CATHOLIC MUTUAL GROUP
Commitment. Expertise. Stability.

April 27, 2026

RE: Special Events and Transportation Information

Our office has been receiving many questions about special event and transportation policies. Enclosed is information on both for reference.

If you have any questions, please give us a call.

Sincerely,

Jennifer Castillo
Sr. Service Office Assistant
Archdiocese of Santa Fe
Catholic Mutual Group
Jcastillo@catholicmutual.org

/jc

SPECIAL EVENTS

The current policy for all special events not sponsored by the church is as follows:

- A church sponsored event is one in which the priest can use all proceeds, for example, a fundraiser for church needs, and he has control over what occurs during the event.
- Non-church sponsored events are those in which a third party uses church facilities, and the priest has no say in the money or the activity.
- For individual events such as a birthday party, graduation party, other types of celebrations and non-parishioner funeral receptions, require purchase of the third-party insurance coverage, which are attached. They also need to sign a Facility Use/Indemnity agreement.
- For group events, such as AA meetings, Catholic Daughters meetings, and Knights of Columbus meetings, these groups need to provide a certificate of insurance naming the archdiocese and the parish as additional insured with a minimum of $1,000,000 worth of liability coverage and sign a Facility Use/Indemnity agreement. See example attached.
- Large events that have multiple vendors require Catholic Mutual to quote the event to cover each vendor. For example, the church allows an outside group to host a craft fair on church property. If this is the case, email us to request the applications necessary and we can quote the event.
    - If a certificate of coverage is provided by the entity's insurance company using the parish facilities, it must be verified that all vendors are listed on the certificate as additionally insured. If necessary, send the certificate to our office for review prior to the event.
- Alcohol is not allowed unless the archbishop allows this.
- Church sponsored events such as First Communion, bible studies, etc. are automatically covered by your current coverage through Catholic Mutual.
- Although First Communion is covered, a party afterwards for an individual would need special event coverage. Same with weddings, baptisms or other church sponsored events. The celebration or party afterwards would need to have special event coverage.
- Fill out the application in its entirety. On special event application, if a mission church or separate hall is being used, please enter the main church as the Name of Parish or Institution, and note the mission church in the Type of event section.
- Checks or Money orders are made out to the *Archdiocese of Santa Fe* and mailed to Catholic Mutual at 4000 St. Joseph Place NW, Albuquerque, NM 87120.
- Email a copy of the application and check to Jcastillo@catholicmutual.org before sending in the mail. We request 15 days prior notice to the event except for funeral receptions (requiring 24-hour notification). Please call Jennifer at 505-831-8122 if you have any questions.

NOTE: CATHOLIC MUTUAL **MUST** RECEIVE APPLICATION AT LEAST 15 DAYS PRIOR TO EVENT. **DO NOT** SUBMIT APPLICATIONS MORE THAN 6 MONTHS IN ADVANCE.

ARCHDIOCESE OF SANTA FE - 0057

APPLICATION FOR SPECIAL EVENTS COVERAGE

Coverage Limit: $1,000,000 Combined Single Limit Bodily Injury and $500,000 Property Damage Liability.
Coverage provided is per event (not per claim).
SUBMISSION OF APPLICATION DOES NOT BIND COVERAGE - ALL EVENTS ARE SUBJECT TO APPROVAL

Coverage underwritten by **Nationwide Mutual Insurance Company;** Policy No. on file with C.M.G. Agency, Inc.

Cost of Coverage: $95 Per Event (Overnight Stays - $125)

TO AVOID DELAY OR DENIAL OF COVERAGE, PLEASE ENSURE THAT EVERY FIELD IS COMPLETED.

