

TAB 3



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Heritage Day EVENT DATE: 3/08/08
 APPLICANT: Palmetto Historical Commission EVENT TIME: 10AM - 9PM
 ADDRESS: 515 - 10th Ave W - Palmetto PHONE: _____
 CONTACT: Mandy Polson PHONE: 723-4991

Crafts, entertainment, midtown catering
 DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Held at Palmetto Historical Park, Alex's Lemonade (Sponsored by PHC), sock hop in evening

CITY SERVICES REQUIRED:
 POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
 PUBLIC WORKS: Barricades: _____ Clean-up: _____ Set-up: _____ Other: _____

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
 Proposed location(s): _____

INSURANCE REQUIREMENT: Organized events open to the public require insurance naming the City of Palmetto as an "Additional Insured" and the insurance policy must be provided to the City Clerk ten (10) days prior to the event. If you have entered into a rental agreement for a City facility for a private event, no insurance is required. **Please review Exhibit A for insurance coverage requirements.**

The Special Function Permit Application must be submitted to City Commission for approval at least 30 days prior to the event. Sale or consumption of alcoholic beverages on City property is strictly prohibited. If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

**THIS PORTION OF THE PAGE INTENTIONALLY LEFT BLANK.
 PLEASE CONTINUE TO PAGE 2.**

EVENT: Heritage Day

Event Date: 3/08/08

INDEMNITY

Palmetto Historical Commission (Permittee)

agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Crista Paulsen, Pres. PHC
Permittee

CITY APPROVAL:

Public Works Director [Signature]

Date 2/7/08

Risk Management [Signature]

Date 2/9/08

Parks Department Geoff Segen

Date 2/10/08

Police Department _____

Date _____

North River Fire _____

Date _____

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: _____

Special Function Permit Application
Page 2

EVENT: Heritage Day

Event Date: 3/08/08

INDEMNITY

Palmetto Historical Commission (Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licenses, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Cis Paulsen Pres. PHC
Permittee

CITY APPROVAL:

Public Works Director _____
Risk Management _____
Parks Department Geoff Seeger _____
Police Department _____
North River Fire _____

Date 2/7/08
Date 2/7/08
Date 2/6/08
Date 2/8/08
Date _____
Date _____

APPROVED BY COMMISSION: _____

Internal use only
Date Received: _____

Special Function Permit Application
Page 2

EVENT: Heritage Day

Event Date: 3/08/08

INDEMNITY

Palmetto Historical Commission (Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

C. S. Paulsen, Pres. PHC
Permittee

CITY APPROVAL:

Public Works Director [Signature]

Risk Management [Signature]

Parks Department [Signature]

Police Department _____

North River Fire [Signature]

APPROVED BY COMMISSION: _____

Date 2/1/08

Date 2/2/08

Date 2/6/08

Date _____

Date 2/8/08

Date _____

Internal use only
Date Received: _____

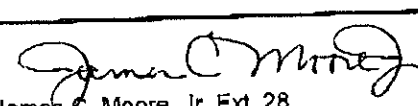
ACORD <small>TM.</small> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 01/18/2008
PRODUCER Phone: 941-722-3238 Fax: 941-723-1785 MOORE & MOORE INSURANCE AGENCY 601 8TH AVE. WEST PALMETTO FL 34221-5115 Agency Lic#: A163018	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED PALMETTO HISTORICAL COMMISSION, INC. P. O. BOX 1192 PALMETTO FL 34220	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: General Ins Co of America	24732
	INSURER B: _____	
	INSURER C: _____	
	INSURER D: _____	
	INSURER E: _____	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	01-OL-330563-1	02/06/08	02/06/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED. EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000
		<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<input type="checkbox"/> EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
		<input type="checkbox"/> OTHER:				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 CERTIFICATE HOLDER IS ADDITIONAL INSURED.
 ACTIVITY: Heritage Day 03/08/2008

CERTIFICATE HOLDER CITY OF PALMETTO P O BOX 1209 PALMETTO FL 34221 Attention: Peggy Martin	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: center;">  James C. Moore, Jr. Ext. 28 </div>
--	--

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID TR
MIDTO-1

DATE (MM/DD/YYYY)
08/23/07

PRODUCER

Bradenton Insurance, Inc.
1400 Ballard Park Drive West
Bradenton FL 34205-6719
Phone: 941-748-0511 Fax: 941-748-6444

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Mid-Town Catering
Mid-Town Cafe, Inc. d/b/a
1902 5th Street West
Palmetto FL 34221-4312

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A	Westfield Insurance Co	24112
INSURER E		
INSURER C		
INSURER D		
INSURER F		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PER OCCURRENCE <input type="checkbox"/> LOC	CWP 3 699 889	08/15/07	08/15/08	EACH OCCURRENCE \$ 1,000,000
	DRY CLEANING / RENTED PREMISES (EA OCCURRENCE) \$ 150,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPAIG AGG \$ 2,000,000				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY SELF-EMPLOYED/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				TWO STATE/TERRITORY LIMITS OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEES \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CITYP-3

