

SPECIAL EVENTS COVERAGE:

This coverage is purchased when an outside person/organization is renting/using your facilities for non-church/school purposes (example: wedding reception, shower, parties, meetings, etc.). The cost of the policy is approximately \$95 (fees may be applicable). The payment will be made at the end of the application process online. Be prepared to enter a credit card or checking account information. This process should be completed/purchased by the church or school (not the renter) in order to confirm coverage. You will then have the renter reimburse the church or school for the cost of the coverage. This no longer gets processed by or paid to the Diocese.

This process is strictly online effective 7-1-2025. Please use the link below to apply for special events coverage for these events. This provides \$1 million of coverage for the event. With our large deductibles now in place, this is MANDATORY when allowing outsiders to rent/use your facilities.

Step by Step instructions are below.

Link to Apply/Purchase and More Information:

<https://www.kandkinsurance.com/programs/event-insurance/catholic-diocese-tulip-insurance#overview>

The user can register if first time user; login if already a registered user; click on the down arrow beneath the words 'Get Quote/Buy Online', select a program and click on the 'Go' button to start the application process.

During the application process, all required fields need to be completed and any calculate buttons need to be clicked.

The screenshot shows the K&K Insurance website. The header includes the K&K logo with the tagline "Insuring the world's fun!" and the slogan "We Take Fun Seriously". Navigation links include Home, About Us, Agents, Customer Service, FAQ, Links, and Contact Us. The main content area features a "Tenant User Liability Insurance Program (TULIP)" section with links to the Catholic Diocese TULIP Program and the K & K TULIP Program. A "Quick Services" sidebar lists options like "Select Service Type", "File a Claim", "Renew Coverage", "Request Certificate", "Policy Change", and "Other K&K Sites". The central "Get Quote/Buy Online" section has a dropdown menu for "Select a Program" with options: "Select a Program", "Catholic Diocese Tulip", and "Tenant User Liability Insurance Program". A "GO" button is next to the dropdown. To the right is a "Login/Register" section with fields for "E-mail" and "Password", a "GO" button, and links for "Forgot password?" and "Ask us a question". A "Nationwide On Your Side" logo is also present with text stating "K&K Programs available through this site are provided by Nationwide, a trusted insurance provider since 1926."

The user selects the Diocese name from the drop down and then clicks the 'Search' button.

The screenshot shows the "Catholic Diocese TULIP - Eligibility" form. At the top, there are three tabs: "Quote", "Eligibility" (selected), "Rating", and "Quote". The form title is "Catholic Diocese TULIP - Eligibility". Below the title, instructions state: "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." The section "Select your Diocese/Parish" contains a label "Diocese Name:" followed by a dropdown menu with "Select" and a downward arrow. Below the dropdown is a "Search" button. A "Back" button is located at the bottom right of the form.

A list of parish names will show on the screen.

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
☐ Archdiocese of Cincinnati	All Saints Catholic Parish	8939 Montgomery Road , Cincinnati
☐ Archdiocese of Cincinnati	Alter Crest	c/o St. Joseph Orphanage , Cincinnati
☐ Archdiocese of Cincinnati	Alter High School	940 East David Road , Kettering

The user selects the parish.

Please choose from the Diocese/Parishes listed below:

Diocese Name	Parish Name	Address
☒ Archdiocese of Cincinnati	All Saints Catholic Parish	8939 Montgomery Road , Cincinnati

The user clicks on the 'Continue' button at the bottom of the screen

☐ Archdiocese of Cincinnati
 ☐ Visitation
 ☐ 407 W. Main Street , Eaton

The user selects the type of event to be insured.

Quote

1 Eligibility — 2 Rating — 3 Quote

Catholic Diocese TULIP – Eligibility

Please select the type of event to be insured.

Eligible Events

☐ Anniversary party	☐ Cook-Off	☐ Play
☐ Auction	☐ Corn Hole	☐ Poker
☐ Awards banquet	☐ Dance	☐ Prom
☐ Awards presentation	☐ Debutante ball	☐ Quinceanera
☐ Baby shower	☐ Demonstration	☐ Raffle
☐ Bake sale	☐ Dinner	☐ Recital

If 'Meeting' is selected, an additional question is displayed and must be answered before continuing to the next screen in the online process.

