

"Colors for Caring" 5 K

**Special Event Application**

Organization/Group: <u>MISD Education Foundation</u>		Date: <u>Jan. 2, 2019</u>
Applicant: <u>Lynn Wilkie / Executive Director of Education Foundation</u>		
Applicant's Address: <u>609 East Broad St</u>		Phone No. <u>817-343-1566 (cell phone)</u>
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up		Email: <u>lynnwilkie@misdmail.org</u>
Address of Event: <u>Mansfield High School / 3001 East Broad Street</u>		
Description & Activities: <u>5 K and 1 mile fun run with activities in MHS parking lot</u>		
Date of Event: <u>April 27, 2019 (Saturday)</u>		Hours of Event:
Public Invited or Private Party? <u>community invited!</u>		Estimated Number of Attendees <u>1,000</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>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>Yes, most likely...</u>		*If yes, show location on the site plan
<u>Blow up start/finish-line and maybe a bounce House.</u>		
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>yes</u>		
Do you plan to have any Promotional Signs? (banners, streamers, balloons) <u>no, but signs</u>		*If yes, a separate permit is required
City of Mansfield Assistance Requested: <u>for participants to sign and write notes to those fighting cancer.</u>		
Barricades/ Street Closure? <u>yes</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>yes</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>Lynn Wilkie</u>		<u>Lynn Wilkie</u>

\* others involved in the coordination of this event } 
 • Mary Costa with Martha Reid Elementary  
 • Demetry Cox with Cox Racing



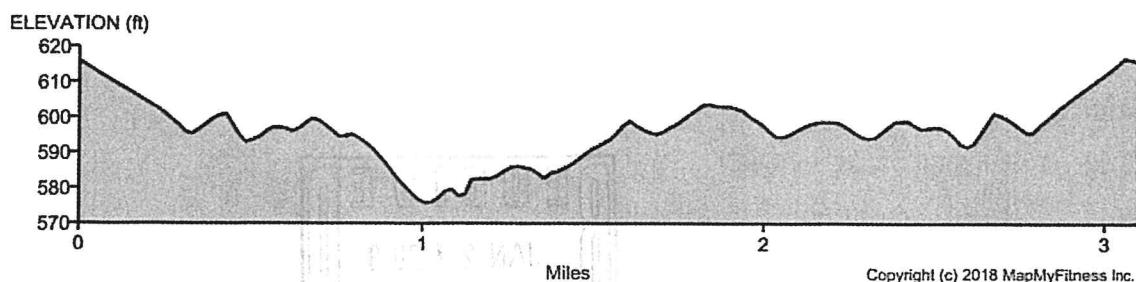
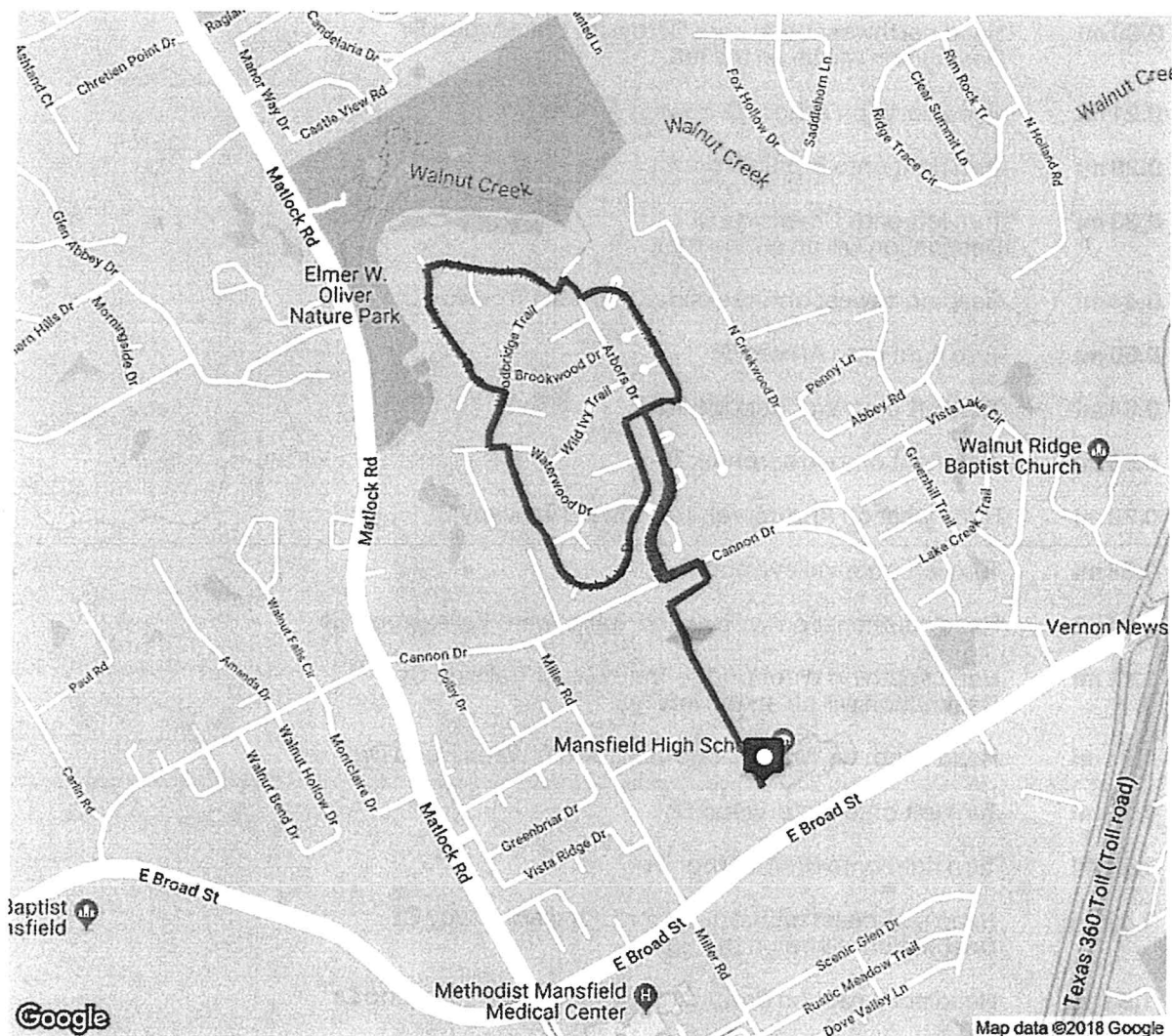
## 2019 Mansfield HS 5K # 1

