



1200 East Broad Street, Mansfield, TX 76063
 www.mansfieldtexas.gov Email: jennifer.johnston@mansfieldtexas.gov

Special Event Application

Organization/Group: Mansfield Methodist Medical Center	Date of Submission : 9/14/2022
Applicant: Demery Cox	
Applicant's Address: 601 Winterwood Dr., Kennedale, TX 76060	Phone No. 682-552-9555
Name of the Event: Mansfield Run With Heart	Email: coxracingservices@gmail.com
Address of Event: 2700 E. Broad St., Mansfield, TX 76063	
Description & Activities: Half Marathon, 5K, 1 Mile Run/Walk	
Date of Event: November 12, 2022	Hours of Event: 7am - 11am
Public Invited or Private Party? Public	Estimated Number of Attendees 600
Do you plan on having Food Trucks or carts? No	*If yes, a separate permit is required.
Is the event in a Mansfield Park? No	*If yes, Insurance is required
Do you plan to Temporarily Close a Public Street? No	*If yes, Insurance is required
Is the event on Private Property other than your own? Private	*If yes, signed permission is required
Will there be any new or temporary electric lines installed? No	
*If yes, a registered Electrician must obtain a permit. Indicate the line locations on the site plan.	
Will you be using generators? No	*If yes, show location on the site plan
Do you plan to have any Tents? No	*If yes, a separate permit is required.
Do you plan to have any pop-up canopies? No	
Do you plan to have any Promotional Signs? (banners, streamers, balloons) No	*If yes, a separate permit is required
City of Mansfield Assistance Requested:	
Barricades/ Street Closure? No	*If yes, show on site plan where you want to have barricades. A resident roster must be submitted for a block party.
Police/Traffic Control/Security? Yes	*If yes, attach an explanation and the name of the person you are working with
<p align="center">Please Read and Include the Following Information With This Application</p> <ul style="list-style-type: none"> • For all outdoor activities, a site plan must be attached. One can be provided if requested. You need to show where all items will be located on the site plan. • If Insurance is required, the City of Mansfield must be listed as "Additional Insured". • All documents must be turned in at the same time. Please allow enough time for review and approval before the date of your event. 	
Applicant's Printed Name:	Applicant's Signature:
Demery Cox	<i>Demery Cox</i>

PERMISSION TO USE PRIVATE PROPERTY FOR SPECIAL EVENT
(Required if this is not your property or business location)

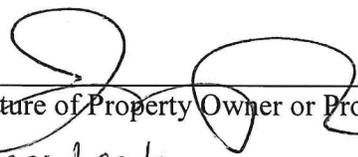
I, the undersigned, being the property owner or property management representative of the owner for the property described herein below, do grant

Cox Racing Services permission to have their special event on said property.
(Person, group or business name)

Property address: 2700 E. Broad Street Mansfield, TX 76063

Please check all that apply:

- Entire Special Event, including all activities listed, are approved be held at this location.
- Approved for overflow parking and/or shuttle area to be held at this location.
- Approved to place promotional signage at this location, if the required permit is obtained. (I am aware this will use up one of the three (3) times a calendar year maximum for this location)
- Approved to place a Tent(s) and/or canopy for the event. (Note: a Tent requires a permit)
- Approved to place Bounce Houses, Petting Zoo, Children's Games and/or Kid's activities
- Misc. Approved: _____


