

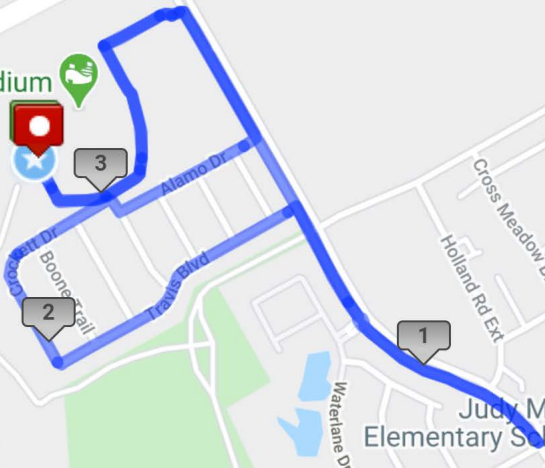
Special Event Application

Organization/Group: <u>Fabulous Faith's Foundation</u>		Date: <u>2/10/2020</u>
Applicant: <u>Angela Callaway</u>		
Applicant's Address: <u>6772 Canal Ct, Sk 10, Grand Prairie 75051</u>		Phone No. <u>(817) 475-3808</u>
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up		Email: <u>angela@fabfaith.org</u>
Address of Event: <u>Vernon Newsum Stadium</u> <u>3700 E Broad St, Mansfield TX 76063</u>		
Description & Activities: <u>5K Race and Fun Run</u>		
Date of Event: <u>September 19, 2020</u>		Hours of Event: <u>6AM - Noon</u>
Public Invited or Private Party? <u>Public Event</u>		Estimated Number of Attendees <u>350</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>Yes</u>		*If yes, Insurance is required
Is the event on Private Property other than your own? <u>Yes</u>		*If yes, signed permission is required
Will there be any new or temporary electric lines installed? <u>No</u>		
<small>*If yes, a registered Electrician must obtain a permit. Indicate the line locations on the site plan.</small>		
Will you be using generators? <u>No</u>		*If yes, show location on the site plan
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</u>		*If yes, a separate permit is required
City of Mansfield Assistance Requested:		
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
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 <u>all items</u> 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:
<u>Angela Callaway</u>		<u>Angela Callaway</u>

Vernon Newsom Stadium

school

360 Toll (Toll road)



Grand Meadow Blvd

Tophill Ln

Netherland

Cross Meadow Blvd

Holland Rd Ext

Judy Miller Elementary School

Waterlane Dr

Alamo Dr

Travis Blvd

Boone Trail

Crockett Dr

Fabulous Faith 5K

0 mi Route Start Run around the South side of the Stadium and continue to the Northernmost gate to exit stadium grounds onto N Holland.

0.45 mi Turn right onto N Holland Rd and head northwest to the turn around point at Waterford Glen Dr

1.17 mi Turn Around at Waterford Glen Dr. and head northwest on N Holland Rd

1.61 mi Turn left onto Travis Blvd and continue around the horseshoe until Travis turns into Alamo Dr. Continue on Alamo Dr. toward N Holland Rd.

2.48 mi Turn left onto N Holland Rd and head southeast. Continue to the northernmost gate to enter Newsome Stadium grounds.

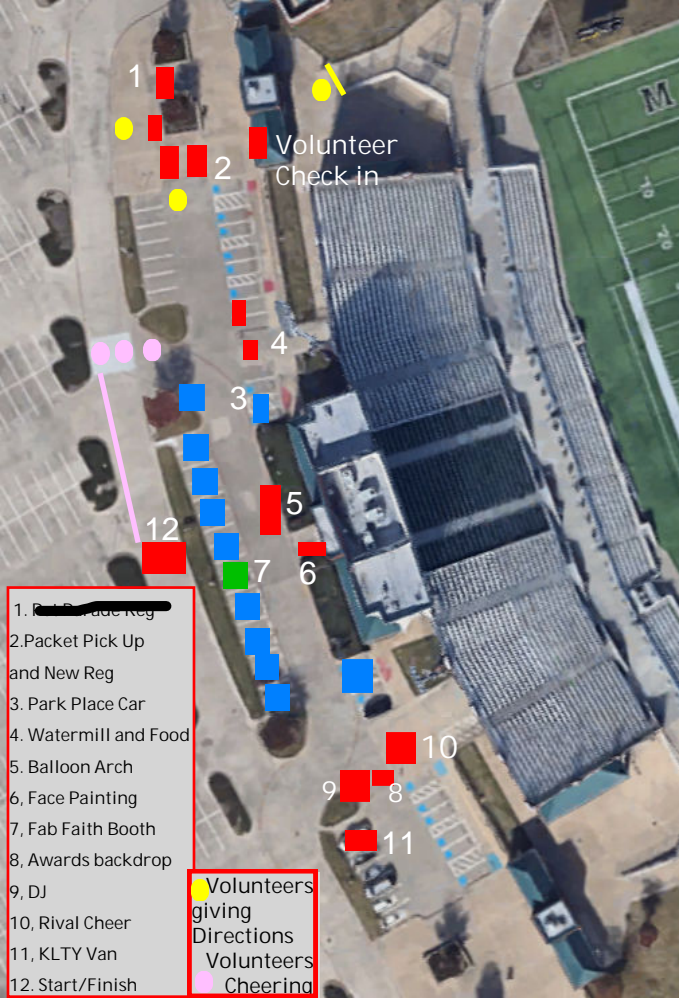
2.66 mi Turn left to reenter stadium grounds