City of Palmetto
PO Box 1209
Palmetto FL 34220-1209

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENT'S OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Auto-Owners

Page 1

55040 (11/87)

Issued 04-13-2007

TAILORED PROTECTION POLICY DECLARATIONS

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

Renewal Effective 06-09-2007

AGENCY BOYD INSURANCE & INVESTMENT SV
12-0010-00 MKT TERR 068 (941) 722-0564

POLICY NUMBER 062312-20684789-07

INSURED MANATEE COUNTY AGRICULTURAL
MUSEUM INC

ADDRESS PO BOX 1284
PALMETTO, FL 34220-1284

Company
Bill

POLICY TERM	
12:01 a.m.	12:01 a.m.
06-09-2007 ^{to}	06-09-2008

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE

General Aggregate (Other Than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate	2,000,000
Personal Injury And Advertising Injury	1,000,000
Each Occurrence	1,000,000

Commercial General Liability Plus Endorsement 55091

Damage to Premises Rented to You (Fire, Lightning, Explosion, And Water Damage)	300,000 Any One Premises
Medical Payments	10,000 Any One Person
Hired Auto & Non-Owned Auto	1,000,000 Each Occurrence

Expanded Coverage Details See Form:
 Extended Watercraft
 Personal Injury Protection
 Broadened Supplementary Payments
 Broadened Knowledge Of Occurrence
 Additional Products-Completed Operations Aggregate

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55300.

AUDIT TYPE: Non-Audited

FORMS THAT APPLY TO LIABILITY: 59350 (01-06) 55146 (06-04) 55091 (07-05)
IL0021 (11-85) 55296 (07-05) 55300 (07-05) CG0220 (07-92) IL0017 (11-85)
55168 (12-04)

LOCATION OF PREMISES YOU OWN, RENT OR OCCUPY

LOC 001 BLDG 001 1015 6Th St W
Palmetto, FL 34221-4601

TERRITORY: 006 COUNTY: Manatee

Classification	Subline	Premium Basis	Rates	Premium
Commercial General Liability Plus Endorsement Included At 7% Of The Premises Operation Premium	Prem/Op	Prem/Op Prem Inc	Inc	Inc



AUTO-OWNERS INS. CO.

AGENCY **BOYD INSURANCE & INVESTMENT SV**
 12-0010-00 MKT TERR 068

Company **POLICY NUMBER 062312-20684789-0**
 Bill

INSURED **MANATEE COUNTY AGRICULTURAL**

Term **06-09-2007 to 06-09-2008**

COMMERCIAL GENERAL LIABILITY COVERAGE

	CODE 46427		Area		Each 1000	
Museums		Prem/Op	6,000		201.323	\$1,208.00
Including Products And/Or Completed Operations (Not-For Profit)						

	CODE 49950		Area		Each 1000	
Additional Interests		Prem/Op	6,000		7.770	\$47.00
Managers/Lessors Of Premises City Of Palmetto						

FOREIGN TERRORISM - CERTIFIED ACTS SEE FORM 59350 \$13.00

LOCATION 001 PREMIUM \$1,268.00

COMMERCIAL GENERAL LIABILITY
55168 (12-04)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - MANAGERS OR LESSORS OF
PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

1. Designation of Premises (Part Leased to You):
1015 6TH ST W PALMETTO FL 34221
2. Name of Person or Organization (Additional Insured):
CITY OF PALMETTO
3. Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. **SECTION II - WHO IS INSURED** is amended to include as an additional insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf

of the person or organization shown in the Schedule.

- B. Under **SECTION III - LIMITS OF INSURANCE**, the following is added:

The limits of liability for the additional insured are those specified in the written contract or agreement between the insured and the manager or lessor of premises, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the limits of insurance shown in the Declarations.





SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Family Fun EVENT DATE: 3/21/08
APPLICANT: Palmetto Historical Commission EVENT TIME: 11 Am - 1 pm
ADDRESS: 515-10th Ave. W. - Palmetto PHONE: _____
CONTACT: Mandy Polson PHONE: 723-4991

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Crafts game tables to be set up within Palmetto Historical Park

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
PUBLIC WORKS: Barricades: _____ Clean-up: _____ Set-up: _____ Other: _____

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
Proposed location(s): _____

INSURANCE REQUIREMENT: Organized events open to the public require insurance naming the City of Palmetto as an "Additional Insured" and the insurance policy must be provided to the City Clerk ten (10) days prior to the event. If you have entered into a rental agreement for a City facility for a private event, no insurance is required. **Please review Exhibit A for insurance coverage requirements.**

The Special Function Permit Application must be submitted to City Commission for approval at least 30 days prior to the event. Sale or consumption of alcoholic beverages on City property is strictly prohibited. If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

THIS PORTION OF THE PAGE INTENTIONALLY LEFT BLANK.

