



Diocese of Rockford
Office of Finance and Administration
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TO: Pastors, Parochial Administrators, Superintendents, Principals, Agency Heads,
and Parish Business Managers

FROM: Jodi M. Rippon, C.P.A.

DATE: September 1, 2018

RE: Special Events Insurance Procedures

Special Events coverage, commonly referred to as **TULIP (Tenant User Liability Insurance Program)**, provides insurance coverage when a parish or school allows an event to be held on parish/school property, but the event is not parish/school sponsored. The most common example is a wedding reception held at a parish hall. If an individual or outside organization holds an event on parish/school property, they have one of two choices, either (1) provide a certificate of insurance naming the parish/school as additional insured for at least \$1,000,000.00 or (2) purchase the **TULIP** coverage. **TULIP** is underwritten by K&K Insurance and is handled through our broker at Arthur J. Gallagher Risk Management Services.

INTERNET BASED SYSTEM: No longer will you need to mail the applications and checks when you use the new internet based system for **TULIP**. This system should help improve efficiencies and provide a quicker turn around. Detailed instructions are included in this document. A few highlights of this system are highlighted below:

- Internet based system date and time stamps all requests for coverage
- Simply answer questions and check the appropriate boxes
- System immediately processes transactions and provides approval for event and the certificate of insurance
- Payment methods accepted by the system include credit card, checking account, and PayPal (from applicant, not parish)
- Recurring meetings can be applied for and paid online (Prices vary based on frequency & number of people attending. Policy good for 1 year.)

This .pdf document includes the following (bookmarked within the document)

- Online Instructions
- Diocesan Policy Governing the Use of Parish and Diocesan Facilities Effective 3-3-2015
- Facility Use Agreement rev. 3-3-2015

Internet based system instructions

Special Events / TULIP Program

Following is a 15 page document that will outline the system and what you can expect to see.

1. You will need to Login/Register on their internet site at the following address. Instead of typing the address, please copy and paste the following website address:

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

2. The questions on the website are very similar to the paper questionnaire utilized previously. The system will walk you through the questions, one at a time, but if have difficulties or need assistance, your primary contact person for the special events insurance program is **Marissa Olszewski** at Arthur J. Gallagher Risk Management Services. Any questions you have regarding insurance requirements or coverage contact **Marissa** at **(630) 285-4252** or **Marissa_Olszewski @ajg.com**.
3. The list of parishes is alphabetical by name, then organized numerically by address. There should be one listing per location, not one per building. The Diocese has no ability to sort it differently, so please scan the list carefully for your location.
4. While there are multiple ways the information may be gathered & payment submitted, it is our suggestion to have the person purchasing coverage present while completing the application to ensure all questions are be answered accurately as well as for them to make payment at the end.
5. The total fee is **\$125** which is split \$115 for the coverage policy and \$10 for the administration fee for the use of the online system (referenced as RPG Membership Fee).
6. Continue to complete the Facility Use Agreement rev. 3-3-2015 and retain at the parish.
7. If you experience difficulties or need assistance with the website, please contact the insurance carrier, K&K Insurance, at (800) 553-8368.

Paper Applications are still required for the following situations and may be requested by contacting Marissa at (630) 285-4252 or Marissa_Olszewski @ajg.com.