2.77 mi Turn left to run around the southern end of the stadium and continue to the finish line

3.1 mi Race Finish

Fabulous Faith Fun Run – This is an out and back route that stays within Newsom Stadium Grounds

0 mi-1 mi Route Start Run around the South side of the Stadium and continue to the Northernmost gate and turn around. Do not exit stadium grounds onto N Holland Rd. Return to the finish line by retracing route in reverse.



1

2

Volunteer
Check in

4

3

5

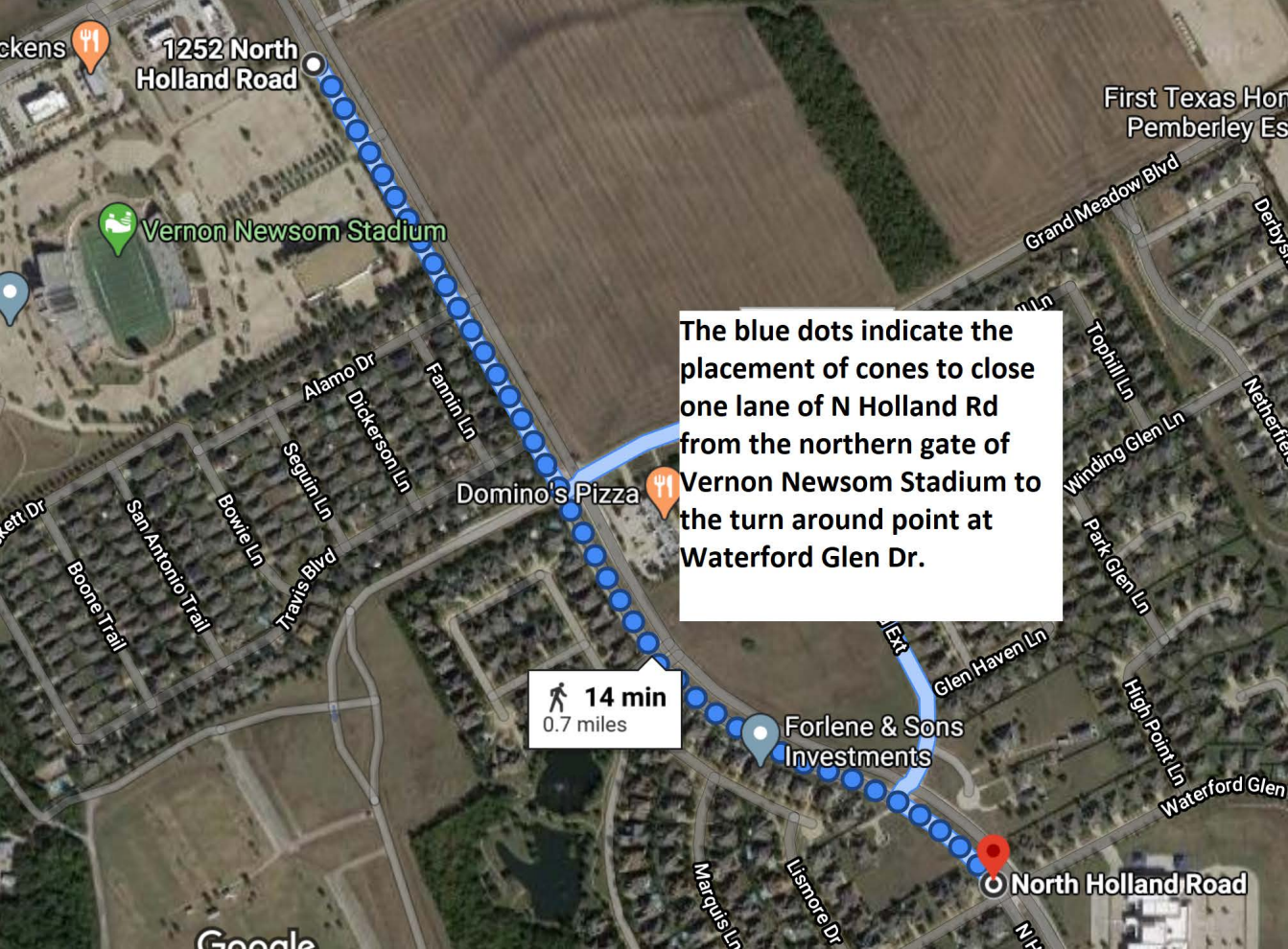
12

7

6

1. Packet Pick Up
2. Packet Pick Up and New Reg
3. Park Place Car
4. Watermill and Food
5. Balloon Arch
6. Face Painting
7. Fab Faith Booth
8. Awards backdrop
9. DJ
10. Rival Cheer
11. KLTy Van
12. Start/Finish