PLEASE CONTINUE TO PAGE 2.

Special Function Permit Application
Page 2

EVENT: Family Fun

Event Date: 3/21/08

INDEMNITY

Palmetto Historical ^{COMMISSION} (Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

CiPauber Res. PHC
Permittee

CITY APPROVAL:

Public Works Director [Signature]

Risk Management [Signature]

Parks Department [Signature]

Police Department _____

North River Fire [Signature]

APPROVED BY COMMISSION: _____

Date	<u>2/7/08</u>
Date	<u>2/7/08</u>
Date	<u>2/6/08</u>
Date	_____
Date	<u>2/8/08</u>
Date	_____

Internal use only
Date Received: _____

Special Function Permit Application
Page 2

EVENT: Family Fun

Event Date: 3/21/08

INDEMNITY

Palmetto Historical Commission (Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

CioPauber, Pres. PHC
Permittee

CITY APPROVAL:

Public Works Director _____
Risk Management _____
Parks Department Geoff Segura
Police Department _____
North River Fire _____

Date 2/7/08
Date 2/7/08
Date 2/6/08
Date 2/8/08
Date _____
Date _____

APPROVED BY COMMISSION: _____

Internal use only
Date Received: _____

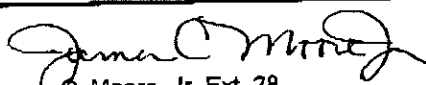
ACORD <small>TM.</small> CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 01/18/2008
PRODUCER Phone: 941-722-3238 Fax: 941-723-1785 MOORE & MOORE INSURANCE AGENCY 601 8TH AVE. WEST PALMETTO FL 34221-5115	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
Agency Lic#: A16301B	INSURERS AFFORDING COVERAGE NAIC #
INSURED PALMETTO HISTORICAL COMMISSION, INC. P. O. BOX 1192 PALMETTO FL 34220	INSURER A: General Ins Co of America INSURER B: INSURER C: INSURER D: INSURER E:
	24732

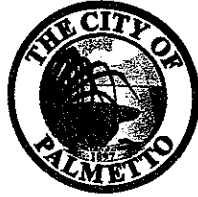
COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADDL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR YES	01-OL-330563-1	02/06/08	02/06/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Es occurrences) \$ 200,000 MED, EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Es accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
		OTHER:				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 CERTIFICATE HOLDER IS ADDITIONAL INSURED.
 ACTIVITY: Family Fun Day 03/21/2008

CERTIFICATE HOLDER CITY OF PALMETTO P O BOX 1209 PALMETTO FL 34221 Attention: Peggy Martin	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  James L. Moore, Jr. Ext. 28
---	---



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Gospel + Games EVENT DATE: 4/5/08
 APPLICANT: Palmetto Historical Commission EVENT TIME: 6 pm - 8:30 pm
 ADDRESS: 515-10th Ave. W. - Palmetto PHONE: _____
 CONTACT: Mandy Polson PHONE: 723-4991

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Singing groups to perform within Palmetto Historical Park, Tables w/ games set up outside - Alex's lemonade (sponsored by PHC) - word of mouth Barbecue (Clayton Allen) food

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
 PUBLIC WORKS: Barricades: _____ Clean-up: _____ Set-up: _____ Other: _____

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
 Proposed location(s): _____

INSURANCE REQUIREMENT: Organized events open to the public require insurance naming the City of Palmetto as an "Additional Insured" and the insurance policy must be provided to the City Clerk ten (10) days prior to the event. If you have entered into a rental agreement for a City facility for a private event, no insurance is required. **Please review Exhibit A for insurance coverage requirements.**

The Special Function Permit Application must be submitted to City Commission for approval at least 30 days prior to the event. Sale or consumption of alcoholic beverages on City property is strictly prohibited. If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

**THIS PORTION OF THE PAGE INTENTIONALLY LEFT BLANK.
 PLEASE CONTINUE TO PAGE 2.**

Feb 07 08 04:09p

City of Palmetto

9417234576

P. 7

Special Function Permit Application
Page 2

EVENT: Gospel + Games

Event Date: 4/5/08

INDEMNITY

Palmetto Historical Commission (Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Cis Pender, Pres PHC
Permittee

CITY APPROVAL:

Public Works Director _____
Risk Management John Pennington _____
Parks Department Geoff Soren _____
Police Department _____
North River Fire John W. ... _____
APPROVED BY COMMISSION: _____

