

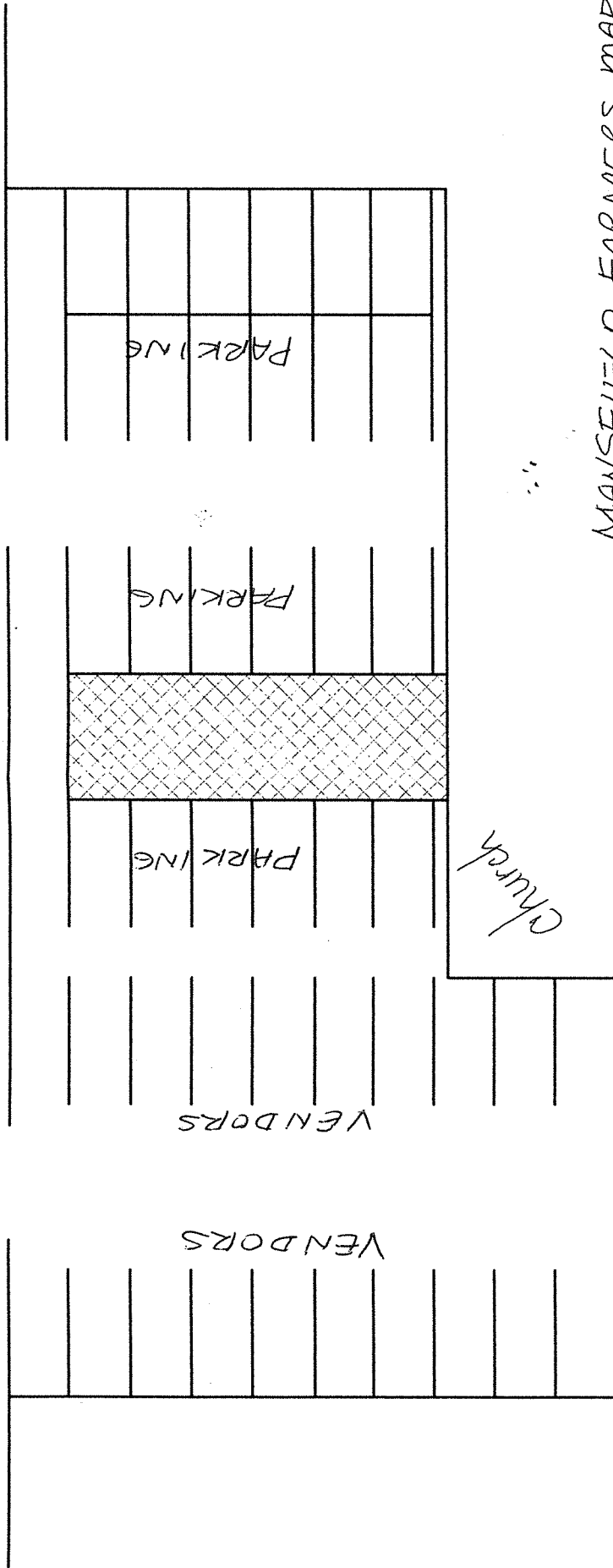
Special Event Application

Organization/Group: MANSFIELD FARMERS		Date: 3-28-2016
Applicant: REX F. WENGER MARKET		
Applicant's Address: 6916 HOLLOW OAK TRAIL		Phone No. 817-501-6027
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up		Email: rwenger@prodigy.net
Address of Event: 206 SMITH ST, MANSFIELD, TX		
Description & Activities: PROVIDE OPERATION OF FARMERS MARKET		
Date of Event: MAY 21 THRU NOV 19, 2016		Hours of Event: 8 AM TO 1 PM
Public Invited or Private Party? PUBLIC INVITED		Estimated Number of Attendees 200 TO 350
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 (city council approval)
Is the event on Private Property other than your own? YES		*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? EACH VENDOR HAS SMALL TENT		
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? NO		*If yes, attach an explanation and the name of the person you are working with
<p style="text-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. <u>You need to show where all items will be located on the site plan.</u> 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:
REX F. WENGER		<i>Rex F. Wenger</i>

New site plan

OAK STREET

SMITH STREET



MANSEFIELD FARMERS MARKET

SCALE: 1" = 20'

1 2 3 4 5



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/16

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 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 KnH Insurance Services 1701 Highway 287 N., Suite 105 Mansfield, TX 76063 Phone (817) 453-1477 Fax (817) 453-1473	CONTACT NAME: Bo Rankin PHONE (A/C, No, Ext): (817) 453-1477 E-MAIL ADDRESS: brankin@knhinsurance.com FAX (A/C, No): (817) 453-1473
INSURED Mansfield Farmers Market 6916 Hollow Oak Trail Mansfield, TX 76063 817-501-6027	INSURER(S) AFFORDING COVERAGE INSURER A: EMC Insurance Company 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	5A2312917	04/20/2016	04/20/2017	EACH OCCURRENCE \$ 1,000,000.00		
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00							
	MED EXP (Any one person) \$ 10,000.00							
	PERSONAL & ADV INJURY \$ 1,000,000.00							
	GENERAL AGGREGATE \$ 2,000,000.00							
	PRODUCTS - COMP/OP AGG \$ 2,000,000.00							
	\$							
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>							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	Y / N <input type="checkbox"/> N / A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$		

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

Location: 206 Smith St Mansfield, TX 76063

CERTIFICATE HOLDER**CANCELLATION**

City of Mansfield
1200 East Broad Street
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