Event Insurance Enrollment Form for Recurring Events

Email to:	Sherrie Sporek: sspore@dioceseoftrenton.org or Margaret Dziminski: mdzimi@dioceseoftrenton.org
Mail check to:	Diocese of Trenton, Chancery Office Attn: Dept. of Administrative Services 701 Lawrenceville Road Trenton, NJ 08648
Parish Name:	**Parish Event Coordinator:**
Parish Phone:	

Purpose: This form is required to buy general liability insurance on non-parish or diocesan sponsored meetings where the facility user is unable to provide an acceptable certificate of insurance.

Coverage: The policy, offered by Great Divide Insurance Company, provides $1,000,000 of commercial liability insurance. The policy does not cover, among other exposures, property damage or bodily injury arising from sexual abuse and molestation, corporal punishment, daycare operations, professional errors or omissions, athletic participants, fireworks, motorized vehicles, and amusement devices.

Process: **A completed form and payment must be received by the diocesan insurance department at least one business day before the meeting date to bind coverage.** Coverage cannot be purchased once the meeting has occurred nor will incomplete forms be accepted. Make check payable to: **Diocese of Trenton**. Check must be drawn on the parish. Rush requests can be accommodated if confirmed in writing by a member of the diocesan insurance department. Please retain a copy of the completed forms for your records.

	Meeting(s) Information	Description	
→	**Date of First Meeting**		
	Day(s) of the week that the meeting will recur (Check all that apply)	☐ ☐ ☐ ☐ ☐ ☐ ☐ **Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday**	
	Monthly or Semi-monthly	**Every _____ (1st, 2nd, 3rd, 4th) _____(Weekday) of the month**	
→	**Meeting(s) Sponsor's Name**		
→	**Sponsor's Address**		
→	**Event Location (Parish or Diocesan Facility)**		
→	**Location Street Address**		
→	**Location City, State & Zip**		
→	**Meeting Start & End Time**	☐ ☐ **AM / PM (check one)** ☐ ☐ **AM / PM (check one)**	
→	**Number of Participants**		
→	**Type of Meetings**	✓ **column below next to type of meeting**	**3/1/2025 *Annual Rate**
☐	Meetings - Monthly - 1-125 participants		$250
☐	Meetings - Monthly - 126-500 participants		$375
☐	Meetings – Twice a week - 1-125 participants		$1,050
☐	Meetings – Twice a week - 126-250 participants		$1,250
☐	Meetings - Semimonthly (twice a month) - 1-150 participants		$275
☐	Meetings - Semimonthly (twice a month) - 151-250 participants		$425
☐	Meetings - Weekly - 1-125 participants		$375
☐	Meetings - Weekly - 126-500 participants		$600