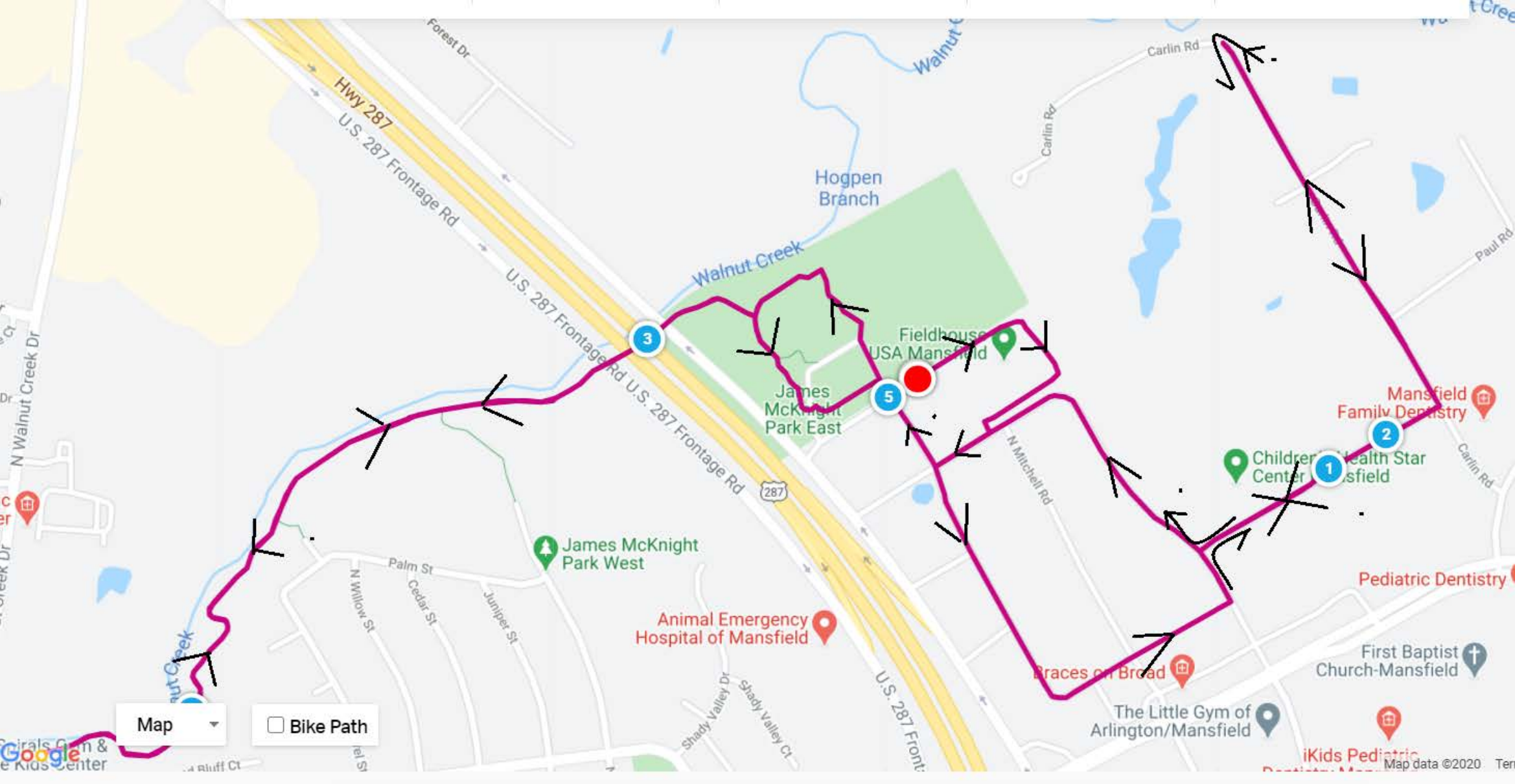




1200 East Broad Street, Mansfield, TX 76063
www.mansfieldtexas.gov Fax: 817-477-1416

Special Event Application

Organization/Group: RUNFAR RACING SERVICES, INC.	Date: 09/30/2020
Applicant: Raul Najera	
Applicant's Address: 1609 PICCADILLY CT	Phone No. 512-569-0165
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up	Email:
Address of Event: 650 U.S. 287 Frontage Rd #110, Mansfield, TX 76063	
Description & Activities: 5Mile, 5k and Fun Run	
Date of Event: 11/26/2020	Hours of Event: 5am - 12pm
Public Invited or Private Party? Public	Estimated Number of Attendees 650
5M - 300, 5K - 300, Fun Run - 50	
Is the event in a Mansfield Park? Partially	*If yes, Insurance is required
Do you plan to Temporarily Close a Public Street? Partially	*If yes, Insurance is required
Is the event on Private Property other than your own? YES	*If yes, signed permission is required SEE ATTACHED
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: YES	
Barricades/ Street Closure? NO	*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	*If yes, attach an explanation and the name of the person you are working with
<p>Please Read and Include the Following Information With This Application</p> <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:
RAUL NAJERA	