Date 2/7/08
Date 2/7/08
Date 2/7/08
Date _____
Date 2/8/08
Date _____

Internal use only
Date Received: _____

Special Function Permit Application
Page 2

EVENT: Gospel & Games

Event Date: 4/5/08

INDEMNITY

Palmetto Historical Commission (Permittee)

agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Cris Paulsen, Pres PHC
Permittee

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>
Risk Management	<u>[Signature] Pending Inv.</u>
Parks Department	<u>[Signature]</u>
Police Department	<u>[Signature]</u>
North River Fire	<u>[Signature]</u>

Date	<u>2/7/08</u>
Date	<u>2/7/08</u>
Date	<u>2/10/08</u>
Date	<u>2/8/08</u>
Date	_____
Date	_____

APPROVED BY COMMISSION: _____

Internal use only
Date Received: _____

ACORD <small>TM</small> CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 01/18/2008												
PRODUCER Phone: 941-722-3238 Fax: 941-723-1785 MOORE & MOORE INSURANCE AGENCY 601 8TH AVE. WEST PALMETTO FL 34221-5115 Agency Lic#: A183018	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED PALMETTO HISTORICAL COMMISSION, INC. P. O. BOX 1192 PALMETTO FL 34220	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: General Ins Co of America</td> <td>24732</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: General Ins Co of America	24732	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: General Ins Co of America	24732												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

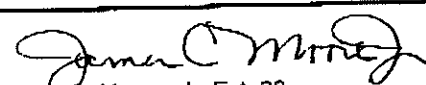
COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE: <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	01-OL-330563-1	02/06/08	02/06/09	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ex occurrence)</td><td>\$ 200,000</td></tr> <tr><td>MED. EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 1,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG.</td><td>\$ 1,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 200,000	MED. EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 1,000,000	PRODUCTS-COMP/OP AGG.	\$ 1,000,000
EACH OCCURRENCE	\$ 1,000,000																	
DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 200,000																	
MED. EXP (Any one person)	\$ 10,000																	
PERSONAL & ADV INJURY	\$ 1,000,000																	
GENERAL AGGREGATE	\$ 1,000,000																	
PRODUCTS-COMP/OP AGG.	\$ 1,000,000																	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ex accident)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ex accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
COMBINED SINGLE LIMIT (Ex accident)	\$																	
BODILY INJURY (Per person)	\$																	
BODILY INJURY (Per accident)	\$																	
PROPERTY DAMAGE (Per accident)	\$																	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td>\$</td></tr> <tr><td>AGG</td><td>\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$						
AUTO ONLY - EA ACCIDENT	\$																	
OTHER THAN AUTO ONLY: EA ACC	\$																	
AGG	\$																	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$				
EACH OCCURRENCE	\$																	
AGGREGATE	\$																	
	\$																	
	\$																	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC STATUTORY LIMITS</td> <td style="width:50%;">OTHER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr> <tr><td>E.L. DISEASE-EA EMPLOYEE</td><td>\$</td></tr> <tr><td>E.L. DISEASE-POLICY LIMIT</td><td>\$</td></tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE-EA EMPLOYEE	\$	E.L. DISEASE-POLICY LIMIT	\$				
WC STATUTORY LIMITS	OTHER																	
E.L. EACH ACCIDENT	\$																	
E.L. DISEASE-EA EMPLOYEE	\$																	
E.L. DISEASE-POLICY LIMIT	\$																	
		OTHER:																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 CERTIFICATE HOLDER IS ADDITIONAL INSURED.

 ACTIVITY: Gospel and Games 04/05/2008

CERTIFICATE HOLDER CITY OF PALMETTO P O BOX 1209 PALMETTO FL 34221 Attention: Peggy Martin	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  James C. Moore, Jr. Ext. 28
---	--

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/14/2007

PRODUCER
Dick, Johnson & Jefferson, Inc. - PARRISH
8405 US Hwy 301 N
Suite 102
Parrish, Florida 34219

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Clayton Allen
1411 9Th Avenue East
Palmetto, FL 34221

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Auto-Owners Insurance Company

18988

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20670825	7/1/2007	7/1/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Holder's Nature of Interest : Certificate Holder

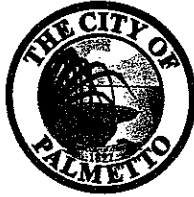
City Of Palmetto
Parks and Recreation
516 8 Ave West
Palmetto, FL 34221

C516 8

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Morgan J Whitaker



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Summer Social / Book Fair EVENT DATE: 6/28/08
APPLICANT: Palmetto Historical Commission EVENT TIME: 11am - 3pm
ADDRESS: 515-10th Ave. W. - Palmetto PHONE: _____
CONTACT: Mandy Polson PHONE: 723-4991

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Crafts, games, books for sale, Alex's lemonade (Sponsored by P.H.C.), food vendor to be announced later

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
PUBLIC WORKS: Barricades: _____ Clean-up: _____ Set-up: _____ Other: _____

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
Proposed location(s): _____

INSURANCE REQUIREMENT: Organized events open to the public require insurance naming the City of Palmetto as an "Additional Insured" and the insurance policy must be provided to the City Clerk ten (10) days prior to the event. If you have entered into a rental agreement for a City facility for a private event, no insurance is required. **Please review Exhibit A for insurance coverage requirements.**

The Special Function Permit Application must be submitted to City Commission for approval at least 30 days prior to the event. Sale or consumption of alcoholic beverages on City property is strictly prohibited. If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

THIS PORTION OF THE PAGE INTENTIONALLY LEFT BLANK.