Volunteers
giving
Directions
Volunteers
Cheering



ckens



1252 North
Holland Road



Vernon Newsom Stadium

First Texas Hon
Pemberley Es

Grand Meadow Blvd

Derby Ln

The blue dots indicate the
placement of cones to close
one lane of N Holland Rd
from the northern gate of
Vernon Newsom Stadium to
the turn around point at
Waterford Glen Dr.

Domino's Pizza



Tophill Ln

Winding Glen Ln

Netherfield

Park Glen Ln

High Point Ln

Waterford Glen

Glen Haven Ln

Ext

Forlene & Sons
Investments



14 min

0.7 miles

North Holland Road

Google

FACILITY USE PERMIT

Jan 29, 2020

Permit Number:

LE15N7FEXYJE

Approved By:

*Tammy Lusinger

Approved Date:

01/17/2020

By using this permit you agree to the terms and conditions of [Mansfield ISD \(Newsom & RLA Stadiums\)](https://www.facilitron.com/terms/misdac76063) (view at <https://www.facilitron.com/terms/misdac76063>) and [Facilitron, Inc.](https://www.facilitron.com/terms) (view at: <https://www.facilitron.com/terms>).



If you need assistance, please contact MISD 24 Hour Emergency # 817-299-6000

THIS PERMIT AUTHORIZES USE OF FACILITIES AS FOLLOWS

Permit Holder:	Fabulous Faith 5K
Contact Name:	Angela Callaway
Contact Email:	angela@fabfaith.org
Contact Phone:	817-475-3808
Event Name:	Fabulous Faith 5K
Maximum Daily Attendance:	600
Location: View Map	Mansfield ISD (Newsom & RLA Stadiums) 3700 E Broad St Mansfield TX 76063
Activity:	Other (meeting, class, etc.)

PERMIT #LE15N7FEXYJE

Saturday 09/19/2020

Services:

Equipment:

6:00AM - 12:00PM Parking Lot -
Vernon Newsom Stadium

AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: Fabulous Faith 5K and Fun Run

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: _____

Jim V. Duzee
Signature of the Mansfield Police Department, MISD Police Department, and/or Constables Office

Jim Van Duzee / Sergeant
Printed Name/ Job Title

1601 Heritage Pkwy, Mansfield, TX 76063
Mailing Address

817-804-5702 1 jim.vanduzee@mansfieldtexas.gov
Contact Phone Number E-mail



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/10/2020

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 Insurance Management Group 12730 Coldwater Rd Ste 103 Fort Wayne IN 46845	CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2434 E-MAIL ADDRESS: mmayers@insmgt.com FAX (A/C, No): (765) 664-0761
INSURED Road Runners Club of America/2020 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209	INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 11991 66869

COVERAGES**CERTIFICATE NUMBER:** 2020 \$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 <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event Basis			KRO0000008194100	12/31/2019	12/31/2020	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 \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			KRO0000008194100	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)			BAX0000031001200	12/31/2019	12/31/2020	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): 9/19/20 Fabulous Faith 5K Fun Run INSURED RRCA CLUB/EVENT MEMBER: Fabulous Faith's Foundation, Att'n: Angela Callaway, 6772 Canal Court Suite #10, Grand Prairie, TX 75054 Processed by VE

CERTIFICATE HOLDER**CANCELLATION**09/19/20 City of Mansfield
1200 E Broad Street

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2019

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.

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PRODUCER Insurance Management Group 12730 Coldwater Rd Ste 103 Fort Wayne IN 46845		CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2925 E-MAIL ADDRESS: mmayers@insmgt.com FAX (A/C, No): (765) 664-0761	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: National Casualty Company	
		INSURER B: Nationwide Life Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED Road Runners Club of America/2020 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209		NAIC # 11991 66869	
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COVERAGES**CERTIFICATE NUMBER:** 2020 \$1M Event**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input checked="" type="checkbox"/> Legal Liability to						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> Participant \$1,000,000						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> OTHER: Per Event Basis						Abuse and Molestation \$ 500,000
A	AUTOMOBILE LIABILITY			KRO0000008194100	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<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 checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)			BAX0000031001200	12/31/2019	12/31/2020	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)RRCA Event Member
Event Dates: 09/12/20

Processed by VE

CERTIFICATE HOLDER**CANCELLATION**Fabulous Faith's Foundation
6772 Canal Court
Suite #10
Grand Prairie TX 75054

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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