Name of Parish or Institution:

_____

_____

Street (Physical) Address (NO P.O. BOXES):

City/State: _____ **ZIP Code:** _____

Phone No.: _____

Lessee (Additional Insured) Information:
Name of Sponsoring Organization or Individual Requesting Coverage

_____
*(Please **Print** Lessee Name(s) or Organization)*

Lessee (Additional Insured) Contact Person:

Name: _____

Street Address: _____

City/State: _____ **ZIP Code:** _____

Telephone: _____

Date of Event: _____

Type of Special Event (Example: wedding reception, anniv. party, etc. If it's a **FUNDRAISER, be specific** about what is occurring):

_____

_____

Time of Event: From _____ To _____

Is this an overnight event? _____ Yes _____ No

Approx. Number of Participants: _____

Is Food Being Served?* _____ Yes _____ No

**Please note, alcohol is not permitted*

To receive approval notification please print e-mail(s):
*(Please **Print** E-mail(s) Clearly)*

_____

_____

_____

COVERAGE DOES NOT APPLY TO CERTAIN EVENTS AND EXPOSURES, SUCH AS, BUT NOT LIMITED TO:

- Any carnival event
- Fireworks & fireworks displays
- Events involving 'BYOB' (Bring your own bottle)
- Events involving pool or lake activities
- Events involving recreational vehicles
- Rap/Hip-Hop/Alternative music (non-religious bands)
- Events organized or operated by professional promoters/ performers
- Organized sporting events, including tournaments & camps (some sporting activities are allowed and must be pre-approved).
- Events where a fee or admission is charged, unless all proceeds go to charity
- Political Rallies
- Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
- Claims related to an epidemic/pandemic

ADDITIONAL CHARGES WILL APPLY FOR:

- Events which exceed 3 days in duration (charge TBD)
- Inflatable Amusement Device (Must be pre-approved, picture required. Minimum charge of $100 per inflatable applies; each device is underwritten; charge is determined by size and potential risk.)
- Events that exceed 1,000 in attendance (charge TBD)

MAKE CHECK PAYABLE TO:
ARCHDIOCESE OF SANTA FE

RETURN WITH FORM TO:
Catholic Mutual Group
Catholic Center
4000 St. Joseph Place, NW
Albuquerque, NM 87120
Phone: 505-831-8122 | Fax: 505-831-8112

IN THE EVENT OF A CLAIM, PLEASE CONTACT C.M.G. AGENCY CLAIMS DEPT: 800-228-6108

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Name of Insurance Producer	CONTACT NAME: PHONE (A/C, No, Ext): (505) FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Insurance Company
INSURED Name of Outside Group using Facility	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR	X					DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ]	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Description of event with dates, and any other information inportant to this coverage

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Roman Catholic Archdiocese of Santa Fe, Real Estate Corporation, Trustee, and Name of Parish Address of Parish	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

Catholic Mutual... "CARES"

FACILITY USAGE/INDEMNITY AGREEMENT

The Facility Usage/Indemnity Agreement must be used when non parish sponsored or affiliated groups use parish facilities on a short-term basis such as one day or a week. The following groups are examples of non-parish sponsored or affiliated groups that should sign the Facility Usage/Indemnity Agreement:

1. Girl Scouts, Knights of Columbus, American Legion or other similar organizations that use parish facilities for meetings or fundraisers.
2. AAU sport teams or non-parish sponsored sport classes/clinics.
3. Parishioner and non-parishioner families that rent or use parish facilities for wedding receptions, family reunions, anniversary parties or other similar activities. (In lieu of signing the Facility Usage/Indemnity Agreement, a parishioner or non-parishioner family would be eligible to purchase "special event" liability coverage through your parish via Catholic Mutual.) Please note that funeral luncheons are parish sponsored events.
4. Any other organization, municipality or county organization that uses parish facilities for a meeting or function that is non-parish sponsored.

The Facility Usage/Indemnity Agreement requires the facility user to provide the parish with a certificate of insurance documenting general liability coverage in the amount of $1,000,000 per occurrence. This certificate of insurance must name your parish and the Arch/Diocese as an additional insured. It is not adequate to obtain a certificate of insurance, which names the parish as a "certificate holder."

It is often asked what criteria an organization must meet to be parish sponsored or affiliated. In the event of an insurance claim involving a potential non-parish sponsored activity, the following questions would be asked to further determine if a group was parish sponsored and eligible for insurance coverage:

1. Did the parish have full control over the group or function?
2. Did any costs or fees associated with the function flow through parish accounts?
3. Was the function or group open to all parish members?
4. Was the purpose of the function or group to facilitate learning, raise revenue for the parish or provide a social service on behalf of the parish?
5. Was the teacher or leader of the group a parish volunteer or employee?

