

TAB 4



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: VBS Family Fun Night
APPLICANT: First Baptist Church
ADDRESS: 1020 4th St. West Palmetto
CONTACT: Terry Wells

EVENT DATE: June 26, 2009
EVENT TIME: 6:00 PM
PHONE: 941. 722-7795
PHONE: 941. 737-8684

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Close north 1/2 of 11th Ave. West between 4th Street + 5th Street from 3:00 PM - 9:00 PM

ANTICIPATED ATTENDANCE: 400

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: Traffic Control: NA Security: NA Other: _____
PUBLIC WORKS: Barricades: Clean-up: NA Set-up: NA 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: NA # of days: NA
Proposed location(s): _____

INSURANCE REQUIREMENT: Insurance naming the City of Palmetto as an "Additional Insured" must be provided to the City Clerk ten (10) days prior to any event that is part of the Special Function Permit. **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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PLEASE CONTINUE TO PAGE 2.

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EVENT: VBS Family Fun Night

Event Date: June 26, 2009

HOLD HARMLESS AGREEMENT

First Baptist Church agrees to indemnify and hold harmless the City of Palmetto
(Name of Organization/Person)

from any and all liability, defense costs, including other fees, loss or damage the City of Palmetto may suffer as a result of claims, demands, costs, or judgments against it arising from First Baptist Church activities as indicated in the Special Function Application form.
(Name of Organization/Person)

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

Tony A. Mills Facilities Dir.
Permittee

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	Date	<u>6-9-09</u>
Planning & Zoning	_____	Date	_____
Risk Management	<u>[Signature]</u> PENDING INFO	Date	<u>6/8/09</u>
Parks Department	<u>[Signature]</u>	Date	<u>6/5/09</u>
Police Department	<u>[Signature]</u>	Date	<u>6/10/09</u>
North River Fire	_____	Date	_____
APPROVED BY COMMISSION:	_____	Date	_____

Internal use only
Date Received: _____

Special Function Permit Application
Page 2

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Public Works Director _____

Date _____

Planning & Zoning _____

Date _____

Risk Management _____

Date _____

Parks Department _____

Date _____

Police Department _____

Date _____

North River Fire _____

Date 6/8/09

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: _____

MEMORANDUM

TO: CITY OF PALMETTO COMMISSION
FROM: RON KOPER, RISK MANAGER/SAFETY DIRECTOR
SUBJECT: VBS FAMILY FUN NIGHT
DATE: 6/8/2009

Insurance **IS** required for this event.

****NOTE:** Any vendors participating in this event will be required to provide a Certificate of Coverage**

RK

EXHIBIT A

INSURANCE

REQUIRED FOR EVENTS HELD ON CITY PROPERTY THAT EXPECT ATTENDANCE EXCEEDING 50 PEOPLE

A Permittee for an event held on city property, city streets, public property, public streets, and any buildings or facilities owned, leased or operated by the city is required to maintain minimum liability insurance coverage in the amounts set forth below. The Director of Public Works shall have the authority to require additional coverage where the Director determines that the nature of the event or circumstances surrounding the event warrant such coverage. Appropriate documentation of required insurance shall be submitted with the Special Function Permit application. Please note that the City maintains a Tenant/User Liability Insurance Program (TULIP) through which insurance coverage for special events on City property/facilities may be available to the applicant for a modest fee (usually ranging from \$100 to \$300, depending on the nature of the event). For information concerning TULIP, call (941) 723-4580.

INSURANCE COVERAGE REQUIREMENTS

Commercial General Liability and Worker's Compensation

Workers' Compensation / Employer's Liability

1. Worker's Compensation: meets statutory limits in compliance with the workers' compensation laws of the State of Florida.
2. Employer's Liability: \$500,000 each accident, \$500,000 each employee (disease), \$500,000 disease (policy limit).

Commercial General Liability – includes Bodily Injury Liability, Property Damage Liability, Personal Injury Liability and Advertising Injury Liability

Coverage Includes: Premises / Operations
 Products / Completed Operations
 Contractual Liability
 Independent Contractors

Limit of Liability: \$500,000 each occurrence/
 combined single limit or
 \$500,000 each occurrence /
 \$500,000 aggregate.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2009

PRODUCER (813) 708-0001
The Harless Agency, Inc.
2004 W. Thonotosassa Rd #102

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.

Plant City FL 33563-

INSURERS AFFORDING COVERAGE NAIC #

INSURED
FIRST BAPTIST CHURCH OF PALMETTO, INC.
1020 4TH STREET WEST.

INSURER A: GUIDEONE INSURANCE

INSURER B:

INSURER C:

INSURER D:

INSURER E:

PALMETTO FL 34221-

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	1266-614	/ /	/ /	EACH OCCURRENCE \$ 1,000,000	
	X	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPROP AGG \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$	
		ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$	
		ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$	
		SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$	
		HIRED AUTOS		/ /	/ /		
		NON-OWNED AUTOS		/ /	/ /		
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$	
		ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$	
						AUTO ONLY: AGG \$	
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE \$	
		OCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$	
						\$	
		DEDUCTIBLE		/ /	/ /	\$	
		RETENTION \$		/ /	/ /	\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>	
		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 \$	
				/ /	/ /		
				/ /	/ /		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Church will be holding VBS Family Night on 6/26/09 from 6:00pm to 8:00pm at the church. 11th Avenue will be closed between 5th Street and 4th Street. The City of Palmetto will be listed as an additional insured for this event.

CERTIFICATE HOLDER

CANCELLATION

() - () -

CITY OF PALMETTO
516 18TH AVENUE WEST

PALMETTO FL 34221-

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

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.