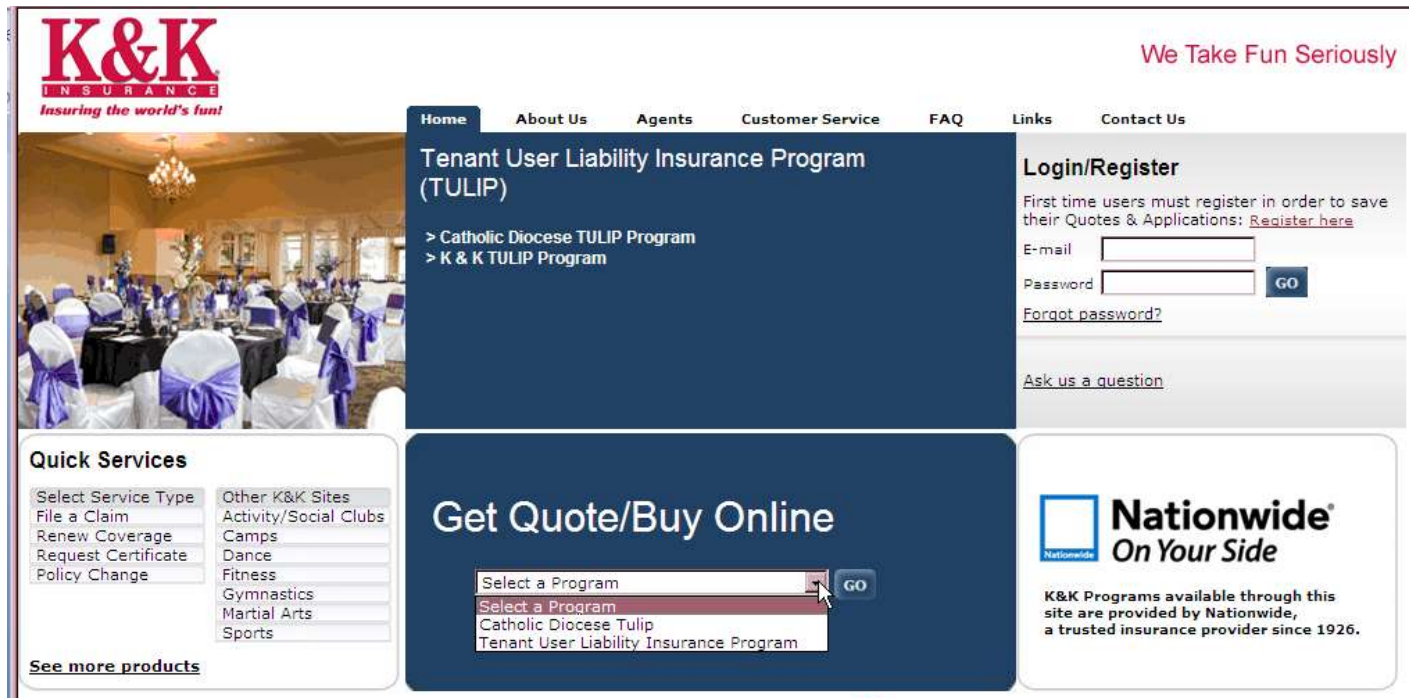
TULIP Coverage for **Liquor Liability and Inflatables** are NOT available on the web based system. Upon review and approval an invoice will be directly sent to the applicant. Please contact Amanda Clark regarding the specific cost for these coverages.

There are three instances in which a **special liquor insurance policy** is required. Please call Marissa, if **any** of these situations apply:

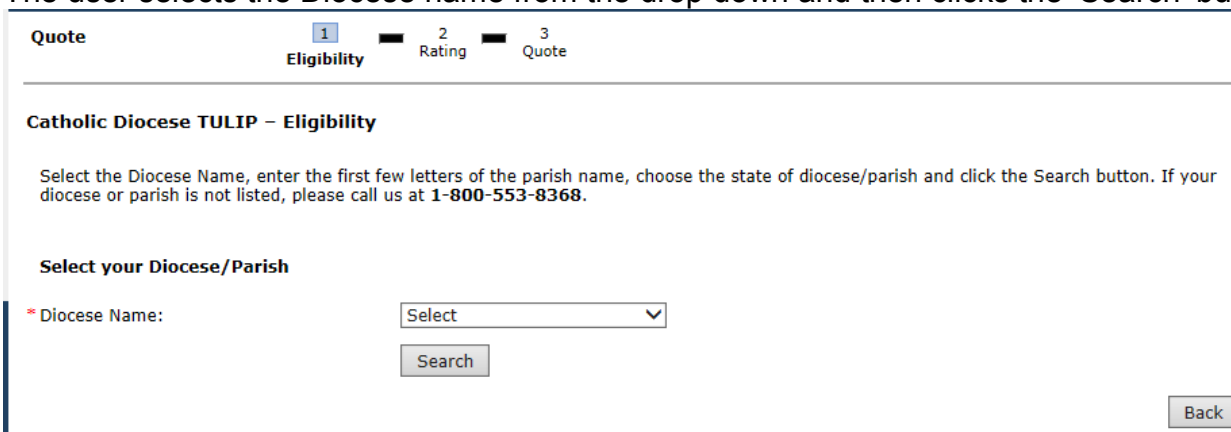
- (1) If liquor is being sold,
- (2) When there is an admission price to the event which includes liquor, or
- (3) If liquor is served as part of a fund raising event.