In general, a group, which does not meet the definition of an affiliated organization or is unable to answer the above five questions in the affirmative would not be parish sponsored. Accordingly, that group must sign the Facility Usage/Indemnity Agreement and supply the parish with the necessary insurance documentation.

FACILITY USAGE/INDEMNITY AGREEMENT

PARISH:_____

PARISH is understood to include the Arch/Diocese of _____

FACILITY USER: _____

DATES OF FACILITY USAGE: _____

TYPE OF FACILITY USAGE: _____

The above named FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named FACILITY USER or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified FACILITY USAGE at the above named PARISH.

FACILITY USER agrees to provide a certificate of insurance to the PARISH, which provides evidence of general liability coverage of not less than one million dollars ($1,000,000) per occurrence. FACILITY USER also agrees to have the PARISH named as an "Additional Insured" on its general liability policy for the DATE(S) OF FACILITY USAGE in relationship to the TYPE OF FACILITY USAGE for claims which arise out of FACILITY USER'S operations or are brought against the PARISH by FACILITY USERS' employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. FACILITY USER also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH.

If FACILITY USER fails to comply with the above (second) paragraph, then the above named FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified DATE(S) OF FACILITY USAGE that is brought against the PARISH by the above named FACILITY USER or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents, or the negligence of any other individual or organization. This paragraph does not relieve FACILITY USER's responsibility to comply with the above (second) paragraph.

If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: _____

(Must be an official agent of FACILITY USER)

NAME (Please print): _____

DATE: _____

TRANSPORTATION

The current transportation policy is as follows:

- Any vehicle owned by the Archdiocese, Parish, or School must be on the Catholic Mutual Auto Policy.
- Anyone driving on behalf of the Parish, School or other Archdiocesan location must take the Virtus Training at the Archdiocese of Santa Fe and take the CMG Connect.org "Defensive Driving Curriculum and Motor Vehicle Report" course. This includes employees and volunteers driving parish vehicles and personal vehicles. The CMG Connect course must be renewed every 3 years. Please see attached to create a CMG Connect account.
- No individual under the age of 18 should be allowed to drive an Archdiocesan, Parish, or School vehicle. Only licensed drivers at least 21 years of age may transport children in any Archdiocesan, Parish, or School Vehicle.
- 10 to 15 passenger vans/shuttles are **not permitted** to be used under any circumstances.
- Buses
    - Catholic Mutual suggests contracting with a bus company whenever possible
    - Use of donated buses:
        - All volunteer drivers must be vetted through the Virtus Training and CMG Connect Defensive Driving Curriculum & Motor Vehicle Report.
        - All volunteer drivers must have an appropriate NM driver's license to operate a bus.
        - If the individual or company donating the use of the bus requests a certificate of coverage, send Dan or Jennifer the certificate requirements in writing with the event information, maps, schedules, etc.
- Use of personal vehicles requires the following in addition to the above requirements:
    - Liability insurance limits of $100,000/$300,000 are required for the use of personal vehicles as well as the completion of volunteer and employee driver information forms
- Passenger vehicles rented from a company such as Enterprise, are covered by the Catholic Mutual Auto Policy for property and liability. We do encourage your location to purchase the additional damage waiver offered by the rental company. This is a protection option that limits your financial responsibility for damage or theft of the rental vehicle. This is not mandatory but will save you the deductible in the event of loss.

