

SPECIAL EVENTS LIQUOR LIABILITY CERTIFICATE OF INSURANCE REQUEST FORM

This form is not required for events under the control and sponsorship of the diocesan institution! **All others organizations** using your property must purchase a policy if liquor is being served.

Please Complete and Send to the Insurance Office with Your Check for
\$75/per 1st 24 hours & \$50/24 Hours Thereafter

Parish/Agency Name: _____

City: _____

Issue to: Name(s): _____
(Name of Requestor – Must Be a Person)

Street Address: _____

City/State/Zip: _____

Describe Type of Event: _____

Is this a parish sponsored event: ___ Yes or ___ No

Is this event open to the public: ___ Yes or ___ No

Date(s) of the event: _____

Time event begins _____ ends _____.

Requested by parish/agency representative: Name _____

Parish contact telephone/fax/or e-mail information: _____

Mail at least 4 week before event to:

Office for Insurance
Catholic Pastoral Center
1615 W. Washington Street
Springfield, IL 62702

Or at least two weeks before the event:

Fax to: 217-698-8282

Or

E-mail to insurance@dio.org