Signature of Property Owner or Property Management Company

President
Printed Name/ Job Title

2700 East Broad Street, Mansfield, TX 76063
Mailing Address

692-242-6001
Contact Phone Number

JuanFresquezJr@mhd.com
Email Address



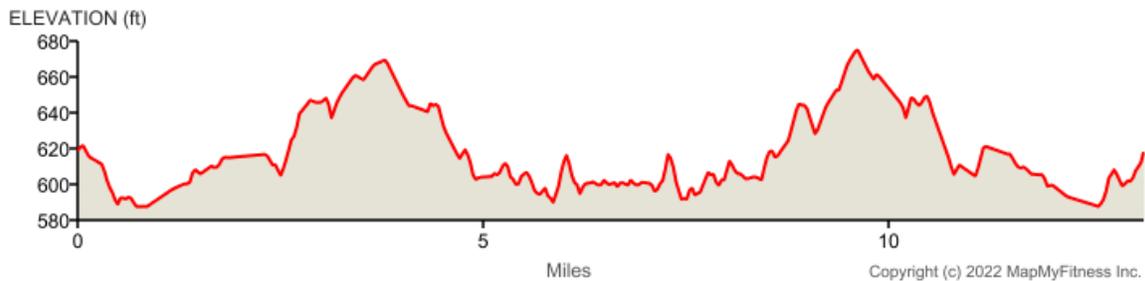
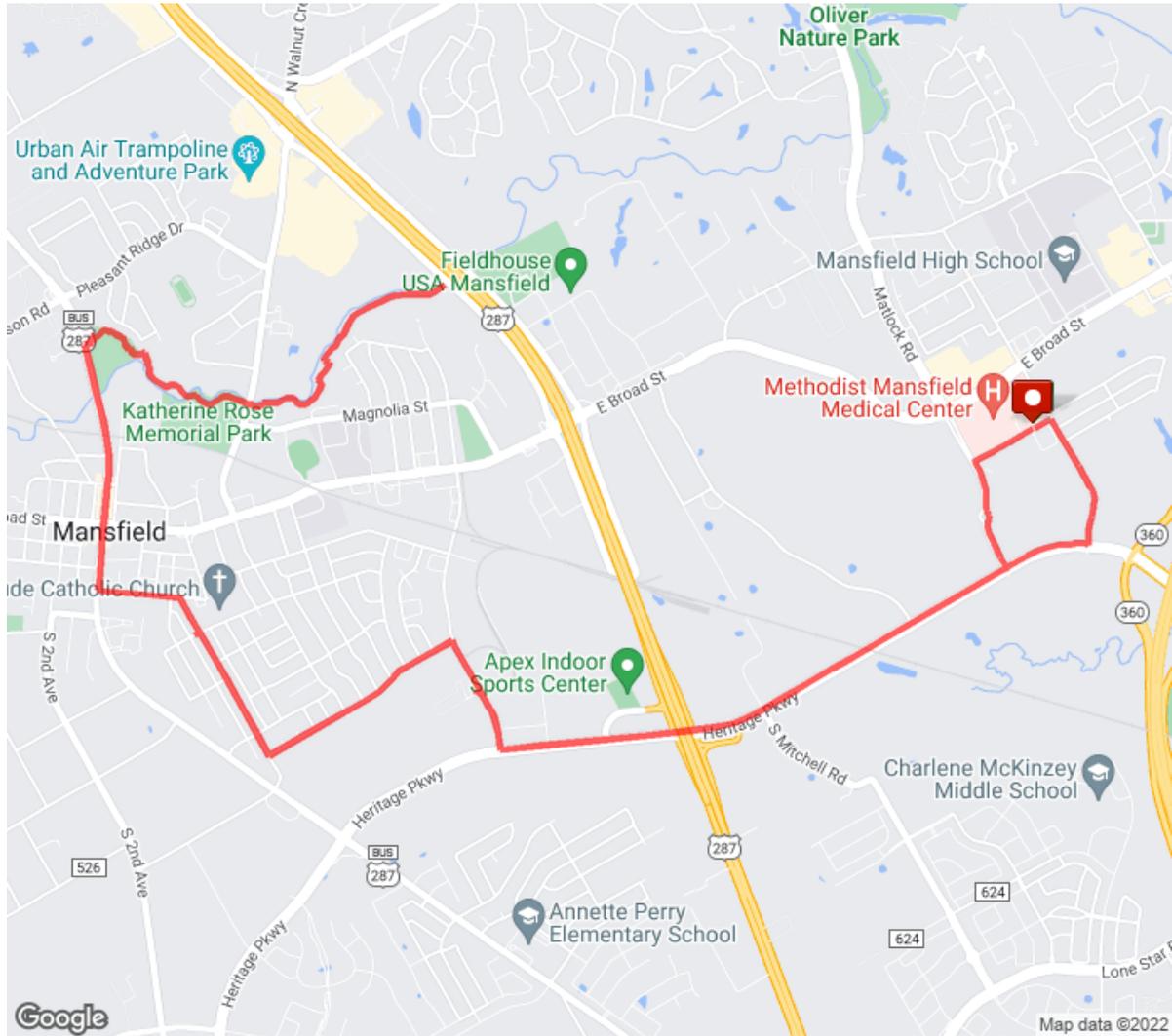
2022 Mansfield Run With Heart Half Marathon Route