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



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
<input type="radio"/> Archdiocese of Cincinnati	All Saints Catholic Parish	8939 Montgomery Road , Cincinnati
<input type="radio"/> Archdiocese of Cincinnati	Alter Crest	c/o St. Joseph Orphanage , Cincinnati
<input type="radio"/> 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
<input checked="" type="radio"/> Archdiocese of Cincinnati	All Saints Catholic Parish	8939 Montgomery Road , Cincinnati

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

<input type="radio"/> Archdiocese of Cincinnati	Visitation	407 W. Main Street , Eaton
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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

<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

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

<input type="radio"/> Casino Game	<input checked="" type="radio"/> Meeting	<input type="radio"/> Wake
<input type="radio"/> Choir Concert	<input type="radio"/> Memorial service	<input type="radio"/> Wedding
<input type="radio"/> Christening	<input type="radio"/> Musical Concert	<input type="radio"/> Wedding reception
<input type="radio"/> Concert (Bluegrass, Classical, Country and Western, Pop Rock)	<input type="radio"/> Open House	<input type="radio"/> Wine Tasting
<input type="radio"/> Conference	<input type="radio"/> Opera	<input type="radio"/> Workshop
<input type="radio"/> Confirmation	<input type="radio"/> Pageant	
<input type="radio"/> Convention	<input type="radio"/> 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):	<input type="text"/>
Estimated daily attendance of this event:	<input type="text"/>
Total event attendance:	<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

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]

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"/>
Total event attendance:	<input type="text"/>

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

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]

Provide Recurring Meeting Information

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

Approximate number of participants per meeting:

Frequency of meetings:

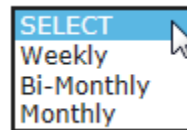
Time of Meetings: AM PM To AM PM

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

- Select the meeting frequency from the drop down box.

Frequency of meetings



Time of Meetings:

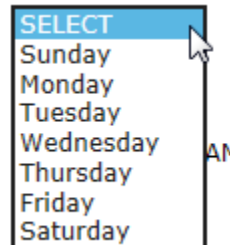
- If weekly is selected, select the day of week the meeting occurs on.

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?



