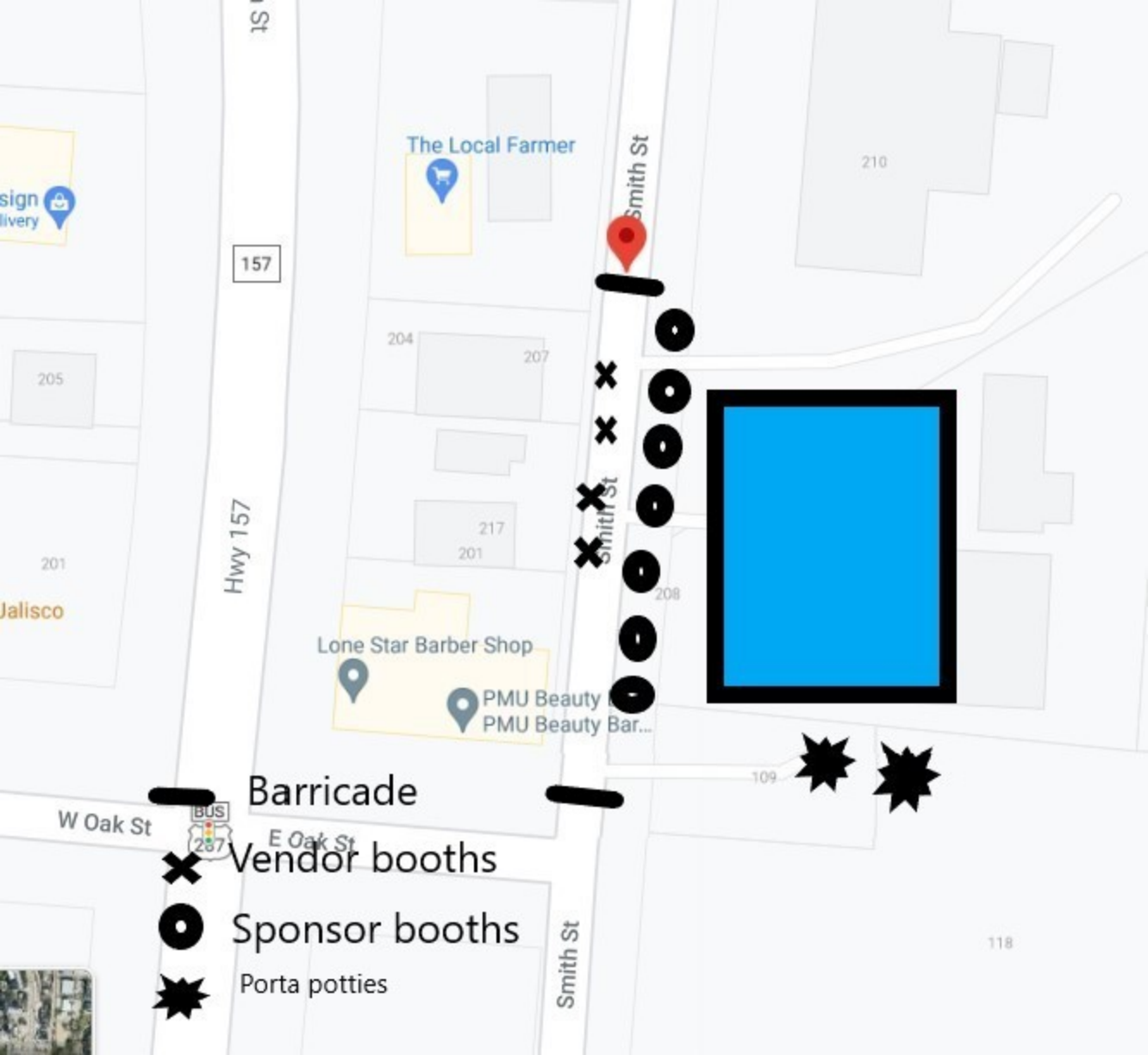




Special Event Application

Organization/Group: Pickled Mansfield Society	Date: 5/4/21
Applicant: Amanda Kowalski	
Applicant's Address: 4 River Crest Cout, Mansfield 76063	Phone No. 817-733-4171
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up	Email: kowboys@flash.net
Address of Event: Block of 200 Smith Street	
Description & Activities: Cornhole tournament with food and beer vendors, retail vendors	
Date of Event: June 26, 2021	Hours of Event: 10 am - 5 pm
Public Invited or Private Party? Public	Estimated Number of Attendees 250
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? Yes *If yes, signed permission is required	
Will there be any new or temporary electric lines installed? No	
<small>*If yes, a registered Electrician must obtain a permit. Indicate the line locations on the site plan.</small>	
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? Yes	
Do you plan to have any Promotional Signs? (banners, streamers, balloons)	*If yes, a separate permit is required
City of Mansfield Assistance Requested:	
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? Yes	*If yes, attach an explanation and the name of the person you are working with
<p align="center">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:
Amanda Kowalski	Amanda Kowalski



The Local Farmer

Smith St

157

204

207

210

205

201

Jalisco

Hwy 157

217

201

208

Lone Star Barber Shop

PMU Beauty

PMU Beauty Bar...

109

118

Barricade

Vendor booths

Sponsor booths

Porta potties

Smith St

W Oak St

E Oak St

AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: Pickle Cornhole Tournament

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: Michael Midkiff

Signature of the Mansfield Police Department, MISD Police Department, and/or Constables Office

Capt. Michael Midkiff, Mansfield Police

Printed Name/ Job Title

Mailing Address

817-804-5701

Contact Phone Number

/ _____
E-mail



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/29/2021

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 Kaliff Insurance 2009 NW Military Hwy San Antonio TX 78213		CONTACT NAME: Rolanda Malkowski PHONE (A/C, No, Ext): (210) 829-7634 FAX (A/C, No): (210) 829-7636 E-MAIL ADDRESS: rolanda@kaliff.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: T.H.E. Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 20/21 Master	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 checked="" type="checkbox"/> LOC OTHER:			CPP9197574-00	08/23/2020	08/23/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	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) \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ N/A			ELP0013290-00	08/23/2020	08/23/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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	N/A				PER STATUTE OTH-ER 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)

ADDITIONAL INSURED AS RESPECTS TO INSURED'S OPERATIONS AS CONTRACTUALLY OBLIGATED: City of Mansfield

Event: Cornhole Tournament
Event Date: June 26, 2021

CERTIFICATE HOLDER

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.