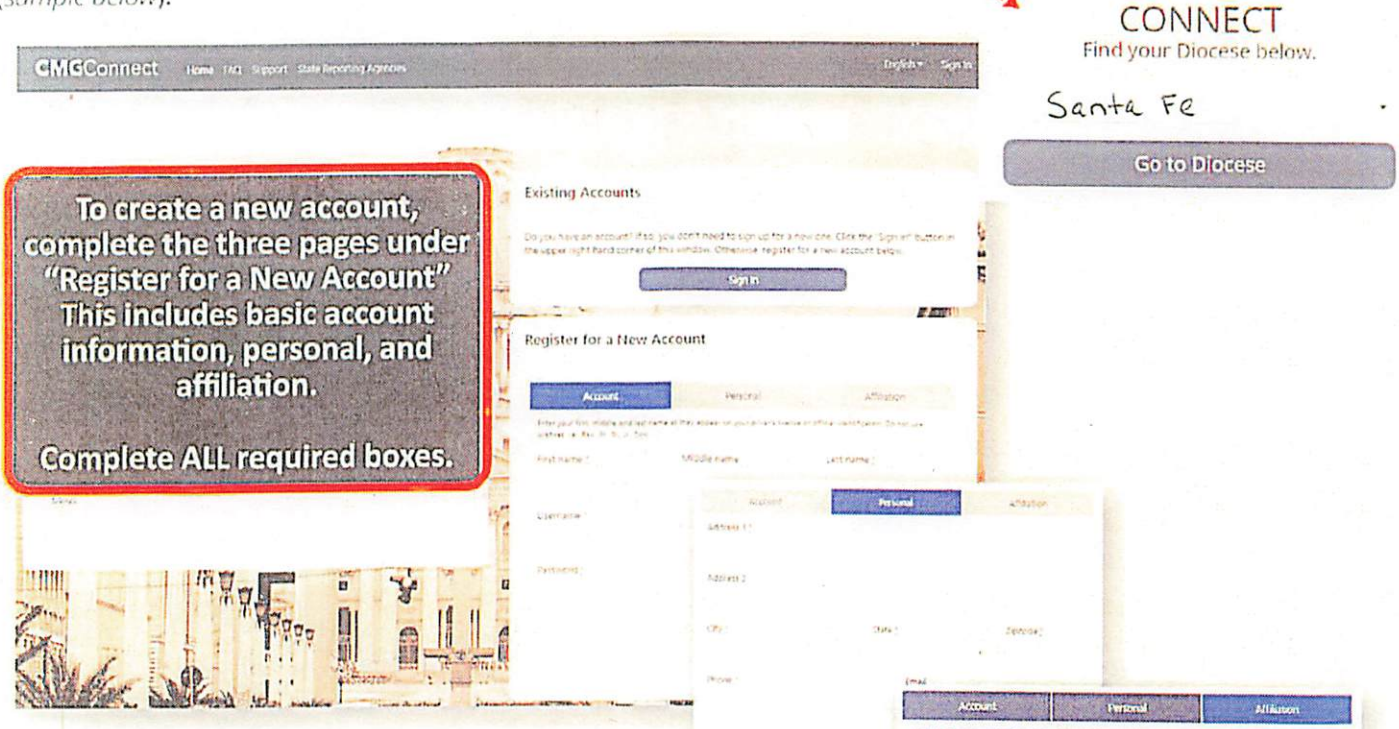
*Please contact Dan or Jennifer at 505-831-8122 for any additional questions.

CMGConnect

End-User Instructions

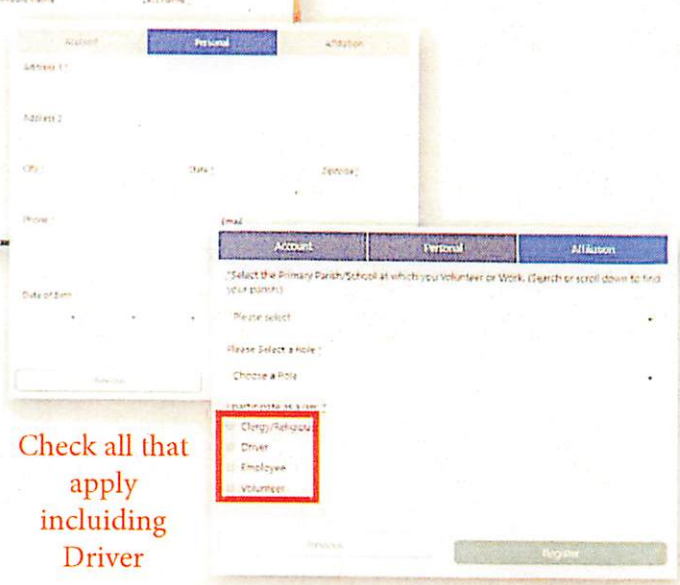
Step 1: Accessing CMG Connect

Go to www.CMGconnect.org/ to select your organization from the dropdown box then click **GO**. This will bring you to your organization's landing page (*sample below*).



