MANSFIELD
TEXAS

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

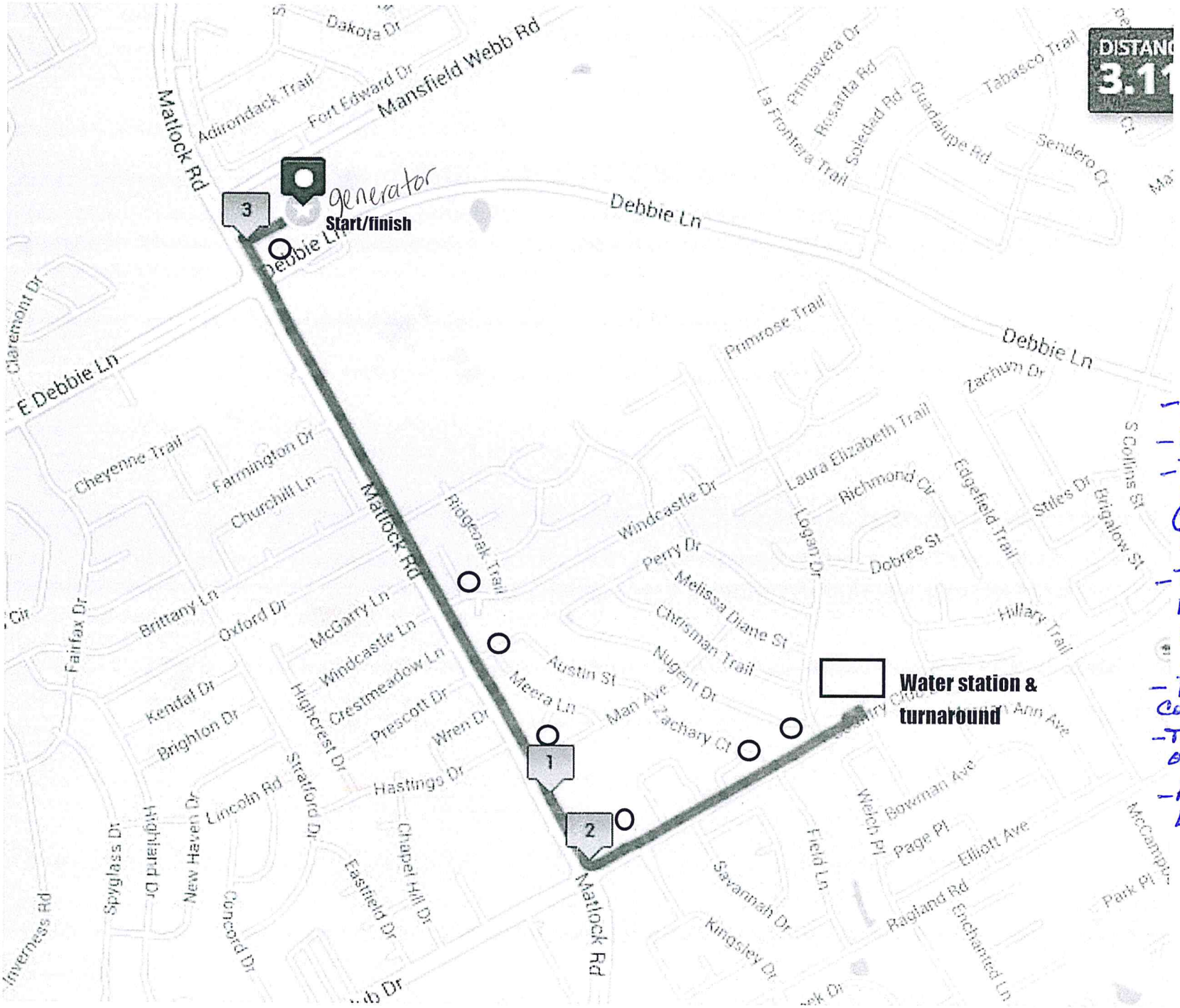
Special Event Application

Organization/Group: Lifetime Fitness Mansfield	Date: 10/14/16
Applicant: Lesley Burke	
Applicant's Address: 2204 Chrisman Trail, Mansfield	**Phone No.** 214-533-7240
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up	**Email:** LBurke@lifetimefitness.com
Address of Event: ~~January 1st, 2017~~ 1551 E. Debbie Ln., Mansfield	
Description & Activities: 5K Run	
Date of Event: January 1st, 2017 - Sunday	Hours of Event: 9:30 am - 12:00 noon
Public Invited or Private Party? Public Invited	Estimated Number of Attendees 400
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
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? yes	*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: no	
Barricades/ Street Closure? ~~no~~ Yes Race Company to provide cones + support.	*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? ~~yes~~ no	*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

- 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:
Lesley Burke	Lesley Burke



-Route directional signs

- From Lifetim
- South on Matlo
- Turn East on Country Club (runners will be on sidewalk)
- Turn around in Mansfield Bible Church Parking Lot
- Back West on Country Club
- Turn North on Matlock
- Finish at Lifetime

AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: Commitment Day 5K

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:

_____

Tom Hewitt
Signature

_____
Printed Name/ Job Title

_____
Mailing Address

817-804-5710 / _____
Contact Phone Number E-mail

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/12/2016

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

Willis of Minnesota, Inc.
c/o 26 Century Blvd.
P. O. Box 305191
Nashville, TN 37230-5191

CONTACT NAME:
PHONE (A/C, NO, EXT): 877-945-7378 FAX (A/C, NO): 888-467-2378
E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Lexington Insurance Company	19437-001
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

LTF Club Operations Company, Inc.
2902 Corporate Place
Chanhassen, MN 55317

COVERAGES **CERTIFICATE NUMBER:** 24839063 **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	X COMMERCIAL GENERAL LIABILITY			021396069	12/15/2015	12/15/2016	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurence)	$ 1,000,000
	X 750,000 SIR LTF, Inc.						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY(Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY(Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N	N/A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) 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, Additonal Remarks Schedule, may be attached if more space is required)

Event Name: Commitment Day 5K
Date(s): January 1, 2017
Club(s) Name & Address: Life Time Fitness , 1551 E. Debbie Lane, Mansfield, TX 76063.

City of Mansfield is included as an Additional Insured as respects to General Liability, as required by written contract.

CERTIFICATE HOLDER

Life Time Fitness
1551 E. Debbie Lane
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

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