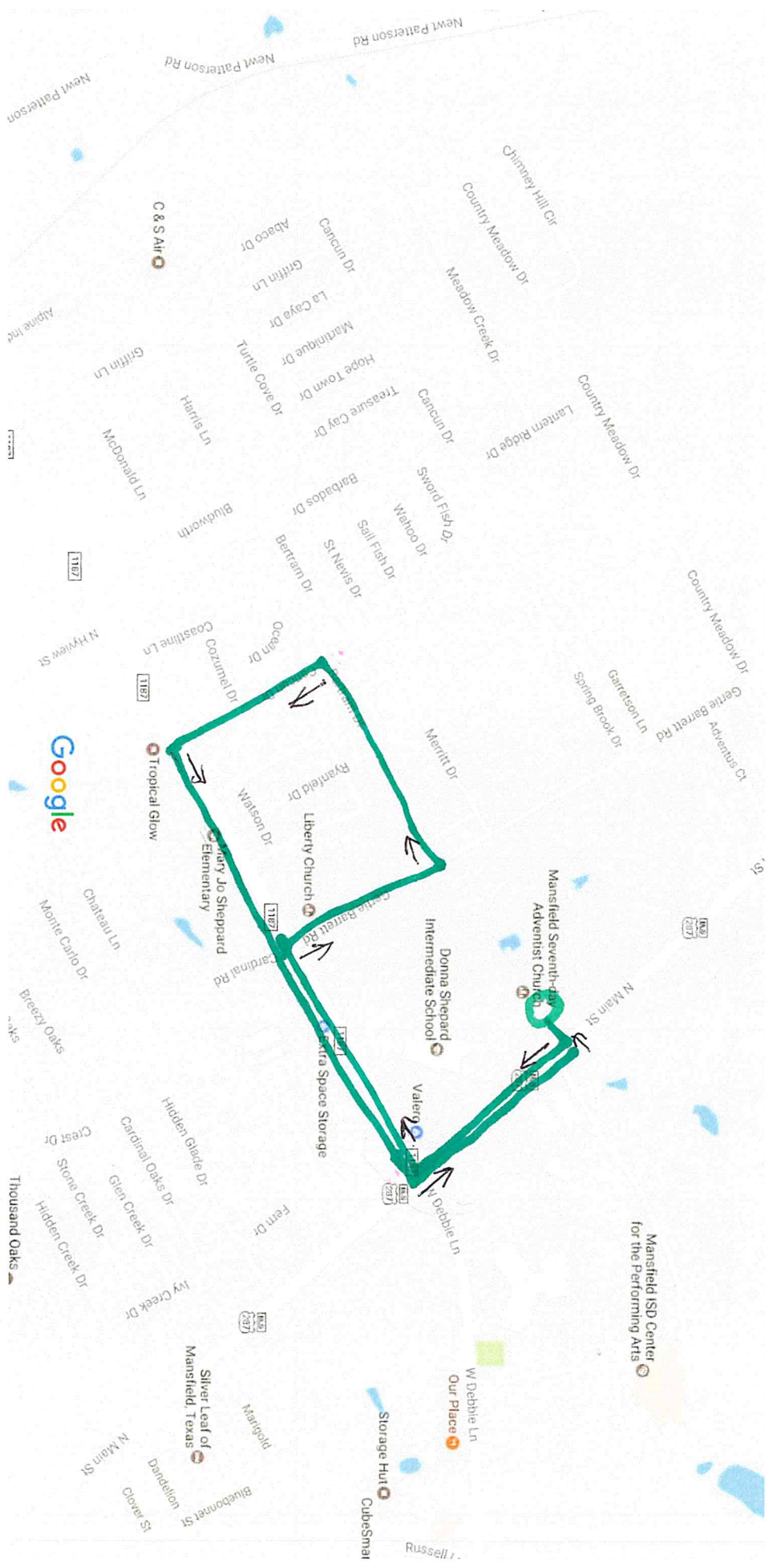


Special Event Application

Organization/Group: <u>Mansfield Pathfinders</u>	Date: <u>APRIL 1, 2017</u>
Applicant: <u>Frederica Griffith</u>	
Applicant's Address: <u>2402 Lockshire Drive</u>	Phone No. <u>405-627-2546</u>
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up	Email: <u>frederica.griffith@gmail.com</u>
Address of Event: <u>Mansfield Seventh-day Adventist Church Parade + Rally 1951 N. Main St, Mansfield, TX 76063</u>	
Description & Activities: <u>10-15 yrs → drums in parade, horses in parade, fire truck on church site</u>	
Date of Event: <u>APRIL 1, 2017</u>	Hours of Event: <u>3:00 - 5:30 PM.</u>
Public Invited or Private Party? <u>Public INVITED</u>	Estimated Number of Attendees <u>200</u>
Is the event in a Mansfield Park? <u>NO</u>	*If yes, Insurance is required
Do you plan to Temporarily Close a Public Street?	*If yes, Insurance is required
Is the event on Private Property other than your own? <u>NO</u>	*If yes, signed permission is required
Will there be any new or temporary electric lines installed? <u>NO</u>	
*If yes, a registered Electrician must obtain a permit. Indicate the line locations on the site plan.	
Will you be using generators? <u>NO</u>	*If yes, show location on the site plan
Do you plan to have any Tents? <u>NO</u>	*If yes, a separate permit is required.
Do you plan to have any pop-up canopies? <u>NO</u>	
Do you plan to have any Promotional Signs? (banners, streamers, balloons) <u>Yes - Day of Event only</u>	*If yes, a separate permit is required
City of Mansfield Assistance Requested: <u>YES</u>	
Barricades/ Street Closure? <u>YES</u>	*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? <u>YES</u>	*If yes, attach an explanation and the name of the person you are working with
<p>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:
<u>Frederica Griffith</u>	<u>Frederica Griffith</u>



Main Street to Debbie (R)
 to Bertie Barrett (R)
 to Bertram (L)
 to Carreen (L)
 to Debbie (L)
 to main (L)
 Back to church

Thousand Oaks
 Map data ©2017 Google
 500 ft

AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: PATHFINDER PARADE, APRIL, 2017

Name of Group Assisting: Applicant has been talking to:

- Mansfield Police Tracy Aaron - PD
- MISD Police + Mike Ross - Fire Dept
- Constable Office
- Other _____

Please check all that apply:

- We have an agreement to be Traffic Officers for this Special Event.
- We have an agreement to be Security Officers for this Special Event.
- Other: _____

Frederica Griffith Frederica Griffith
Signature

Frederica Griffith, PATHFINDER DIRECTOR
Printed Name/ Job Title

2402 Lockshire Drive, Mansfield, TX 76063
Mailing Address

405-627-2546 1 frederica.griffith1@gmail.com
Contact Phone Number E-mail



CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)
2/21/2017

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 Adventist Risk Management, Inc. 12501 Old Columbia Pike Silver Spring, MD 20904	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED General Conference Corporation of Seventh-day Adventists, et al Texas Conference Association of SDA US 67 and I-35 W Alvarado, TX 76009-0800	INSURER A: GENCON INSURANCE COMPANY OF VERMONT		10594
	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 INSR	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		GL300703-01	01/01/2017	01/01/2018	EACH OCCURRENCE	\$ 500,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ N/A
							PRODUCT-COMP/OP AGG	\$ N/A
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY HIRED <input type="checkbox"/> AUTOS ONLY SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per Person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							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)
City of Mansfield is additional insured as respects, liability arising out of the Pathfinder Parade (Mansfield Knights) from 1951 N. Main Street to Debbie, to Cancun and back to 1951 N. Main Street, Mansfield, TX 76063 – sponsored by the Mansfield Seventh-day Adventist Church on 4/1/17.

CERTIFICATE HOLDER City of Mansfield 1200 East Broad Street Mansfield, TX 76063	CANCELLATION 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 <i>Nancy Cermak</i> Digitally signed by Nancy Cermak Date: 2017.02.21 13:45:12 -05'00'

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

City of Mansfield
1200 East Broad Street
Mansfield, TX 76063

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.