☐ Casino Game	☒ Meeting	☐ Wake
☐ Choir Concert	☐ Memorial service	☐ Wedding
☐ Christening	☐ Musical Concert	☐ Wedding reception
☐ Concert (Bluegrass, Classical, Country and Western, Pop Rock)	☐ Open House	☐ Wine Tasting
☐ Conference	☐ Opera	☐ Workshop
☐ Confirmation	☐ Pageant	
☐ Convention	☐ Picnics w/out Pool or Lake	

Is this meeting: ☐ Just one time ☐ Recurring (held on a regular basis)

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

Back Continue

The user clicks the 'Continue' button at the bottom of the screen.

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

Back Continue

This is the screen that is displayed for any type of event selected on the prior screen other than 'Meeting, Recurring (held on a regular basis)'.

As the questions are answered, some additional information will appear on the screen. The bottom of this page and the next page shows the information that will appear on the screen as the questions are answered.

After all questions are answered, click the Continue button at the bottom of the screen.

Quote

1 Eligibility

2 Rating

3 Quote

Catholic Diocese TULIP- Eligibility

♦ Desired coverage dates (including setup and teardown):

[You may specify any day from 06/29/2012 to 12/29/2012]

Provide Attendance Information

Number of consecutive event days (not including set-up or tear-down):	
Estimated daily attendance of this event:	
Total event attendance:	

♦ 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

Back

Continue

An additional question will be displayed if 'Furnished without a charge' is selected.

♦ 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?](#))

♦ Is the insured required to obtain a liquor license/permit? ☐ Yes ☐ No

If 'Furnished without a charge' is selected, the question about liquor license/permit will be displayed.

This snag-it shows additional questions that are displayed as questions are answered.

Catholic Diocese TULIP- Eligibility

- Desired coverage dates (including setup and teardown):
[You may specify any day from 06/29/2012 to 12/29/2012]

mm/dd/yyyy

mm/dd/yyyy

Provide Attendance Information

Number of consecutive event days (not including set-up or tear-down):	
Estimated daily attendance of this event:	
Total event attendance:	

- Are overnight accommodations part of the event? ☐ Yes ☐ No

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

If 'Yes' is selected, the question about the music appears on the screen.

- Is the music rap/hip-hop/alternative? ☐ 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?](#))

If either 'Sold' or 'Both sold and...' is selected, the question about the liquor license or permit appears on the screen.

- In whose name is the liquor license or permit?

☐ Insured ☐ Caterer/Vendor ☐ Facility ☐ Sponsor

- Does the insured event have any concessionaires, exhibitors or vendors?

☒ Yes ☐ No

If 'Yes' is selected, the question about vendor coverage appears on the screen.

Do the concessionaires, exhibitors or vendors currently have coverage?

☐ Yes ☒ No

If 'No' is selected, the 3 items indicated appear on the screen.

- How many concessionaires, exhibitors or vendors need coverage at this event?

- Are any of the following operations or products sold, displayed, demonstrated or promoted by the concessionaire, exhibitor or vendor?

☐ Yes ☐ No

Alcoholic beverage sales; Animals; Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots; Cleaning accessories & products- homemade; E-commerce selling; Fire safety equipment; Fireworks sales & displays; Haunted attractions; Health & beauty products-homemade; Hot wax impressions; Mazes (corn, hay, fence); Mechanical or inflatable amusement devices; Medical testing; Motorsports activities; Nutritional/health supplements (selling); On-site equipment sales/rental; On-site installation/service/ repair of products; Oxygen/aromatherapy bars; Protective equipment/apparel; Storefront operations; Tobacco products; Toys (for ages 4 and under); Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight-loss plans or products (selling); Wholesale business operations.

- Does the event have any of the following activities?

☒ Yes ☐ No

If 'Yes' is selected, the grey box appears on the screen.

- 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

These activities are not covered by this program and resulting claims will be denied. You may continue to purchase coverage online with the understanding that these activities are excluded. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an Additional Insured. If you require additional insurance for these activities, please discontinue the online process and contact us to determine if other programs are available.

☐ Accept & continue ☐ Decline & exit

Back

Continue

If the event type 'Meeting, Recurring (held on a regular basis)' was selected this is the next screen that is displayed.

After all questions are answered, click the Continue button at the bottom of the screen.