PLEASE CONTINUE TO PAGE 2.

Special Function Permit Application
Page 2

EVENT: Summer Social / Book Fair

Event Date: 6/28/08

INDEMNITY

Palmetto Historical Commission (Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Chris Anderson, Pres PHE
Permittee

CITY APPROVAL:

Public Works Director _____

Date 2/7/08

Risk Management _____ *pending insurance*

Date 2/7/08

Parks Department Geoff Skyles

Date 2/6/08

Police Department _____

Date _____

North River Fire [Signature]

Date 2/8/08

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: _____

Special Function Permit Application

Page 2

EVENT: Summer Social / Book Fair

Event Date: 6/28/08

INDEMNITY

Palmetto Historical Commission (Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Cip Paulsen, Pres PHC
Permittee

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	Date	<u>2/7/08</u>
Risk Management	<u>[Signature]</u> pending insurance	Date	<u>2/7/08</u>
Parks Department	<u>GROFF [Signature]</u>	Date	<u>2/6/08</u>
Police Department	<u>[Signature]</u>	Date	<u>2/8/08</u>
North River Fire	_____	Date	_____
APPROVED BY COMMISSION:	_____	Date	_____

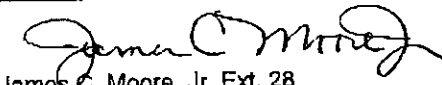
Internal use only
Date Received: _____

6/28

ACORD <small>TM.</small> CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 01/18/2008												
PRODUCER Phone: 841-722-3239 Fax: 841-723-1785 MOORE & MOORE INSURANCE AGENCY 601 8TH AVE. WEST PALMETTO FL 34221-5116	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED PALMETTO HISTORICAL COMMISSION, INC. P. O. BOX 1192 PALMETTO FL 34220	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: General Ins Co of America</td> <td style="text-align: center;">24732</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: General Ins Co of America	24732	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: General Ins Co of America	24732												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													
Agency Lic#: A183019													