Map

☐ Bike Path



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

Mansfield Turkey Trot permission to have their special event on said property.
(Person, group or business name)

Property address: 650 N. HWY 287 Mansfield, TX 76063

Please check all that apply:

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

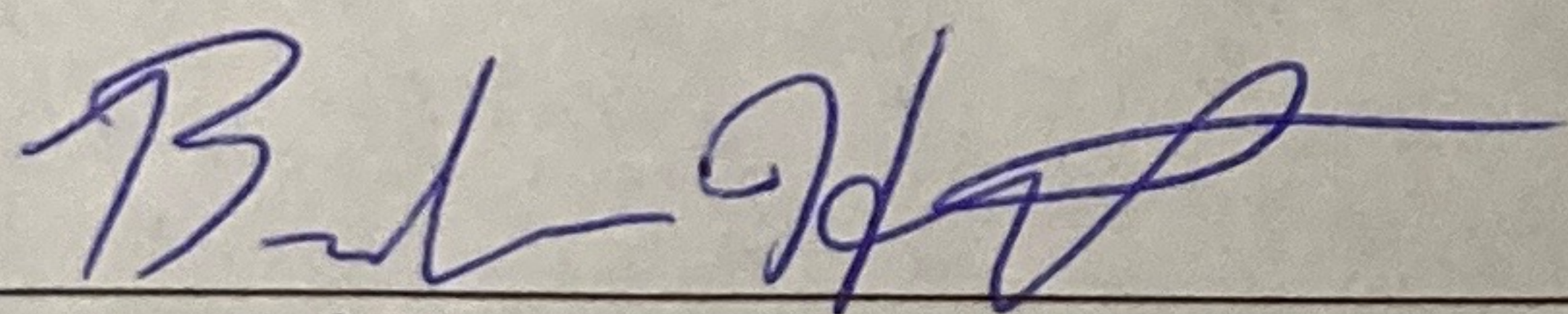
☐ Approved for overflow parking and/or shuttle area to be held at this location.

☐ 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 of Property Owner or Property Management Company

Brandon Hebert - General Manager

Printed Name/ Job Title

650 N. HWY 287 Mansfield, TX 76063

Mailing Address

682-307-5210

Contact Phone Number

bhebert@fieldhouseusa.com

Email Address

Re: Mansfield Turkey Trot - Agreement to Assist

1 message

Raul Najera <raul@runfarusa.com>

Thu, Oct 22, 2020 at 11:28 AM

To: Jim Van Duzee <jim.vanduzee@mansfieldtexas.gov>

Cc: Shirley Emerson <shirley.emerson@mansfieldtexas.gov>

Hi Jim,

This looks good to me.

Thank you!

Raul

On Tue, Oct 6, 2020 at 1:32 PM Jim Van Duzee <jim.vanduzee@mansfieldtexas.gov> wrote:

Good afternoon Raul,

I have received your request for a 4th officer to assist with traffic control at your race. The personnel will consist of 3 officers and 1 supervisor. The officers' pay rate is \$60/hr with a 3 hour minimum (\$180 per officer), and the supervisor's pay rate is \$75/hr with a 3 hour minimum (\$225 for supervisor). The officers and supervisor working the race will need to be paid cash or check on the day of the event. Let me know if you have any questions.

Thank you,

On Tue, Oct 6, 2020 at 11:51 AM Raul Najera <raul@runfarusa.com> wrote:

Hi Jim,

Can we add a 4th officer for this event so we have two on the 287 entrances?

Thank you!

Raul

On Thu, Oct 1, 2020 at 9:54 PM Raul Najera <raul@runfarusa.com> wrote:

Hi Jim,

Please find our request for Mansfield PD assistance for our annual Turkey Trot.

Here is the link for the 5M route: <https://www.mapmyrun.com/routes/view/3432445075>

The 5K is follows the 1st 1.5M and then returns.

Let me know if you have any questions or concerns.

Thank you!

Raul

--

Raul Najera
President/CEO
RunFAR Racing Services, Inc.
www.runfarusa.com
512-569-0165 (direct)
817-394-1215 (eFax)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2020

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 Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME:	
	PHONE (A/C, No, Ext): (888) 202-3007	FAX (A/C, No):
INSURED RunFAR Racing Services Inc 1609 Piccadilly Ct Mansfield, TX 76063	E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hiscox Insurance Company Inc	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 10200		

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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		UDC-4490829-CGL-20	05/19/2020	05/19/2021	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 2,000,000						
	GENERAL AGGREGATE \$ 2,000,000						
							PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 \$						

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

2020 Mansfield Turkey Trot on 11/26/2020

CERTIFICATE HOLDER**CANCELLATION**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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