

Special Event Application

Organization/Group: <u>City of Mansfield</u>		Date: <u>5-25-16</u>
Applicant: <u>Angie Henley</u>		
Applicant's Address: <u>210 Smith Street</u>		Phone No. <u>817-804-5995</u>
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up		Email: <u>Angie.henley@mansfield.tx.gov</u>
Address of Event: <u>500 Heritage Parkway</u>		
Description & Activities: <u>Kids triathlon *</u>		
Date of Event: <u>July 2nd</u>	Hours of Event: <u>7:00 - 10:00am</u>	
Public Invited or Private Party? <u>Registration Required</u>	Estimated Number of Attendees <u>350</u>	
Is the event in a Mansfield Park? <u>Yes</u>	*If yes, Insurance is required	
Do you plan to Temporarily Close a Public Street? <u>No</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>yes no</u>	*If yes, a separate permit is required.	
Do you plan to have any pop-up canopies? <u>yes</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: <u>yes</u>		
Barricades/ Street Closure?	*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>Thad Penkala</u>	*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:
<u>Angie Henley</u>		<u>Angie Henley</u>



RED, WHITE & ROCKIN'
TRIATHLON
JULY 2, 2016

X = Police Officers
2 Motorcycle Police

AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: Red, white & Rocken ^{kids} Ju

Name of Group Assisting:

☐ Mansfield Police

☐ MISD Police

☐ Constable Office

☒ Other RunFar Racing

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: They will handle the race setup/breakdown

Signature

Raul Najera

Printed Name/ Job Title

Mailing Address

512-569-0615

Contact Phone Number

raul@ronfarusa.com

E-mail

AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: Red, White + Rockin Kids Triathlon

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:

Angie Henley

Signature

Angie Henley / Special Events

Printed Name/ Job Title

210 Smith Street

Mailing Address

817-804-5795

Contact Phone Number

E-mail



CERTIFICATE OF LIABILITY INSURANCE

BIGLEAG-01

BOBE

DATE (MM/DD/YYYY)

10/1/2015

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 Brown & Brown Insurance License # 0D04053 P.O. Box 61010 Santa Barbara, CA 93160-1010	(805) 965-0071	CONTACT NAME: Sid Friedman	
		PHONE (A/C, No, Ext): (805) 690-2673	FAX (A/C, No): (805) 690-2773
		E-MAIL ADDRESS: sfriedman@bbofcal.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Employers Preferred Insurance Company	
INSURED Big League Dreams Mansfield, LLC 500 Heritage Parkway South Mansfield, TX 76063-		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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	EIG145094704	10/1/2015	10/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Proof of Insurance

CERTIFICATE HOLDER

CANCELLATION

City of Mansfield
Ms. Shelley Cleveland
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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