COVERAGES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																										
INSR	ADDL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																				
		<table border="0" style="width:100%;"> <tr> <td colspan="2">GENERAL LIABILITY</td> </tr> <tr> <td><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CLAIMS MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> <tr> <td colspan="2"> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC </td> </tr> </table>	GENERAL LIABILITY		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCUR	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		01-OL-330563-1	02/06/08	02/06/09	<table border="0" style="width:100%;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$ 200,000</td> </tr> <tr> <td>MED. EXP (Any one person)</td> <td style="text-align: right;">\$ 10,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>PRODUCTS-COMP/OP AGG.</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000	MED. EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 1,000,000	PRODUCTS-COMP/OP AGG.	\$ 1,000,000
GENERAL LIABILITY																										
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY																										
<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCUR																									
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC																										
EACH OCCURRENCE	\$ 1,000,000																									
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000																									
MED. EXP (Any one person)	\$ 10,000																									
PERSONAL & ADV INJURY	\$ 1,000,000																									
GENERAL AGGREGATE	\$ 1,000,000																									
PRODUCTS-COMP/OP AGG.	\$ 1,000,000																									
		<table border="0" style="width:100%;"> <tr> <td colspan="2">AUTOMOBILE LIABILITY</td> </tr> <tr> <td><input type="checkbox"/> ANY AUTO</td> <td></td> </tr> <tr> <td><input type="checkbox"/> ALL OWNED AUTOS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SCHEDULED AUTOS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> HIRED AUTOS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-OWNED AUTOS</td> <td></td> </tr> </table>	AUTOMOBILE LIABILITY		<input type="checkbox"/> ANY AUTO		<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS		<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS					<table border="0" style="width:100%;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$
AUTOMOBILE LIABILITY																										
<input type="checkbox"/> ANY AUTO																										
<input type="checkbox"/> ALL OWNED AUTOS																										
<input type="checkbox"/> SCHEDULED AUTOS																										
<input type="checkbox"/> HIRED AUTOS																										
<input type="checkbox"/> NON-OWNED AUTOS																										
COMBINED SINGLE LIMIT (Ea accident)	\$																									
BODILY INJURY (Per person)	\$																									
BODILY INJURY (Per accident)	\$																									
PROPERTY DAMAGE (Per accident)	\$																									
		<table border="0" style="width:100%;"> <tr> <td colspan="2">GARAGE LIABILITY</td> </tr> <tr> <td><input type="checkbox"/> ANY AUTO</td> <td></td> </tr> </table>	GARAGE LIABILITY		<input type="checkbox"/> ANY AUTO					<table border="0" style="width:100%;"> <tr> <td>AUTO ONLY - EA ACCIDENT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>OTHER THAN AUTO ONLY: EA ACC</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>AGG</td> <td style="text-align: right;">\$</td> </tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$										
GARAGE LIABILITY																										
<input type="checkbox"/> ANY AUTO																										
AUTO ONLY - EA ACCIDENT	\$																									
OTHER THAN AUTO ONLY: EA ACC	\$																									
AGG	\$																									
		<table border="0" style="width:100%;"> <tr> <td colspan="2">EXCESS / UMBRELLA LIABILITY</td> </tr> <tr> <td><input type="checkbox"/> OCCUR</td> <td><input type="checkbox"/> CLAIMS MADE</td> </tr> <tr> <td colspan="2">DEDUCTIBLE RETENTION \$</td> </tr> </table>	EXCESS / UMBRELLA LIABILITY		<input type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS MADE	DEDUCTIBLE RETENTION \$					<table border="0" style="width:100%;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$				
EXCESS / UMBRELLA LIABILITY																										
<input type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS MADE																									
DEDUCTIBLE RETENTION \$																										
EACH OCCURRENCE	\$																									
AGGREGATE	\$																									
	\$																									
	\$																									
	\$																									
		<table border="0" style="width:100%;"> <tr> <td colspan="2">WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td> </tr> <tr> <td colspan="2">ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?</td> </tr> <tr> <td colspan="2">If yes, describe under SPECIAL PROVISIONS below</td> </tr> </table>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		If yes, describe under SPECIAL PROVISIONS below					<table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> WC STATU-TORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	<input type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$	E.L. DISEASE-EA EMPLOYEE		\$	E.L. DISEASE-POLICY LIMIT		\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY																										
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?																										
If yes, describe under SPECIAL PROVISIONS below																										
<input type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTHER																									
E.L. EACH ACCIDENT		\$																								
E.L. DISEASE-EA EMPLOYEE		\$																								
E.L. DISEASE-POLICY LIMIT		\$																								
		OTHER:																								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 CERTIFICATE HOLDER IS ADDITIONAL INSURED.
 ACTIVITY: Summer Social and Book Fair 06/28/2008

CERTIFICATE HOLDER CITY OF PALMETTO P O BOX 1209 PALMETTO FL 34221 Attention: Peggy Martin	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: right;">  James C. Moore, Jr. Ext. 28 </div>
---	--



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Summer Social EVENT DATE: 8/2/08
 APPLICANT: Palmetto Historical Commission EVENT TIME: 11AM - 2pm
 ADDRESS: 515-10th Ave. W. - Palmetto PHONE: _____
 CONTACT: Mandy Polson PHONE: 723-4991

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Crafts, games
books, food (vendor to be announced later) Alex's Lemonade Stand
held by PHC.

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
 PUBLIC WORKS: Barricades: _____ Clean-up: _____ Set-up: _____ Other: _____

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
 Proposed location(s): _____

INSURANCE REQUIREMENT: Organized events open to the public require insurance naming the City of Palmetto as an "Additional Insured" and the insurance policy must be provided to the City Clerk ten (10) days prior to the event. If you have entered into a rental agreement for a City facility for a private event, no insurance is required. **Please review Exhibit A for insurance coverage requirements.**

The Special Function Permit Application must be submitted to City Commission for approval at least 30 days prior to the event. Sale or consumption of alcoholic beverages on City property is strictly prohibited. If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

**THIS PORTION OF THE PAGE INTENTIONALLY LEFT BLANK.
 PLEASE CONTINUE TO PAGE 2.**

Special Function Permit Application
Page 2

EVENT: Summer Social

Event Date: 8/2/08

INDEMNITY

Palmetto Historical Commission

(Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

C. Paul Doe, Pres. H.C.
Permittee

CITY APPROVAL:

Public Works Director _____
Risk Management [Signature] *pending insurance*
Parks Department Geoff Sykes
Police Department _____
North River Fire [Signature]
APPROVED BY COMMISSION: _____

Date 2/7/08
Date 2/7/08
Date 2/6/08
Date _____
Date 2/8/08
Date _____

Internal use only
Date Received: _____

Special Function Permit Application
Page 2

EVENT: Summer Social

Event Date: 8/2/08

INDEMNITY

Palmetto Historical Commission

(Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Cristina Doe, Pres PHC
Permittee