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	\$

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	\$

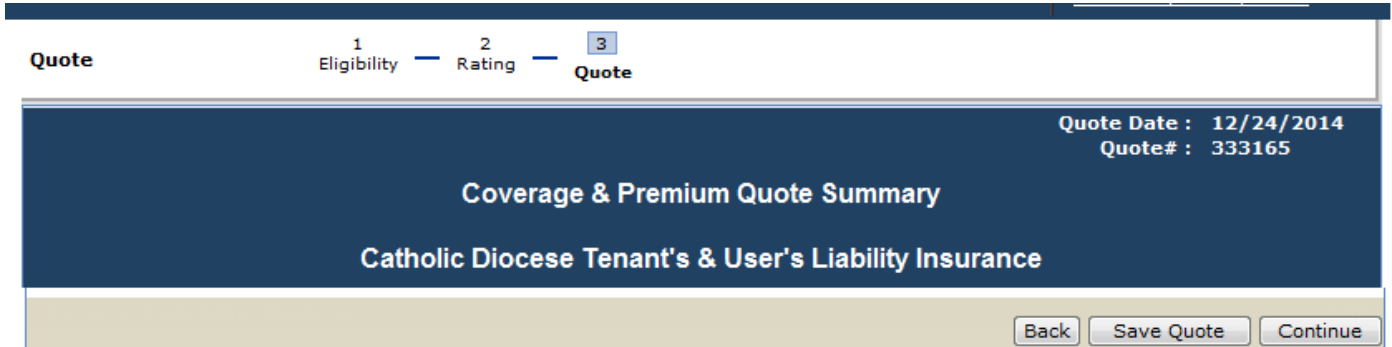
Quote 1 Eligibility 2 Rating 3 Quote

Catholic Diocese TULIP - Rates

Premium

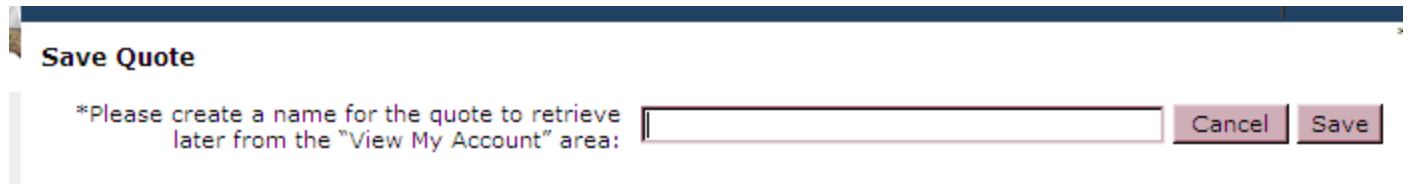
Commercial General Liability	# of Participants per meeting	Frequency of meetings	Premium
\$1,000,000.00		Monthly	\$

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.

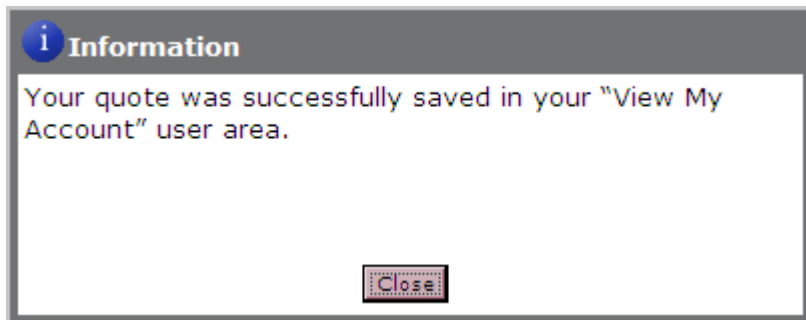


If you want to save the quote you need to be logged in.

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** Insured Information — 2 Additional Information — 3 Certificate Request — 4 Warranty — 5 Final Summary — 6 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:

*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

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**

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

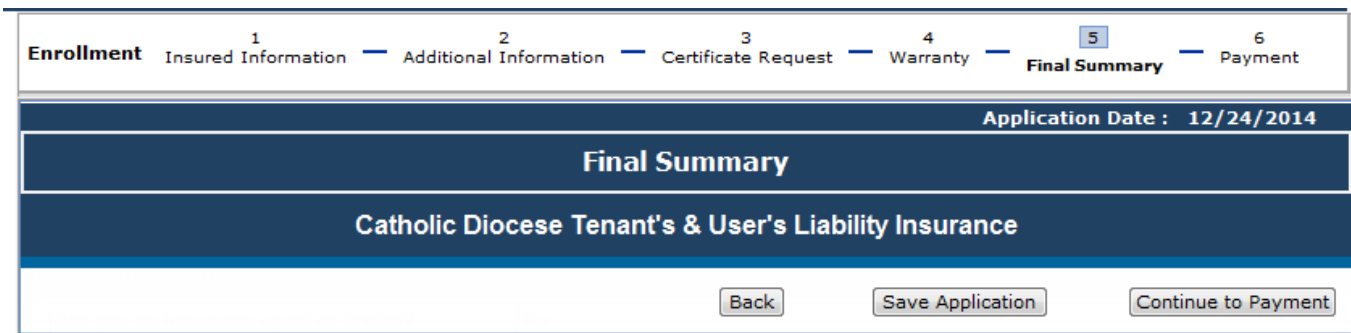
Name of person completing this form:

First name:

Last name:

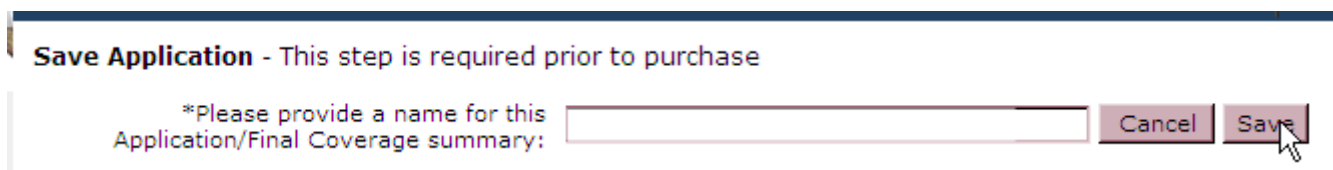
Relationship to insured:

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

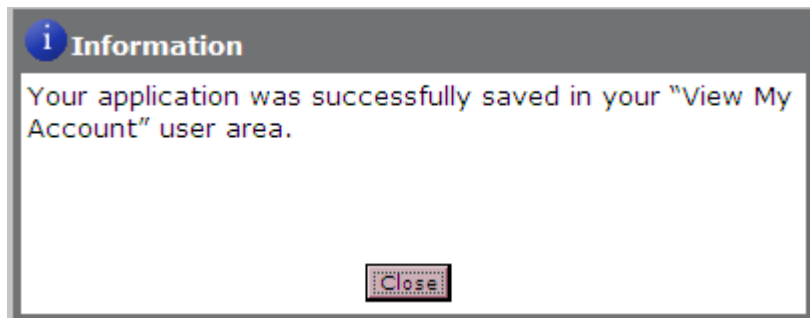


Saving the application is a required step to purchase coverage. It is also required if you want to save the information on the application and purchase later.

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.



Close the pop-up message.



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.

The screenshot shows a web interface for an enrollment process. At the top, a progress bar indicates the current step is 'Payment', which is highlighted with a blue box and the number 6. The previous steps are 'Enrollment', 'Insured Information', 'Additional Information', 'Certificate Request', 'Warranty', and 'Final Summary'. Below the progress bar, the heading 'Make Your Payment' is displayed. A red note states: 'Note: Premiums are 100% fully earned when coverage begins and are non-refundable.' Below the note, the text reads: 'Please complete the payment information below.' There are three radio button options for payment methods: 'CREDIT CARD' (with a credit card icon), 'PAYPAL' (with the PayPal logo), and 'CHECKING ACCT' (with a checkbook icon). At the bottom of the form, there are two buttons: 'Back' and 'Continue'. A mouse cursor is pointing at the 'Continue' button.

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.

DIOCESE OF ROCKFORD
POLICY GOVERNING THE USE OF FACILITIES
BY GROUPS NOT AFFILIATED WITH OR SPONSORED BY
A PARISH, SCHOOL OR THE DIOCESE

I. Introduction

This policy has been developed to assist pastors/administrators and Diocesan administrators in determining whether, and under what circumstances, to permit a non-parish, non-school, and non-Diocesan group to use a parish or school facility or Diocesan facility on a once-only, periodic, or long term basis.

II. Principles

1. Parish, school and Diocesan groups have priority in the use of parish, school, and Diocesan facilities.
2. Granting the use of a parish or Diocesan facility to a group or organization that is not affiliated with or sponsored by a parish or school or the Diocese shall not constitute an endorsement by the local parish or school, the Diocese, or the Catholic Church of the principles or philosophy of the group being granted use of the facility.
3. The pastor/administrator of the parish and school, and the administrator of the Diocesan facility may establish guidelines on the use of the parish/Diocesan facilities provided those guidelines are not inconsistent with this Policy.

III. Policy

1. The pastor of the parish and school facility, or administrator of a Diocesan facility shall determine whether the parish/school/ Diocesan facility will be made available for use to groups that are not affiliated with or sponsored by the parish/school/ Diocese. In making this determination, the pastor/administrator/Diocesan administrator shall take into consideration the needs and operations of the parish/school/Diocese.
2. A distinction exists between Church buildings which are constructed exclusively for worship and buildings which may have multiple purposes. The primary purpose and function of the Church building is the prayer and worship by the faithful. Any other use proposed to be made of the Church building shall not be of a nature that may contradict the Church building's primary purpose and function, in keeping with canonical norms regulating sacred space.
3. In cases where the pastor/administrator/Diocesan administrator has decided to make a parish/school/Diocesan facility available to individuals or groups not affiliated with or sponsored by the parish/school/ Diocese, such facility may be leased to an individual or group on a once-only basis, a periodic basis, or a long term basis. The *Facilities Use Agreement* must be completed for any arrangement for the once-only use or periodic use of a parish/

school/Diocesan facility. This document is attached to this Policy and also found in the Diocese of Rockford Parish Administrative Resource Manual.

An arrangement for the use of a parish/school/ Diocesan facility on a long-term basis must be memorialized in a written Lease Agreement, which is to be reviewed and approved by the Diocese's general counsel prior to signing by the parties. The Diocese's general counsel will assist the pastor/administrator/Diocesan administrator in preparing the Lease.

