

LIABILITY INSURANCE FOR THE EVENTS OF OUTSIDE USERS AT  
**DIocese of Tucson Facilities**  
**Event Days: October 1, 2019 to October 1, 2020**

**INSTRUCTIONS:** 1) Complete this form (be sure to provide all information requested). Return original form to the Chancery with payment. Please retain a copy for your records. Check should be made payable to **"Pooled Self-Insurance Retention Trust (PSIRT)"**

Parish or Agency (Additional Insured – Lessor)	Street Address	City	Zip
Facility/Building (i.e., Hall, School Gym, etc.) to be used and address (if different).			Parish Phone Number

**Sponsoring Organization or Individual Lessee**

Type of Event: _____	Number of (Daily) Participants: _____
Date(s) of Event: _____	Telephone Number: _____
Contact Person: _____	
Address: _____	
Will liquor be served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will food be served? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will liquor be SOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Liquor Liability must be purchased—see below

**COVERAGE IS PROVIDED ONLY FOR THE EVENT AND DATES SPECIFIED ABOVE. PROMPT NOTICE TO THE PROGRAM ADMINISTRATOR OF ANY LOSS OR INCIDENT IS REQUIRED!**

\_\_\_\_\_  
Signature of Outside User/Named Insured

\_\_\_\_\_  
Signature of Pastor, Parish Administrator or Diocesan Representative acknowledging receipt of completed request, payment and Short-Term Use Agreement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

<b>Insurance Coverage Provided by:</b>	<b>Nationwide Insurance Company</b>
<b>Limit of General Liability Insurance:</b>	<b>\$1,000,000 each Occurrence/Aggregate</b>
<b>Host Liquor Legal Liability:</b>	<b>Included</b>
<b>Liquor Liability (required If liquor is sold):</b>	<b>Additional Premium Applies (see below)</b>
<b>Damage To Premises Rented To You Limit:</b>	<b>\$300,000</b>
<b>Premises Medical Payments:</b>	<b>No Coverage</b>

Coverage includes mandatory Certified Acts of Terrorism.

_____ 1 to 1000 Daily Attendance	... <b>\$120.00</b>	_____ <b>WITH</b> Liquor Liability ... <b>\$195.00</b>
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**TOTAL PAYABLE INCL ADM FEE:**    \$ \_\_\_\_\_

**This notification of an event *must* reach the Chancery at least seven (7) days prior to the event.**

*Remit originally completed form, one copy and payment to:*

**Pooled Self-Insurance Retention Trust (PSIRT)**  
c/o Diocese of Tucson  
P. O. Box 31  
Tucson, AZ 85702  
Attn: Insurance Department

*Program Administrator:*

Arthur J. Gallagher Risk Management Services  
P.O. Box 7443  
San Francisco, CA 94120-7443  
Phone: (415) 546-9300