



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

Special Event Application

Organization/Group: Mansfield American Legion Post 624	Date: September 5, 2019
Applicant: William L. "Bill" Ray	
Applicant's Address: 2951 FM-917	Phone No. 817-239-0787
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up	Email: bill39th@sbcglobal.net
Address of Event: R.L. ANDERSON STADIUM	
Description & Activities: Veterans Day Parade and Salute	
Date of Event: November 9, 2019	Hours of Event: 8:00am to 2:00pm
Public Invited or Private Party? Public Invited	Estimated Number of Attendees 1,000 to 1,500
Is the event in a Mansfield Park? No	*If yes, Insurance is required
Do you plan to Temporarily Close a Public Street? Yes	*If yes, Insurance is required Attached
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? 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? No	
Do you plan to have any Promotional Signs? (banners, streamers, balloons) No	*If yes, a separate permit is required
City of Mansfield Assistance Requested: Yes	
Barricades/ Street Closure? Yes	*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? MPD & MISDPD	*If yes, attach an explanation and the name of the person you are working with
Please Read and Include the Following Information With This Application	
<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:
William L. Ray	

PERMISSION TO USE PRIVATE PROPERTY FOR SPECIAL EVENT

(Required if this is not your property or business location)

I, the undersigned, being the property owner or property management representative of the owner for the property described herein below, do grant

American Legion Post 624

(Person, group or business name)

permission to have their special event on said property.

R.L. Anderson Stadium/Parking Lots

Property address: _____

Please check all that apply:

☒ Entire Special Event, including all activities listed, are approved be held at this location.

☒ Approved for overflow parking and/or shuttle area to be held at this location.

☐ Approved to place promotional signage at this location, if the required permit is obtained. (I am aware this will use up one of the three (3) times a calendar year maximum for this location)

☐ Approved to place a Tent(s) and/or canopy for the event. (Note: a Tent requires a permit)

☐ Approved to place Bounce Houses, Petting Zoo, Children's Games and/or Kid's activities

☐ Misc. Approved: _____



Signature

William L. Ray/Past Commander

Printed Name/ Job Title

P.O. Box 434, Mansfield, TX. 76063

Mailing Address

817239-0787

Contact Phone Number

bill39th@sbcglobal.net

From: Lusinger, Tammy <TammyLusinger@misdmail.org>
Sent: Monday, August 26, 2019 5:23 PM
To: bill39th@sbcglobal.net
Subject: Re: 3RD ANNUAL MANSFIELD VETERANS DAY PARADE

Yes sir I will put you down. Do you know what time you will be done? I have Pee wee football that wants to use the field has well.

Thank you.

Tammy Lusinger
MISD Asst. Athletic Director
817-276-5209 (o)
817-455-3482 (c)

From: bill39th@sbcglobal.net <bill39th@sbcglobal.net>
Sent: Monday, August 26, 2019 4:59:56 PM
To: Lusinger, Tammy <TammyLusinger@misdmail.org>
Subject: 3RD ANNUAL MANSFIELD VETERANS DAY PARADE

Good Afternoon Tammy,
I am needing is permission to use R.L Anderson stadium and the parking lot again this year on November 9, 2019 for the 3rd annual Mansfield Veterans Day Parade as we did last year. We would need access to the parking lot @ 8:00am the morning of 9th and access to the stadium by 10:00am for the Veterans salute with the City of Mansfield and the Mansfield community churches in charge. The parade begins at 10:00am and returns to the stadium around 11:30am; the salute will begin at that time and we would be out of the stadium and parking lot by 2:00pm.

If this is possible please reply to this e-mail granting us permission so that I can submit our application to the city council for approval.

Your prompt reply will be deeply appreciated.

Respectfully,

Bill Ray
Co-Chair
2018 Mansfield Veterans Day Parade
817-572-5725 (Home)
817-239-0787 (Cell)
bill39th@sbcglobal.net

AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: Mansfield Veterans Day Parade , November 9, 2019

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

William L. Ray/Past Commander, Mansfield American Legion Post 624

Printed Name/ Job Title

6205 Big Springs Dr., Arlington, TX. 76001 _____

Mailing Address

817-239-0787 _____

Contact Phone Number

/ **bill39th@sbcglobal.net** _____

E-mail

bill39th@sbcglobal.net

From: Brian Bates <brian.bates@mansfieldtexas.gov>
Sent: Monday, September 9, 2019 10:43 AM
To: bill39th@sbcglobal.net
Subject: Re: FW: MANSFIELD 2019 VETERANS DAY PARADE

Mr. Ray, the route looks good, it's approved.

