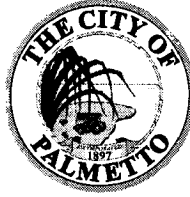


TAB 1



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Beth Moore's Living Proof Live Simulcast EVENT DATE: August 29, 2009
APPLICANT: First Baptist Church of Palmetto, Inc. EVENT TIME: 8:00AM - 1:30 PM
ADDRESS: 1020 4th St. W. Palmetto, FL PHONE: 722-7795
CONTACT: Terry Wells or Charlene Keller PHONE: _____

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Conference will be at the Church Friday night and Saturday. We would like to close 11th Av between 4th and 5th St on Saturday for crossing and refreshment tents.

ANTICIPATED ATTENDANCE: 500

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: X Traffic Control: _____ Security: _____ Other: _____
PUBLIC WORKS: Barricades: X 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: 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.

Special Function Permit Application
Page 2

EVENT: Beth Moore's Living Proof Live Simulcast Event Date: Aug 29, 2009

HOLD HARMLESS AGREEMENT

First Baptist Church of Palmetto 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 of Palmetto's 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.



Permittee

CITY APPROVAL:

Public Works Director _____	Date _____
Planning & Zoning _____	Date _____
Risk Management _____	Date _____
Parks Department _____	Date _____
Police Department _____	Date _____
North River Fire <u>Red Yeffa</u> _____	Date <u>7/20/09</u>
APPROVED BY COMMISSION: _____	Date <u>7/20/09</u>

Internal use only
Date Received: _____

Special Function Permit Application
Page 2

EVENT: Beth Moore's Living Proof Live Simulcast Event Date: Aug 29, 2019

HOLD HARMLESS AGREEMENT

First Baptist Church of Palmetto 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 of Palmetto's 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.



Permittee

CITY APPROVAL:

Public Works Director _____	Date _____
Planning & Zoning _____	Date _____
Risk Management _____	Date _____
Parks Department _____	Date _____
Police Department _____	Date <u>07/23/09</u>
North River Fire _____	Date _____
APPROVED BY COMMISSION: _____	Date _____

Internal use only Date Received: _____

7/27/2009

Special Function Permit Application
Page 2

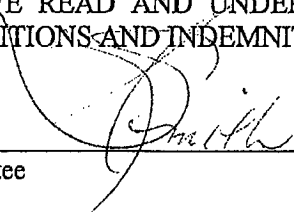
EVENT: Beth Moore's Living Proof Live Simulcast Event Date: Aug 29, 2009

HOLD HARMLESS AGREEMENT

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


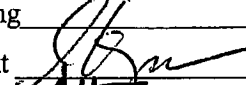

from any and all liability, defense costs, including other fees, loss or damage the City of Palmetto may suffer as a result of claims, demands, costs, or judgments against it arising from First Baptist Church of Palmetto's activities as indicated in the Special Function Application form.
(Name of Organization/Person)

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



Permittee

CITY APPROVAL:

Public Works Director 	Date <u>7-22-09</u>
Planning & Zoning _____	Date _____
Risk Management 	Date <u>7/24/09</u>
Parks Department 	Date <u>7/22/09</u>
Police Department _____	Date _____
North River Fire _____	Date _____
APPROVED BY COMMISSION: _____	Date _____

Internal use only
Date Received: _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/17/2009

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:

PALMETTO FL 34221-

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	X		GENERAL LIABILITY	1266-614	10/01/2008	10/01/2009	EACH OCCURRENCE \$ 1,000,000
			<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
			<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$ 10,000
			GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
			<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	GENERAL AGGREGATE \$ 2,000,000
			AUTOMOBILE LIABILITY		/ /	/ /	PRODUCTS - COMP/OP AGG \$ 2,000,000
			<input type="checkbox"/> ANY AUTO		/ /	/ /	P. L.
			<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
			<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	BODILY INJURY (Per person) \$
			<input type="checkbox"/> HIRED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
			<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
			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"/> CLAIMS MADE		/ /	/ /	EACH OCCURRENCE \$
			DEDUCTIBLE		/ /	/ /	AGGREGATE \$
			RETENTION \$		/ /	/ /	\$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS OTH-ER
			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

THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED AS RESPECTS TO A BETH MOORE SIMULCAST TO BE HELD ON AUGUST 29, 2009 FROM 7:00 AM TO 2:00 PM. 11TH AVENUE WILL BE CLOSED BETWEEN 4TH & 5TH STREETS.

CERTIFICATE HOLDER

() - () -
CITY OF PALMETTO
516 18TH 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 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

Joanne Hedemans

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.