Distance: 3.10 mi

Elevation Gain: 43 ft

Elevation Max: 617 ft

## Notes



**0.00 mi** Direct/offroad route segment

## AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: Colors for Caring 5 K / April 27, 2019

Name of Group Assisting:

☒ Mansfield Police

☒ MISD Police

☐ Constable Office

☐ Other \_\_\_\_\_

Requesting - (yes, per Jason Turnpinat)  
Requesting - (yes, per Jimmy Wornack, chief)

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: \_\_\_\_\_

Lynn Wilkie  
Signature

Lynn Wilkie / Executive Director MISD Education Foundation  
Printed Name/ Job Title

609 East Broad Street, Mansfield 76063  
Mailing Address

(w) 817-299-6354  
Contact Phone Number

, lynnwilkie@misdmail.org  
E-mail

(cell) 817-343-1566



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/14/2019

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).

<b>PRODUCER</b> Insurance Management Group 959 E. 4th St. P.O. Box 1600 Marion IN 46952	<b>CONTACT NAME:</b> Margaret Mayers <b>PHONE (A/C, No, Ext):</b> (260) 338-2925 <b>E-MAIL ADDRESS:</b> mmayers@insmgt.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> National Casualty Company <b>INSURER B:</b> Nationwide Life Insurance Co. <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 11991 66869
<b>INSURED</b> Road Runners Club of America/2019 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209		

**COVERAGES****CERTIFICATE NUMBER:** 2019 \$1M A.I.**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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			KRO0000007654500	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			KRO0000007654500	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)			SPX0000030282400	12/31/2018	12/31/2019	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 4/27/19 Colors for Caring 5K INSURED RRCA CLUB/EVENT MEMBER: Cox Running Club, Att'n: Demery Cox, 3028 Gardenia Dr., Fort Worth, TX 76119

**CERTIFICATE HOLDER****CANCELLATION**

04/27/19 City of Mansfield 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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