Captain Brian Bates
Mansfield Police Department
1601 Heritage Parkway Mansfield, TX 76063
Support Services, Traffic & Training Divisions
Texas Best Practices Program Manager

Office: 817-276-4768
Cell: 972-571-7884

On Mon, Sep 9, 2019 at 9:56 AM <bill39th@sbcglobal.net> wrote:

Good Morning,

Chief Lanier has informed me that you are in charge of MPD for the Veterans Day Parade this year.

I have attached our parade route for your review and approval.

Please let me know if this is everything you need so that we can move forward with the Special Event Packet.

Respectfully,

Bill Ray

Co-Chair

Parade, Floats & Staging

Mansfield Veterans Day Parade

817-239-0787 (Cell)

bill39th@sbcglobal.net

bill39th@sbcglobal.net

From: Womack, Jimmy <JimmyWomack@misdmail.org>
Sent: Friday, September 6, 2019 4:52 PM
To: bill39th@sbcglobal.net
Cc: Gomas, Terry; Minter, Greg
Subject: RE: MANSFIELD 2019 VETERANS DAY PARADE

Bill,
We got you covered. Sergeant Terry Gomas will be your contact.
Jimmy

From: bill39th@sbcglobal.net <bill39th@sbcglobal.net>
Sent: Thursday, September 5, 2019 12:05 PM
To: Womack, Jimmy <JimmyWomack@misdmail.org>
Subject: MANSFIELD 2019 VETERANS DAY PARADE

Chief Womack,

I am doing the Special Event Permit for this year's Mansfield Veterans Day Parade to be held on November 9, 2019 from 8:00am to 2:00pm.

I have attached our route for the parade and am needing your permission for assistance in the parking lot and stadium at R.L. Anderson Stadium.

The parade will depart the stadium parking lot at 10:00am and return to the same area at approximately 11:30am.

We have received permission from Assistant Athletic Director Tammy Lusinger for the use of the stadium and parking lot from 8:00am to 2:00pm.

Could you please confirm your response via my e-mail address so that the Special Permit can be submitted to the City Council for approval.

Very Respectfully,

Bill Ray
Co-Chair
Parade, Floats & Staging
Mansfield Veterans Day Parade
817-239-0787 (Cell)
bill39th@sbcglobal.net



ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

9/7/2018

PRODUCER

MANSFIELD PATTERSON INSURANCE
400 E Broad
Mansfield, TX 76063
(817) 473-1116

INSURED

American Legion Post 624
P O Box 434
Mansfield, Texas 76063

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: **Hudson Spec. Ins. (RSI)**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDITIONAL INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	HBD10005253	10/19/18	10/19/19	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
		AUTOMOBILE LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
		ALL OWNED AUTOS				BODILY INJURY (Per person) \$
		SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		ANY AUTO				OTHER THAN AUTO ONLY: EAACC \$
		EXCESS/UMBRELLA LIABILITY				AGG \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				
		DEDUCTIBLE				
		RETENTION \$				
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Mansfield is named as an "Additional Insured" on the above policy.

CERTIFICATE HOLDER

City of Mansfield
1200 E. Broad St.
Mansfield, Texas 76063

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD 25 (2007/08)

© ACORD CORPORATION 1988

to send 10-10-18

mailed to ch 9-24-18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/11/2019

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 Mansfield Insurance Agency 1710 Country Club Dr Ste. 102 Mansfield TX 76063	CONTACT NAME: Liz Gonzalez		
	PHONE (A/C, No, Ext): 817-405-7164	FAX (A/C, No): 817-405-7323	
	E-MAIL ADDRESS: liz@yourworldins.com		
INSURED American Legion Post 624 P O Box 434 Mansfield Tx 76063	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hudson Insurance Group (RSI)		
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HBD100053525	10/19/2019	10/19/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:		MED EXP (Any one person) \$ 5,000				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		PERSONAL & ADV INJURY \$ 1,000,000				
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Blanket of Additional Insured is included in the General Liability above.

CERTIFICATE HOLDER

City Of Mansfield
1200 E Broad St
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