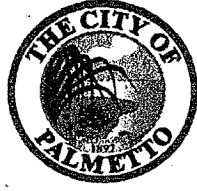


TAB 4



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: WALK for Life EVENT DATE: 9-27-08
 APPLICANT: Manatee Glens EVENT TIME: 7am-3pm
 ADDRESS: 391 6th Ave W. Bradenton, FL. PHONE: 782-4354
34205 PHONE: _____
 CONTACT: Nancy McCarty

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Sutton Park -
parade route attached

CITY SERVICES REQUIRED: *cost information attached.*
 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: 2 (1-handicap) # of days: 1
 Proposed location(s): Southeast corner of 10th Ave & 7th St

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).

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JUN 20 08 09:46a
JUN 20 08 08:12a

Antoinette Kilgore
CITY OF PALMETTO

(941) 723-4830

P. 1

06/17/2008 TUE 1:01 PM

0002/003

Special Function Permit Application
Page 2

EVENT: Walk for Life

Event Date: 9-27-08

INDEMNITY

Monatee Gleas (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 of 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.

Nancy McCarty
Permittee

CITY APPROVAL:

Public Works Director

Date 6/19/08

Planning & Zoning

Date 6/19/08

Risk Management

Date 6/19/08

Parks Department

Date 6/19/08

Police Department

Date 6/20/08

North River Fire

Date 7/10/08

APPROVED BY COMMISSION:

Date

Internal use only
Date Received: _____

Special Function Permit/Temporary Use Permit Application

Walk for Life
Manatee Glens

Saturday, September 27, 2008
7:00 a.m. – 3:00 p.m.

Sutton Park

COSTS associated with Manatee Glens Walk for Life at Sutton Park:

Overtime hours (1 employee, 5 hours @ \$29.00	145.00
Salaried staff employees	N/C
Port-o-lets (2 - 1 regular/1 handicapped)	<u>195.00</u>
	340.00

In-Kind Services (provided last year/requested this year)

Sutton Park Rental (\$200.00)

150 - Cones

2 – 20 x 20 tents

7 - 10 x 10 tents

20 - Tables

60 - Chairs

15 – trash cans

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/16/2008

PRODUCER

NEGLEY ASSOCIATES
PO BOX 206
Cedar Grove, NJ 07009
(973) 239-9107

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

Manatee Glens Corp.
P.O. Box 9478
Bradenton, FL 34206

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: Mental Health Risk Retention Group
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.

TYPE	ADD'L	INSURD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A			GENERAL LIABILITY	CCL0001672	02/10/08	02/10/09	EACH OCCURRENCE \$ 1,000,000
			<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
			<input checked="" type="checkbox"/> CLAIMSMADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
			GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
			<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 3,000,000
			AUTOMOBILE LIABILITY				PRODUCTS - COMP/OP AGG \$ 3,000,000
			<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
			<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
			<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
			<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
			<input type="checkbox"/> NON-OWNED AUTOS				
			GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
			<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EA ACC \$
			EXCESS/UMBRELLA LIABILITY				AGG \$
			<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				EACH OCCURRENCE \$
			<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$
			<input type="checkbox"/> RETENTION \$				\$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS OTHER
			ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
			If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
			OTHER				E.L. DISEASE - POLICY LIMIT \$
A							

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

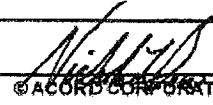
THIS CERTIFICATE HOLDER AS SHOWN BELOW IS AN ADDITIONAL INSURED, BUT ONLY WITH RESPECT TO THE OPERATIONS OF MANATEE GLENS CORPORATION AND THE SPECIAL EVENT, "WALK FOR LIFE", TO BE HELD ON SEPTEMBER 27, 2008.

CERTIFICATE HOLDER

CITY OF PALMETTO
516 8TH AVENUE WEST
PALMETTO, FL 34221

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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



Manatee Glens 2008

Walk For Life

Sutton Park in Palmetto

The Walk Route- Starts at Sutton Park in Palmetto

South on 10th Ave. to Riverside Dr.,

East on Riverside Dr. to 8th Ave.

South on 8th Ave. across Green Bridge to 3rd Ave.

West on 3rd Ave. to 10th St.

North on 10th St. to Barcarrota Blvd.

