



Special Event Application

Special Event Applicatio	<u>n</u>		
Organization/Group: RIDE Z RECOVERY	Date: FEB. 12, 2014		
Applicant: CHRISTOPHER SWAN , 23679	CALABASAS RD., SUITE 420		
Applicant's Address: CALABASAS, CA 91302	Phone No. 818 888 7091 x 101		
*Will be called for information needed and when the permit is ready for pick-up	Email: Chriss@rideZrecovery.c		
Address of Event: 2951 FM 917, MANSFIELD, TX	,		
Description & Activities: ZOO INJURED VETERANS IN 624 VIA BICYCLE THROUGH MANSFIELD TO FOR REHABILITATION FROM INJURIES SUSTAINED I	NILL PIDE FROM LEGION POST OT WORTH AS A FORM OF N COMBAT.		
Date of Event: MARCH 28, 2014	Hours of Event: /1:30AH 12:15 PM		
Public Invited or Private Party?	Estimated Number of Attendees 200		
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? NO	*If yes, signed permission is required		
Will there be any new or temporary electric lines installed?			
*If yes, a registered Electrician must obtain a permit. Indicate the	line locations on the site plan.		
Will you be using generators?	*If yes, show location on the site plan		
Do you plan to have any Tents?	*If yes, a separate permit is required.		
Do you plan to have any Promotional Signs? (banners, streamers, balloons)	*If yes, a separate permit is required		
City of Mansfield Assistance Requested:			
Barricades/ Street Closure?	*If yes, show on site plan where you want to close the street and a resident roster must be submitted		
Police Traffic Control/Security? (817) 223-7892	*If yes, attach an explanation and the name and contact number of person you are making arrangements with.		
Please Read and Include the Following Inform For all outdoor activities, a site plan must be attached. One show where all items will be located on the site plan. If Insurance is required, the City of Mansfield must be liste. All documents must be turned in at the same time. Please before the date of your event. Applicant's Printed Name:	can be provided if requested. You need to das "Additional Insured".		



February 13, 2014

Linda Johnson Mansfield City Hall 1200 East Broad Street Mansfield, TX 76063

Dear Linda Johnson,

I work for a non-profit organization called <u>Ride2Recovery</u>. We organize outdoor (non-competitive) cycling events to enable injured veterans the ability to rehabilitate, both physically and mentally, from the agonies of war. Some of the riders in our program have specialized bikes made for them to deal with their particular injury (many are amputees). We are currently partnered with the International Association of Fire Fighters (IAFF) and the National Sheriff's Association (NSA). The continued support from both organizations not only keep our riders and the general public safe, it is also a great boost of morale to have the support of local law enforcement and first-responders. We are planning on having 200 active and inactive military personnel ride their bicycles through Mansfield, Texas during our 6th Annual Texas Challenge between March 22nd and 28th, 2014. We require no barricades along our route and will ride in accordance with all laws and Vehicle Code.

Please find the attached special event permit application, route map, and turn-by-turn directions. As requested, we have added the City of Mansfield to our insurance, which also enclosed.

If you have any questions, please don't hesitate to call me at: (818) 888-7091 X 101

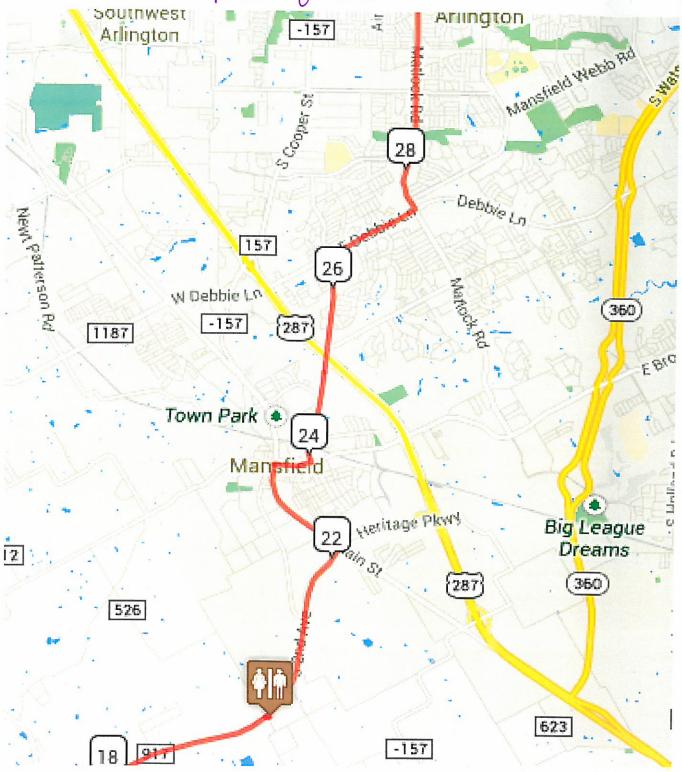
Sincerely

Christopher Swan

Director of Logistics, R2R

chriss@ride2recovery.com

the route going through

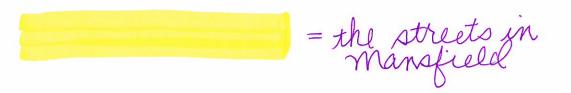


Friday, March 28 – Cleburne to Ft Worth (R2R JERSEY)

