should be followed.
- We prefer that the inflatable be indoors in order to avoid wind exposure. If the inflatable is set up outdoors, please confirm the device is securely anchored. The inflatable should not be operated when wind gusts exceed 20 MPH.
- There needs to be adult supervision at all times.
- Participants should be grouped according to size. Toddlers with toddlers, smaller kids with smaller kids, and bigger kids w bigger kids.
- The number of participants allowed at one time should also be monitored. No more than 4-6 children at any one time, depending on the size of the inflatable. The manufacturer of the device may provide weight capacity or the maximum number of participants.
- Any stakes in the ground should be covered with cones or protective material making them easy to see. Any cords or air compressors should be placed in areas away from foot traffic, and they must be secured.

Please sign below to verify the above inflatable guidelines will be followed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**SWIMMING POOL USE**

Please note that swimming pool use is not covered under this policy. Below are the guidelines for consideration of removal of the swimming pool exclusion. We will review and monitor each Special Event application that requests the use of the Swimming Pool to be covered by the CGL policy with Markel.

Before submitting the application, the following information/documents needs to be provided:

Will there be a contract for use of the pool? If yes, provide a copy of the contract.  Yes  No

Will there be life guards provided?  Yes  No

Who is providing the life guards?

What is the ratio of life guards per participants (needs to be at least 1:25)?

Describe what group(s) will be using the pool and the ages of the participants.

How long will the pool be used for the event/activity?



# VENDORS AS ADDITIONAL INSURED INFORMATION FORM

INSURANCE

Name of Insured-----

Name of Event: -----

Dates of Event:-----

	VENDOR NAME	YEARS OF EXPERIENCE	TYPES OF FOODS OR DISPLAYS	NUMBER OF BOOTHS OR STANDS	*EVER CANCELLED/ REFUSED COVERAGE		*CLAIMS LAST THREE YEARS	
					YES	NO	YES	NO
					0	0	0	0
2					0	0	0	0
3					0	0	0	0
4					0	0	0	0
5					0	0	0	0
6					0	0	0	0
7					0	0	0	0
8					0	0	0	0
9					0	0	0	0
10					0	0	0	0
11					0	0	0	0
12					0	0	0	0
13					0	0	0	0

\* If "YES" please explain on back of form. If additional space is needed please attach additional sheets with this form.

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.



LIQUOR LIABILITY APPLICATION

- 1. Named Insured as it is to appear on policy:
2. Name of Alcoholic Beverage Licensee:
3. Alcoholic Beverage License Number: Class of License:
4. Is coverage for aspecific event?
5. Opening and closing hours of event(s) (for each event):

NOTE: Alcohol sales must cease a minimum of 1/2 hour before event closing

- 6. Has applicants' alcohol beverage license ever been revoked, suspended or fined?
7. Has applicant incurred claims for liquor liability during the last three years?
8. Has any insurer cancelled or non-renewed coverage during thelast three years?

9. Type of alcoholic beverages sold:

Table with 3 columns: Event, Alcoholic Beverage Sales, Food Sales. Includes dollar signs and lines for input.

- 11. Are patrons allowed to carry alcoholic beverages onto the premises?
12. Do you maintain security personnel at event entry check points?
13. Are the alcohol sales and consumption contained by fencing within one fixed site?

14. Name the formal awareness training program that the servers receive(e.g. TIPs, TAMs, TABC):

15. At what point of sale are I.D.'s checked?

- 16. Are rules and regulations clearly displayed for patrons' viewing?
17. Is there any type of designated driver program in effect?
18. Is there any other Liquor Liability coverage being provided?

If yes, explain and attach acopy of the certificate of insurance:

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, trueand correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date

Date

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: \_\_\_\_\_

**FRAUD WARNING**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in HI**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication, or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in MA, NE, and VT**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be subject to the committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in MN**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

FRAUD APPS(2016104)

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRINT NAME

DATE (MM/DD/VY)

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

DATE (MM/DD/VY)