Quote
1 Eligibility
2 Rating
3 Quote

Catholic Diocese TULIP- Eligibility

Desired coverage dates (including setup and teardown):
[You may specify any day from 08/11/2016 to 02/11/2017]

mm/dd/yyyy

Provide Recurring Meeting Information

Type of Meeting(Example: Support Groups,Community Organizations,Alcoholics Anonymous, etc.):

Approximate number of participants per meeting

Frequency of meetings

SELECT

Time of Meetings:

HH:MM AM PM To HH:MM AM PM

Do the meetings 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
- Selling, Serving or consumption of alcohol

Back Continue

- Select the meeting frequency from the drop down box.

Frequency of meetings

Time of Meetings:

SELECT

Weekly

Bi-Monthly

Monthly

- If weekly is selected, select the day of week the meeting occurs on.

Day of the week the meetings occur:

If meetings are more than one day a week, please call us at 800-553-8368.

Time of Meetings:

Do the meetings have any of the following activities?

SELECT

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

If the user selects 'No' they then click on the Continue button. If the user selects 'Yes' they will get a popup message and will not be able to complete the online application.

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

The information entered on the Eligibility screen will populate the fields in the screen shown below. The premium will be shown in under the Total Event Attendance column. This is the rating screen for any event selected on the eligibility screen other than a meeting that recurs on a regular basis.

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 (attendees)
\$1,000,000.00				\$

Back
Continue

The snag-its below show how the premium information is displayed when the event type is meeting recurring either weekly, bi-monthly or monthly.

The information entered on the Eligibility screen will populate the fields in the screen shown below. The premium will be shown in under the Total Event Attendance column.

Quote

1
Eligibility
2
Rating
3
Quote

Catholic Diocese TULIP - Rates

Premium

Commercial General Liability	# of Participants per meeting	Frequency of meetings	Premium
\$1,000,000.00		Weekly	\$

Back
Continue

Quote

1
Eligibility
2
Rating
3
Quote

Catholic Diocese TULIP - Rates

Premium

Commercial General Liability	# of Participants per meeting	Frequency of meetings	Premium
\$1,000,000.00		Bi-Monthly	\$

Back
Continue

Quote

1
Eligibility
2
Rating
3
Quote

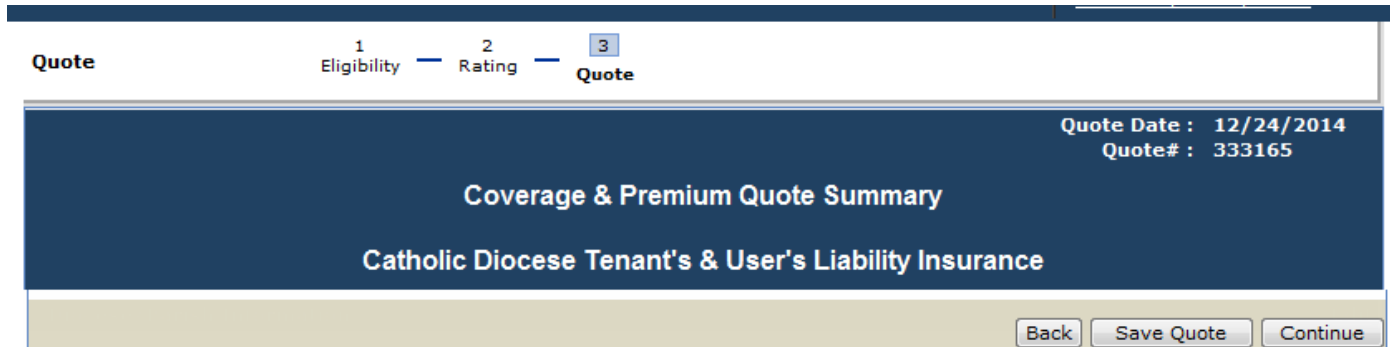
Catholic Diocese TULIP - Rates

Premium

Commercial General Liability	# of Participants per meeting	Frequency of meetings	Premium
\$1,000,000.00		Monthly	\$

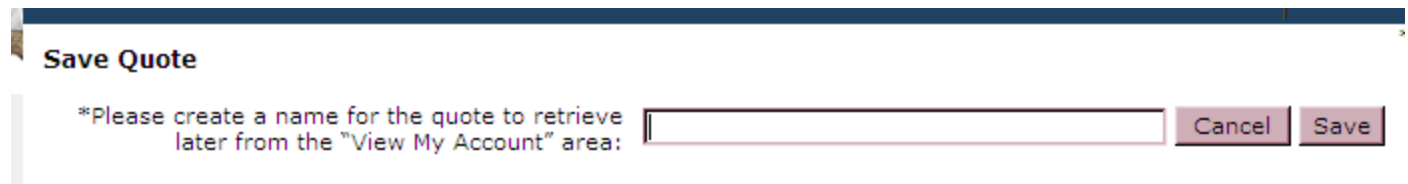
Back
Continue

See the bottom of the quote summary screen for options available on this screen. You can click on the Edit button on the right side of the quote summary to edit a section if necessary.