Distance: 13.14 mi

Elevation Gain: 249 ft

Elevation Max: 676 ft

Notes





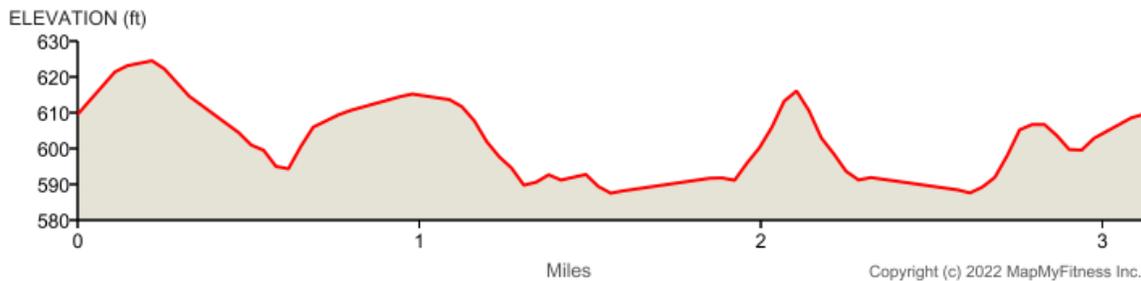
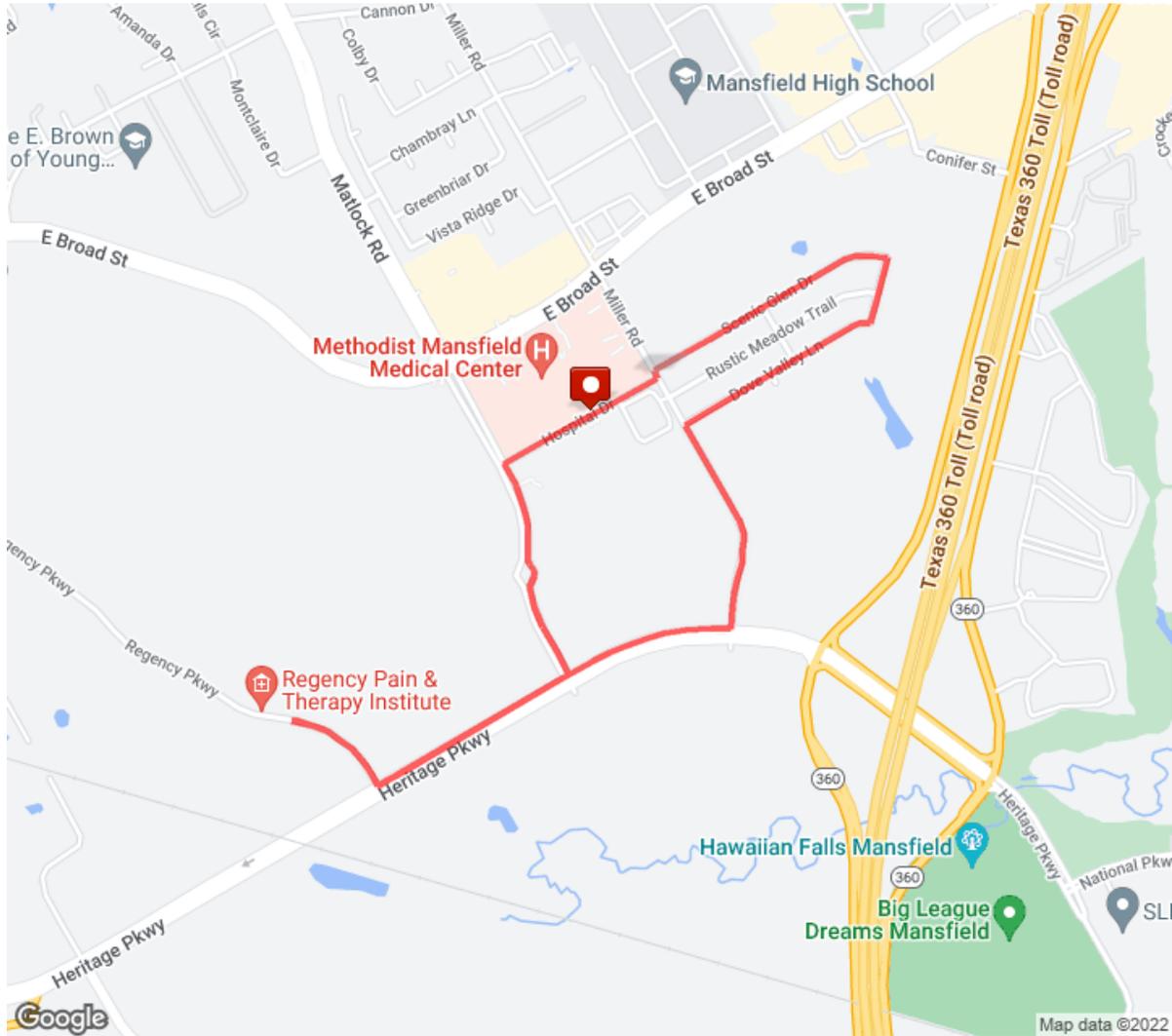
2022 Mansfield Run With Heart 5K Route

Distance: 3.12 mi

Elevation Gain: 68 ft

Elevation Max: 625 ft

Notes





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/13/2022

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 Insurance Management Group 12730 Coldwater Road, Suite 103 Fort Wayne IN 46845		CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2925 FAX (A/C, No): (765) 664-0761 E-MAIL ADDRESS: mmayers@insmgt.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: National Casualty Company	NAIC # 11991
		INSURER B: Nationwide Life Insurance Company	66869
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Road Runners Club of America/2022 and Its Member Club 1501 Langston Boulevard, Suite 140 Arlington VA 22209			

COVERAGES

CERTIFICATE NUMBER: 2022 \$2M A.I.

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to <input type="checkbox"/> Participant \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event Basis			KRO000008971600	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Abuse & Molestation \$ 500,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			KRO000008971600	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)			BAX0000031850400	12/31/2021	12/31/2022	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 10/15/22 M4M and 11/12/22 Mansfield Run With Heart INSURED RRCA CLUB/EVENT MEMBER: Cox Running Club ATTN: Demery Cox, 3028 Gardenia Dr., Fort Worth TX 76119 Processed by RMV

CERTIFICATE HOLDER**CANCELLATION**

10/15/22 City of Mansfield 1200 E. Broad St. Mansfield TX 76063	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 
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