Please select the category(s) that best describe how you participate at your location. This allows the platform to automatically assign the correct training(s).

If you are unsure, contact your Safe Environment Coordinator.



Check all that apply incluiding Driver

If you have done training in the past, you may already have an account. Please login with your previous username and password by clicking the "Sign In" button at the top right of the page.

If you cannot remember your username and password and have an email address in the system, please click 'Forgot Password'. Please contact cmgconnect@catholicmutual.org or click Support if you need assistance accessing your account.

For more information, please use your FAQ or Support tab at the top of the screen.

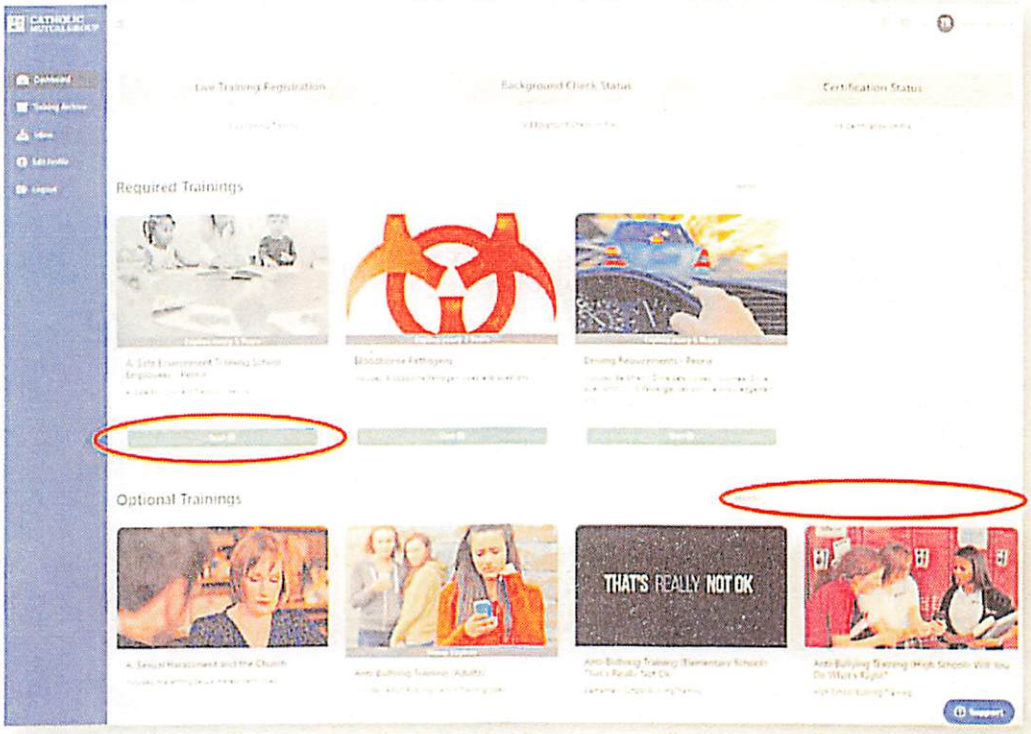
Updated: 01/16/2020

CATHOLIC MUTUAL GROUP

Step 2: Locate and Open Trainings

Once you have completed the registration process, you will see the training curriculums. Click **"Start"** to begin. ***Note: Available curriculums will vary based on your organization customization as well as the participation category you selected when registering for your account.***

To view other Optional Trainings, scroll to the bottom of the page and search for desired trianing.



Step 3 (Optional): Print Certificate

When you have reached the end of the training, click on your dashboard and find your completed training. Click **"Print Certificate"** to view and download your completion certificate.

(Allow 24-48 hours for MVR Background to be compelted before printing)