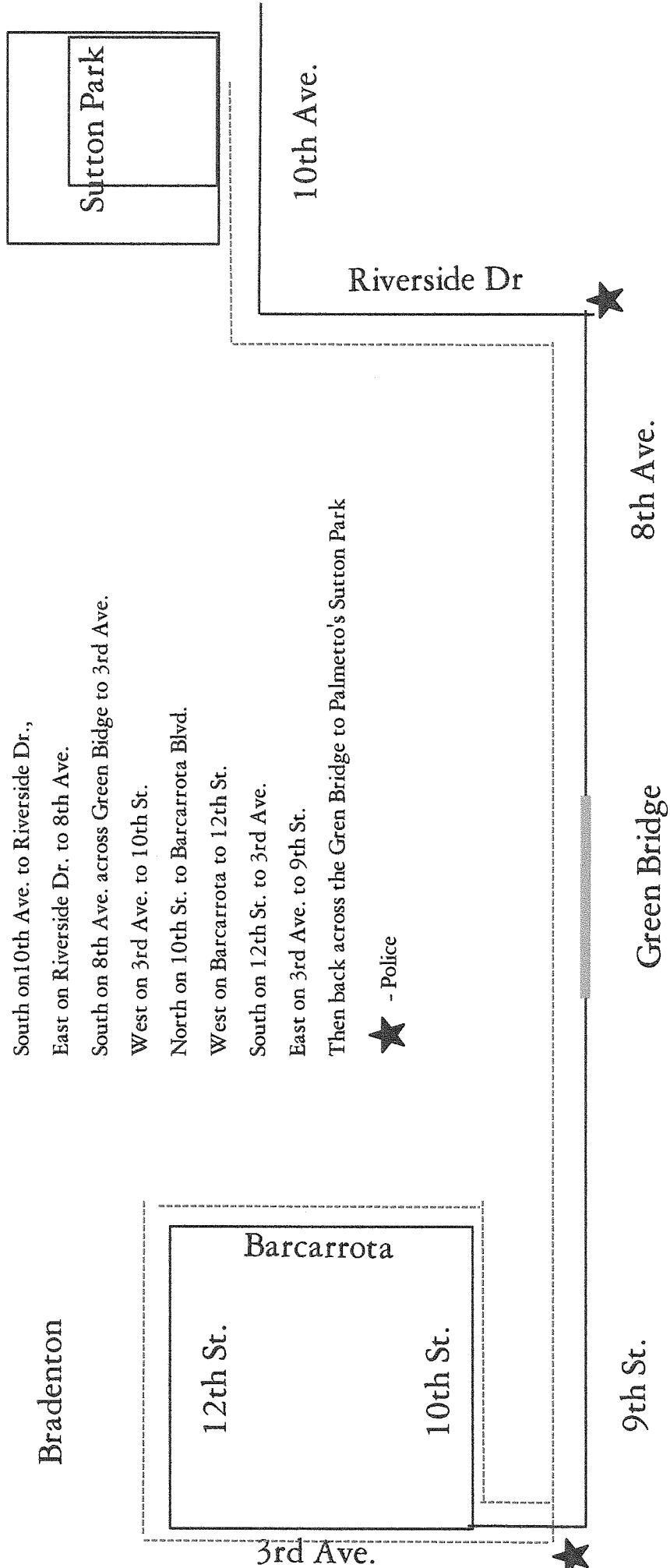
West on Barcarrota to 12th St.

South on 12th St. to 3rd Ave.

East on 3rd Ave. to 9th St.

Then back across the Green Bridge to Palmetto's Sutton Park

★ - Police



Bradenton

12th St.

10th St.

Barcarrota

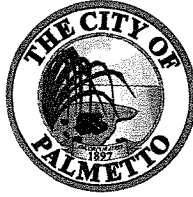
3rd Ave.

9th St.

Green Bridge

8th Ave.

South bound lane closed- Westside



NO CITY EXPENSE

SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Village of the Palms Neighborhood Completion Celebration
 APPLICANT: Manatee County Habitat for Humanity with Palmetto CRA
 ADDRESS: 1005 Third Ave West
 CONTACT: Mary K. Williams

EVENT DATE: Oct. 4, 2008
 EVENT TIME: 12:30
 PHONE: 723-3319 ex 102
 PHONE: 376-0563

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Area of 6th Ave Dr. W and 11th St Court W. in Palmetto + 5th Ave Drive West

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. Anticipated participation - 300 (120 homeowners on site)

TEMPORARY RESTROOM FACILITIES: # of units: 1 # of days: 3-4 Hours total
 Proposed location(s): 6th Ave Dr. W. + 11th St. Court W. + 5th Ave Dr. W.

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).

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Special Function Permit Application
Page 2

EVENT: Village of the Palms Neighborhood Event Date: Oct. 4, 2008
Completion Celebration

INDEMNITY

Manatee County Habitat for Humanity (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.

Mary K. Williams, Executive Director
Permittee for Manatee County Habitat for Humanity

CITY APPROVAL:

Public Works Director _____
Planning & Zoning _____
Risk Management _____
Parks Department _____
Police Department _____
North River Fire _____

Date 7-11-08
Date 7/11/08
Date 7-11-08
Date 7/10/08
Date 7/14/08
Date 7/14/08

APPROVED BY COMMISSION: _____

Internal use only
Date Received: _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/30/2008

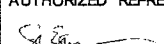
PRODUCER Lockton Risk Services P.O. Box 410679 Kansas City, MO 64141-0679 888-553-9002	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE INSURER A: Federal Insurance Co INSURER B: INSURER C: INSURER D: INSURER E:	NAIC# 20281
INSURED Manatee County HFH 1005 3rd Ave W Palmetto, FL 34221-3929		

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	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL1064570	04/01/2008	04/01/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP 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 (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"/> CLAIMSMADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0971717204	04/01/2008	04/01/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate Holder is listed as Additional Insured with respect to General Liability Coverage for the following event(s) for liability arising out of the operations performed by or on behalf of the named insured, or out of premises or facilities owned or used by named insured: Village of the Palms Celebration BBQ on October 4, 2008

CERTIFICATE HOLDER City of Palmetto 516 8th Ave. Palmetto, FL 34221	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 
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.