4. The use of a parish/school/Diocesan facility shall not be granted to any individual, group or organization:

whose purpose, tenets, acts or omissions, or objectives contradict the faith and morals of the Catholic Church or the policies of the Diocese of Rockford, as determined by the Bishop of the Diocese of Rockford; and the purpose, tenets, acts or omissions, or objectives of the individual, group or organization are inherently inseparable from the proposed use of the facility by the individual, group or organization, as determined by the Bishop;

when the activity for which the facility is to be used contradicts the faith and morals of the Catholic Church or the policies of the Diocese of Rockford, as determined by the Bishop of the Diocese of Rockford;

when doing so would directly involve the Church in partisan politics in support of one candidate for civil office and in opposition to other candidates for the same office;

when unlawful, unsafe, or hazardous activity may occur as a result; or

whenever the pastor/administrator/Diocesan administrator or the Diocese determines that the granting of such use will not be in the best interest of the parish, its parishioners, the faithful or the Diocese, or that the denial of such use is necessary to avoid scandal.

5. Non-parish and non-Diocesan individuals, groups, or organizations desiring to use a parish or Diocesan facility shall obtain a certificate of liability insurance coverage with acceptable coverage limits and naming the parish and Diocese as additional insureds. The procedure for doing so is outlined in the *Application for Special Events Coverage, Application for Special Events Coverage for Recurring Meetings, the Special Events Insurance and Special Events Insurance Procedures* memoranda dated April 2014 and any revised versions thereof. These documents are attached to this Policy and also found in the Diocese of Rockford Parish Administrative Resource Manual.

6. Recognizing the tax-exempt status of parishes and the Diocese, it is recommended that, whenever a donation for the use of a parish or Diocesan facility is requested, the amount of the donation not exceed the estimated necessary cost of the maintenance of the facility, and that the donation be clearly recorded in the parish financial records.

Effective March 3, 2015

Facility Use Agreement

This Facility Use Agreement is entered into by and between _____ (Owner) and _____ (Licensee), for Licensee's rental of the facility space known as _____ and located at _____, Illinois, and the terms are fully described in this Agreement.

The Parties Agree as Follows:

Event Specifics: Date of the Event _____

Duration of the Event: from _____ a.m. p.m. to _____ a.m. p.m.

Purpose for which the facility is being rented _____

Rental Fee Charged : _____

To be Paid as follows: A deposit in the amount of \$ _____ to hold the facility and date is due at time of Agreement signing, and the balance is due on or before _____.

Estimated Guest/Attendees Count: _____

If a wedding reception, full names, addresses and phone numbers of Bride and Groom: _____

If other Event, full name, address and phone number of Licensee's contact person: _____

Other specific arrangements between Owner and Licensee for the Event: _____

1. Special Event Insurance. Licensee shall, during the performance hereof, keep in full force and effect an Event Liability insurance Policy of comprehensive general liability and property damage insurance with respect to the Event for which the facility is being used, and in which the limits of liability shall be not less than \$1,000,000.00 combined single limit for bodily injury and property damage. The policy shall name Owner as additional insured. A certificate of insurance shall be deposited with Owner prior to the date of the date of the Event.

2. Licensee's Representations and Owner's Right to Deny Use. As an inducement to the Owner entering into this Agreement with Licensee, Licensee represents that:

- (a) Licensee is not an individual, group or organization whose purpose, tenets, acts or omissions, or objectives contradict the faith and morals of the Catholic Church or the policies of the Diocese of Rockford, as determined by the Bishop of the Diocese of Rockford; and
- (b) In using the Facility, Licensee and its guests or attendees will not engage in (i) unlawful, unsafe, or hazardous activity on or around the Facility's premises; (ii) a political Event in support of one candidate for civil office and in opposition to other candidates for the same office; or (iii) an activity which offends or is contrary to the faith or morals of the Catholic Church.

Additionally, Licensee acknowledges that the Owner reserves the right to deny the use of facilities to any person, group or organization when the Owner determines that the granting of such use will not be in the best interest of the Owner or the Diocese, or that the denial of such use is necessary to avoid scandal.

3. Impossibility. Licensee acknowledges that the Owner shall not be liable for Owner's failure to provide the Facility for the Event due to fire, electrical failure, an act of God, or other condition beyond its reasonable control. In such case, Owner will make all reasonable efforts to reschedule the Event. If a rescheduled date cannot be agreed upon, Owner shall refund all monies paid by Licensee as Licensee's sole and exclusive remedy.