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	
Risk Management	<u>[Signature]</u>	<u>pending insurance</u>
Parks Department	<u>GEORGE ZEMER</u>	
Police Department	<u>[Signature]</u>	
North River Fire	<u>[Signature]</u>	

Date	<u>2/7/08</u>
Date	<u>8/7/08</u>
Date	<u>2/6/08</u>
Date	<u>2/8/08</u>
Date	
Date	

APPROVED BY COMMISSION: _____

Internal use only
Date Received: _____

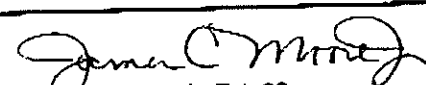
ACORD <small>TM.</small> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 01/18/2008
PRODUCER Phone: 941-722-3238 Fax: 941-723-1785 MOORE & MOORE INSURANCE AGENCY 601 8TH AVE. WEST PALMETTO FL 34221-5115	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Agency Lic#: A183018	INSURERS AFFORDING COVERAGE	NAIC #
INSURED PALMETTO HISTORICAL COMMISSION, INC. P. O. BOX 1192 PALMETTO FL 34220	INSURER A: General Ins Co of America INSURER B: INSURER C: INSURER D: INSURER E:	24732

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	01-OL-330563-1	02/06/08	02/06/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED. EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA AGG \$ AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATE TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
		OTHER:				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 CERTIFICATE HOLDER IS ADDITIONAL INSURED.
 ACTIVITY: Summer Social 08/02/2008

CERTIFICATE HOLDER CITY OF PALMETTO P O BOX 1209 PALMETTO FL 34221 Attention: Peggy Martin	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: right;">  James C. Moore, Jr. Ext. 28 </div>
---	--



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Yard Sale EVENT DATE: 10/04/08
APPLICANT: Palmetto Historical Commission EVENT TIME: 9AM - 2 PM
ADDRESS: 515-10th Ave. W - Palmetto PHONE: _____
CONTACT: Mandy Polson PHONE: 723-4991

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Community yard sale, Alex's Lemonade (Sponsored by PHC) - food vendor to be announced later

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
PUBLIC WORKS: Barricades: _____ Clean-up: _____ Set-up: _____ Other: _____

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
Proposed location(s): _____

INSURANCE REQUIREMENT: Organized events open to the public require insurance naming the City of Palmetto as an "Additional Insured" and the insurance policy must be provided to the City Clerk ten (10) days prior to the event. If you have entered into a rental agreement for a City facility for a private event, no insurance is required. **Please review Exhibit A for insurance coverage requirements.**

The Special Function Permit Application must be submitted to City Commission for approval at least 30 days prior to the event. Sale or consumption of alcoholic beverages on City property is strictly prohibited. If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

THIS PORTION OF THE PAGE INTENTIONALLY LEFT BLANK.

PLEASE CONTINUE TO PAGE 2.

Special Function Permit Application
Page 2

EVENT: yard sale

Event Date: 10/04/08

INDEMNITY

Palmetto Historical Commission (Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

CisPander, Pres PHC
Permittee

CITY APPROVAL:

Public Works Director [Signature]

Risk Management [Signature] *pending discussion*

Parks Department Geoff Seaver

Police Department _____

North River Fire [Signature]

APPROVED BY COMMISSION: _____

Date 2/1/08

Date 2/7/08

Date 2/6/08

Date _____

Date 2/8/08

Date _____

Internal use only
Date Received: _____

Special Function Permit Application
Page 2

EVENT: Yard Sale

Event Date: 10/04/08

INDEMNITY

Palmetto Historical Commission (Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Crista Pauley, Pres PHC
Permittee

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	
Risk Management	<u>[Signature]</u>	<u>pending insurance</u>
Parks Department	<u>Geoff Seeger</u>	
Police Department	<u>[Signature]</u>	
North River Fire	<u>[Signature]</u>	

Date	<u>2/1/08</u>
Date	<u>2/7/08</u>
Date	<u>2/6/08</u>
Date	<u>2/8/08</u>
Date	_____
Date	_____

APPROVED BY COMMISSION: _____

Internal use only Date Received: _____

ACORD <small>TM.</small> CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 01/18/2008												
PRODUCER Phone: 941-722-3238 Fax: 941-723-1785 MOORE & MOORE INSURANCE AGENCY 601 8TH AVE. WEST PALMETTO FL 34221-5115	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
Agency Lic#: A183018	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: General Ins Co of America</td> <td style="text-align: center;">24732</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: General Ins Co of America	24732	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: General Ins Co of America	24732												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													
INSURED PALMETTO HISTORICAL COMMISSION, INC. P. O. BOX 1192 PALMETTO FL 34220													

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR YES _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	01-OL-330563-1	02/06/08	02/06/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED. EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN EA ACC \$ _____ AUTO ONLY: AGG \$ _____								
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">WC STATUTORY LIMITS</th> <th style="width:50%;">OTHER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ _____</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td>\$ _____</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td>\$ _____</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ _____	E.L. DISEASE-EA EMPLOYEE	\$ _____	E.L. DISEASE-POLICY LIMIT	\$ _____
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$ _____													
E.L. DISEASE-EA EMPLOYEE	\$ _____													
E.L. DISEASE-POLICY LIMIT	\$ _____													
		OTHER:												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 CERTIFICATE HOLDER IS ADDITIONAL INSURED.