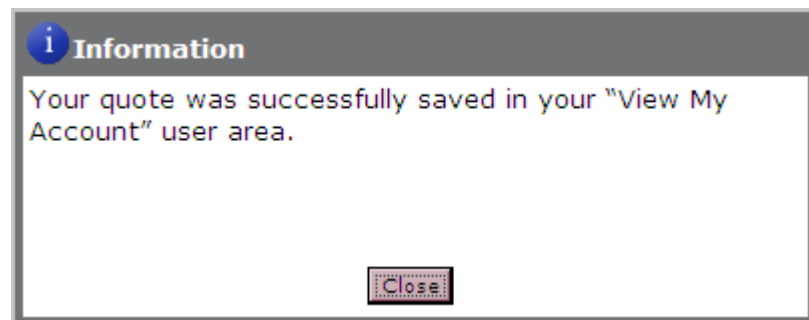


If you want to save the quote you need to be logged in.

To save at Quote Summary enter a name for the document and click on the 'Save' button.



Close the pop-up message.



Click the 'Continue' button to continue the online application process.

If the user is not logged in, they will not see the 'Insured information is the same as login information' box. The 'State' field will be automatically filled with the data from the eligibility screen.

Enrollment

1

2

3

4

5

6

Insured Information

Additional Information

Certificate Request

Warranty

Final Summary

Payment

** fields are mandatory*

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.

☐ Insured information is the same as login information

*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: Ohio

*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

Click the Continue button.

This screen will not be displayed if meeting, recurring on a regular basis was selected on the eligibility screen.

The fields highlighted in yellow below (for illustrative purposes only) will be automatically filled with the information entered earlier in the application process.

The user needs to complete the 'Name of event:' and 'Is the event held annually?' sections then click the Continue button.

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

Event – Additional Information

Name of event:

Date(s) of event/coverage (including set up and tear down):

Event location

Venue name:

Address:

City:

State:

Zip:

Is this event held annually? ☐ Yes ☐ No

An additional certificate of insurance is automatically generated for the location the event is being held. If additional certificates of insurance are needed for another entity, enter the required entity information; click on the Add This Certificate button. When all certificates have been added, click the Continue button.

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

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

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

[Add This Certificate](#)

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.

Certificate 1 [Preview](#)

Certificate holder: **Additional Insured**

Entity name: **Archdiocese of Cincinnati/All Saints Catholic Parish**

Mailing address: **8939 Montgomery Road**

City: **Cincinnati** State: **Ohio** Zip: **45236**

Relationship: **Owner, Manager or Lessor of the premises**

[Back](#) [Continue](#)

The user completes the required fields and clicks the Continue button.

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

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

☐ I have agreed to all of the above terms

Name of person completing this form:

First name:

Last name:

Relationship to insured:

Back

Continue

See the bottom of the final summary screen for options available on this screen.

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

Application Date : 12/24/2014

Final Summary

Catholic Diocese Tenant's & User's Liability Insurance

Back Save Application Continue to Payment

Saving the application is a required step to purchase coverage. It is also required if you want to save the information on the application and purchase later.

If the application was saved at the quote summary, the name given to the document will show in the name field on this screen. If the user is just saving at the final summary, enter a name for the document. Click on the 'Save' button.

Save Application - This step is required prior to purchase

*Please provide a name for this Application/Final Coverage summary:

Cancel Save

Close the pop-up message.

Information

Your application was successfully saved in your "View My Account" user area.

Close

Click on the 'Continue To Payment' button at the bottom of the final summary screen.

The user selects the method of payment and clicks the Continue button. The appropriate screens will come up for the method of payment selected.

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

Make Your Payment

Note: Premiums are 100% fully earned when coverage begins and are non-refundable.

Please complete the payment information below.

☐ CREDIT CARD ☐ PAYPAL ☐ CHECKING ACCT

[Back](#) [Continue](#)

After the payment has been processed the purchase summary screen will come up. From here the insured can print out the coverage documents. An email will also be sent to the registered user's email address containing the purchase summary along with the coverage documents.