Summary: 57 miles



Mile	Instruction		Comment
0.0	Depart on TX-174 [N Main St] (North)		
0.5	Bear RIGHT (East) onto US-67 [W Katherine P Raines Dr]		
3.8	Turn LEFT (North) onto US-67		
4.1	Bear LEFT (North-East) onto FM-2280 [S Old Betsy Rd]	1999	
4.9	Keep STRAIGHT onto FM-2280 [N Old Betsy Rd]	-	
6.7	Keep STRAIGHT onto FM-2280 [FM 2280]		
9.4	Turn LEFT (North) onto FM-917 [Conveyor Dr]		
19.9	2951 FM 917 Mansfield, TX	1	Rest Stop – ALP 624
22.2	Turn LEFT onto S Main St		
23.5	Turn RIGHT onto E Broad St		7
23.9	Turn LEFT onto N Walnut Creek Dr		/
26.4	Turn RIGHT onto E Debbie Ln		
27.5	Turn LEFT onto Matlock Rd		7
31.2	Turn RIGHT onto SE Green Oaks Blvd	-	
32.9	Turn LEFT onto S Collins St	grant	
39.5	Turn RIGHT onto Cowboys Way	EUSO2	Lunch Stop – Cowboys Stadium
39.8	Turn RIGHT onto Cowboys Way	ROCCO	- Constant
39.9	Continue onto E Rogers St		
40.4	Turn RIGHT onto Mesquite St		
40.7	Turn LEFT onto E Randol Mill Rd		
41.7	Continue STRAIGHT onto W Randol Mill Rd		
42.9	Turn RIGHT toward W Randol Mill Rd	1404	
43.0	Continue STRAIGHT onto W Randol Mill Rd	*	
43.5	Keep RIGHT to stay on W Randol Mill Rd		
43.6	Turn LEFT onto Meadowbrook Rd	- 14	
44.0	Turn RIGHT onto Randol Mill Rd	34.0	
44.8	Turn LEFT onto John T White Rd		
44.9	Turn RIGHT toward W Randol Mill Rd		
48.5	Turn RIGHT onto Handley Ederville Rd		
49.1	Turn LEFT onto Jack Newell Blvd S		
49.4	Slight RIGHT to stay on Jack Newell Blvd S		
49.4	Slight RIGHT onto R Bend Dr W	1 10-11	
49.4	Continue onto Riverbend W Dr		
50.0	Turn LEFT onto Midway Rd		
52.4	Turn RIGHT onto Harrow Ln		
52.6	Continue onto Markum Dr		
52.8	Turn LEFT onto Walthall St	305 40 000 10	
53.2	Turn RIGHT onto Fincher Rd		
53.9	Turn LEFT onto Broadway Ave		
54.7	Continue onto E Long Ave		
55.7	Turn RIGHT onto N Sylvania Ave		
56.7	Turn LEFT onto Meacham Blvd		
57.0	Make a U-turn at Gemini Pl		
57	Arrive Radisson Hotel-Fort Worth-North		







CERTIFICATE OF LIABILITY INSURANCE Page 1 of 2

DATE (MM/DD/YYYY) 02/12/2014

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 conferrights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: PHONE (A/C, NO, EXT): 877-945-7378 E-MAIL ADDRESS: certificates@willis.com	-467-2378
		INSURER(S)AFFORDING COVERAGE	NAIC#
		INSURER A: Federal Insurance Company	20281-001
INSURED USA Cycling, Inc.	USA Cycling, Inc.	INSURER B:	
	210 USA Cycling Point Colorado Springs, CO 80919	INSURER C:	
	Colorado Springs, CO 80919	INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 21154750

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.

SR TR	TYPE OF INSURANCE	ADD'L SUBR INSRD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	79960314	12/31/2013		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person)	\$ 1,000,000 \$ 1,000,000 \$
	ACTIVITY ACCOUNTS INVITAGE IN THE PROPERTY OF					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT X LOC					PRODUCTS - COMP/OP AGG	\$ 1,000,000 s
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY(Per person)	S
	AUTOS AUTOS HIRED AUTOS NON-OWNED AUTOS					BODILY INJURY(Per accident) PROPERTY DAMAGE (Per accident)	\$ \$
	UMBRELLA LIAB OCCUR						\$
	EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE	\$
	DED RETENTION\$	-				AGGREGATE	S
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU- TORY LIMITS OTH- ER.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)
Endorsement 80-02-2306: Additional Insured : As required by written contract, Certificate Holders
are named as Additional Insureds for USA Cycling sanctioned/permitted events.

Endorsement 80-02-9301: Event Organizer and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC event permit application and coverage will be afforded only for the specific event and dates on the permit.

CERTIFICATE HOLDER	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.
City of Mansfield 1200 East Broad St. Hansfield, TX 76063	AUTHORIZED REPRESENTATIVE Jerry

LOC#:



ADDITIONAL REMARKS SCHEDULE

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AGENCY NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point Willis of Texas, Inc. POLICY NUMBER Colorado Springs, CO 80919 79960314 CARRIER NAIC CODE Federal Insurance Company EFFECTIVE DATE: 12/31/2013 20281-001

ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Event #2014-260

Event #2014-200
Event Name: Ride 2 Recovery Texas Challenge
Event Location: Houston, TX
Event Dates: 03/22/2014, 03/23/2014, 03/24/2014, 03/25/2014, 03/26/2014, 03/27/2014, 03/28/2014, 03/29/2014

Certificate Holder is an Additional Insured with respects to Event #2014-260, Ride 2 Recovery Texas Challenge, in Houston, TX on 03/22/2014, 03/23/2014, 03/24/2014, 03/25/2014, 03/26/2014, 03/27/2014, 03/28/2014, 03/29/2014, but only with respect to the liability arising out of the Named Insured's Operations.