ACTIVITY: Yard Sale 10/04/2008

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


 James C. Moore, Jr. Ext. 28

CERTIFICATE HOLDER

CITY OF PALMETTO
 P O BOX 1209
 PALMETTO FL 34221

Attention: Peggy Martin

Special Function Permit Application
Page 2

EVENT: Halloween Social

Event Date: 10/24/08

Palmetto Historical Commission INDEMNITY

(Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Cris Pender, Pres PHC
Permittee

CITY APPROVAL:

Public Works Director _____

Date 2/7/08

Risk Management _____ *Pending insurance*

Date 2/7/08

Parks Department George Seyer

Date 2/6/08

Police Department _____

Date 2/8/08

North River Fire _____

Date _____

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: _____

Special Function Permit Application
Page 2

EVENT: Halloween Social

Event Date: 10/24/08

INDEMNITY

Palmetto Historical Commission

(Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Cio Parker, Pres PHC
Permittee

CITY APPROVAL:

Public Works Director [Signature]
Risk Management [Signature] pending insurance
Parks Department Geoff Sewer
Police Department _____
North River Fire [Signature]
APPROVED BY COMMISSION: _____

Date 2/7/08
Date 2/7/08
Date 2/6/08
Date _____
Date 2/8/08
Date _____

Internal use only
Date Received: _____

ACORD TM. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
01/18/2008

PRODUCER Phone: 841-722-3238 Fax: 841-723-1765
MOORE & MOORE INSURANCE AGENCY
 601 8TH AVE. WEST
 PALMETTO FL 34221-5115

Agency Lic# A183018

INSURED
 PALMETTO HISTORICAL COMMISSION, INC.
 P. O. BOX 1192
 PALMETTO FL 34220

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: General Ins Co of America	24732
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

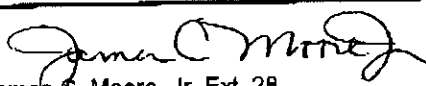
COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
	YES	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	01-OL-330563-1	02/06/08	02/06/09	<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 200,000</td></tr> <tr><td>MED. EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG.</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000	MED. EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 1,000,000	PRODUCTS-COMP/OP AGG.	\$ 1,000,000
EACH OCCURRENCE	\$ 1,000,000																	
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000																	
MED. EXP (Any one person)	\$ 10,000																	
PERSONAL & ADV INJURY	\$ 1,000,000																	
GENERAL AGGREGATE	\$ 1,000,000																	
PRODUCTS-COMP/OP AGG.	\$ 1,000,000																	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
COMBINED SINGLE LIMIT (Ea accident)	\$																	
BODILY INJURY (Per person)	\$																	
BODILY INJURY (Per accident)	\$																	
PROPERTY DAMAGE (Per accident)	\$																	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table style="width: 100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td style="text-align: right;">\$</td></tr> <tr><td>AGG</td><td style="text-align: right;">\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$						
AUTO ONLY - EA ACCIDENT	\$																	
OTHER THAN AUTO ONLY: EA ACC	\$																	
AGG	\$																	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$		
EACH OCCURRENCE	\$																	
AGGREGATE	\$																	
	\$																	
	\$																	
	\$																	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><small>WC STATU- TORY LIMITS</small></td> <td style="text-align: center;"><small>OTHER</small></td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE-EA EMPLOYEE</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE-POLICY LIMIT</td><td></td><td style="text-align: right;">\$</td></tr> </table>	<small>WC STATU- TORY LIMITS</small>	<small>OTHER</small>		E.L. EACH ACCIDENT		\$	E.L. DISEASE-EA EMPLOYEE		\$	E.L. DISEASE-POLICY LIMIT		\$
<small>WC STATU- TORY LIMITS</small>	<small>OTHER</small>																	
E.L. EACH ACCIDENT		\$																
E.L. DISEASE-EA EMPLOYEE		\$																
E.L. DISEASE-POLICY LIMIT		\$																
		OTHER:																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 CERTIFICATE HOLDER IS ADDITIONAL INSURED.

ACTIVITY: Halloween Social 10/24/2008

CERTIFICATE HOLDER	CANCELLATION
CITY OF PALMETTO P O BOX 1209 PALMETTO FL 34221 Attention: Peggy Martin	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: right;">  James C. Moore, Jr. Ext. 28 </div>