



1200 East Broad Street, Mansfield, TX 76063  
www.mansfieldtexas.gov Fax: 817-728-3639

### Special Event Application

Organization/Group: <u>Mansfield Band Boosters</u>	Date: <u>7/18/17</u>
Applicant: <u>Rayna Smith</u>	
Applicant's Address: <u>304 Dover Heights Trl 76063</u>	Phone No. <u>972-824-9066</u>
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up	Email: <u>mhsbbbparliamentarian@gmail.com</u>
Address of Event: <u>Various streets (see map)</u>	
Description & Activities: <u>The MHS Band will parade between Woster m.s and Boron elementary</u>	
Date of Event: <u>8/26/17</u>	Hours of Event: <u>8:00 AM - 12:00 PM</u>
Public Invited or Private Party? <u>Public</u>	Estimated Number of Attendees <u>300</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? <u>Yes</u>	*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>NO</u>	*If yes, a separate permit is required
City of Mansfield Assistance Requested:	
Barricades/ Street Closure? <u>NO</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>MISO Police</u>	*If yes, attach an explanation and the name of the person you are working with
<p><b>Please Read and Include the Following Information With This Application</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>If Insurance is required, the City of Mansfield must be listed as "Additional Insured".</li> <li>All documents must be turned in at the same time. Please allow enough time for review and approval before the date of your event.</li> </ul>	
Applicant's Printed Name:	Applicant's Signature:
<u>Rayna Smith</u>	<u>Rayna Smith</u>



## AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: Tiger Trek - Band Parade

**Name of Group Assisting:**

☐ Mansfield Police

☒ MISD Police

☐ Constable Office

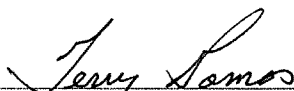
☐ Other \_\_\_\_\_

**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: \_\_\_\_\_

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Terry Gomas/ Sgt. Mansfield ISD Police

\_\_\_\_\_  
Printed Name/ Job Title

\_\_\_\_\_  
1522 N. Walnut Creek, Mansfield Tx. 76063

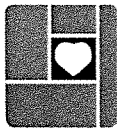
\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
817 299-6023

\_\_\_\_\_  
Contact Phone Number

/ \_\_\_\_\_  
terrygomas@misdmail.org

\_\_\_\_\_  
E-mail



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**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

**PRODUCER:**

Gateway Specialty Insurance  
1170 Devon Park Drive  
Wayne, PA 19087

**POLICY NUMBER: 2016-49719**

**NAME OF INSURED AND MAILING ADDRESS:**

Mansfield High School Tiger Band Boosters  
900 N Walnut Creek Dr., Ste. 100  
Mansfield, TX 76063

**POLICY PERIOD:**

FROM 11/15/2016 TO 11/15/2017  
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

**BUSINESS DESCRIPTION:** High school band booster club

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

**LIMITS OF COVERAGE:**

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT .....	\$2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT .....	\$1,000,000
EACH OCCURRENCE LIMIT .....	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU .....	\$500,000 any one premise
MEDICAL EXPENSE LIMIT .....	20,000 any one person

**ADDITIONAL COVERAGES:**

SOCIAL SERVICE PROFESSIONAL LIABILITY

EXCLUDED

**CLASSIFICATION(S)**

SEE ATTACHED SUPPLEMENTAL DECLARATIONS SCHEDULE G

**PREMIUM**

**\$800**

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY ARE INCLUDED IN COMMERCIAL LINES COMMON POLICY DECLARATIONS

11/16/2016

BY

*Samuel E. D.*

(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

**"NOTICE : This Policy is issued by your risk retention group. Your risk retention group may not be subject to all the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group."**

**ANI - RRG - GL**

(03415)