4. Indemnification and Hold Harmless. To the fullest extent permitted by law, Licensee will indemnify Owner and save Owner, its agents and employees, and hold harmless from and against any and all claims, actions, damages, liability, and expense in connection with loss of life, personal injury and/or damage to property arising from or out of any occurrence in or upon Owner's property, or the occupancy or use by Licensee of the property or any part thereof or the use by Licensee of any adjacent property, or occasioned wholly or in part by any act or omission of Licensee, its agents, employees, servants, licensees, concessionaires, guests or other attendees. In case Owner shall be made a party to any litigation commenced by or against Licensee, Licensee shall protect and hold Owner harmless and shall pay all costs, expenses and reasonable attorney's fees incurred or paid by Owner in connection with such litigation.

5. Damage or Loss. Owner assumes no liability for the loss, damage or return of any items of personal property brought onto the premises by Licensee, or any of its guests. Licensee assumes all liability and risk of loss for any loss or damage to items of personal property brought onto premises by any member of said Licensee, or any of its guests. Owner assumes no liability for the loss or damage of vehicles parked in the Church/School/other Diocesan entity/Facility parking lot by Licensee, or any of its guests.

6. Adherence to Facility Rules. Licensee agrees to adhere, and to require its guests and attendees to adhere, to the following rules during the use of the Owner's facility:

- (a) Licensee and its guests or attendees will not engage in (i) unlawful, unsafe, or hazardous activity on or around the Facility's premises; (ii) a political Event in support of one candidate for civil office and in opposition to other candidates for the same office; or (iii) activity which offends or is contrary to the faith or morals of the Catholic Church.
- (b) The Facility's Building Manager or the Owner's designee shall approve scheduling of all building facilities.
- (c) Licensee agrees to conduct the Event in a civil orderly manner, and at reasonable noise level, and Owner reserves the right to eject any guest or attendee of the Event from the premises for damage to property, injury to person, unacceptable, unruly and/or dangerous behavior, inappropriate attire, lewd acts, disregard of Owner's policies or these Rules, or for other violation of this Agreement.
- (d) The Event must terminate by 1:00A.M. Events with music must arrange for music to stop at 12:00 Midnight. If the Event will have minors in attendance who are not accompanied by a parent or guardian, Licensee will be fully responsible for city curfew compliance.
- (e) Absolutely NO decoration or signs are to be attached or affixed in any way to any walls, windows, doors, or chandeliers.
- (f) All decorations, flowers, liquor, or food items must be removed at the conclusion of the Event.

- (g) There is to be NO SMOKING inside the building, outside the premises or on the premises.
- (h) Firearms are strictly prohibited in the building, outside the building, and on the premises.
- (i) Licensee shall comply with all applicable laws, ordinances and regulations in the use of the facility.
- (j) Licensee is responsible for the conduct and acts and omissions of all individuals attending Licensee's Event, including, but not limited to, all guests, attendees, caterers and vendors.
- (k) Licensee is required to ensure that Licensee's guests and the caterer and other vendors for the Event also comply with all applicable laws, ordinances and regulations.
- (l) Licensee shall be liable for abuse of, damage to, or loss of property belonging to Owner, whether real or personal, and any and all injuries occurring to Licensee, its guests, attendees, and third parties as a result of Licensee's use of Facility or conduct of Licensee, guests and/or attendees at the Event. Licensee agrees to reimburse the Church, upon demand, such sum as will be necessary to restore or replace the damaged property. Licensee assumes full responsibility for the character, acts and conduct of all persons attending Licensee's Event.
- (m) Licensee will not charge for (whether by admission fee or otherwise) alcoholic beverages served at Licensee's Event and will otherwise comply with all laws regarding the use and consumption of liquor.

7. Complete Agreement. This represents the complete agreement between the parties. Any change or modification to this Agreement will be invalid unless made in writing and signed by both parties to this contract.

Agreed and entered into on the last date written below.

OWNER:

LICENSEE:

Print Name of Owner (Parish or other Diocesan entity)

Print Name of Person or Entity

Signature of Owner Representative

Signature of Authorized Person

By Its _____
(Pastor, Administrator, Principal, etc.)

Print Name of Authorized Person signing

Date: _____

Date: _____