

RESOLUTION 14-51

**RESOLUTION TO APPROVE A SPECIAL EVENTS PERMIT FOR THE
PAY IT FORWARD FESTIVAL**

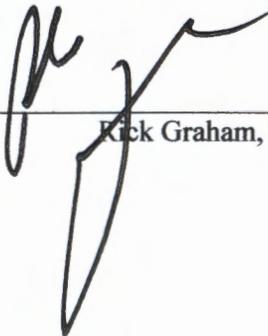
WHEREAS, Title 16, Chapter 3, of the Spring Hill Municipal code requires a permit for special events held in the city; and

WHEREAS, representatives of the Pay it Forward Festival have made application to the Spring Hill Board of Mayor and Aldermen; and

WHEREAS, the City of Spring Hill staff recommends approval.

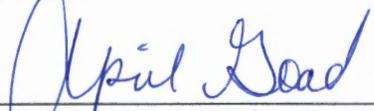
NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE CITY OF SPRING HILL, TENNESSEE, approves a Special Event Application and authorizes staff to issue a permit for the Pay it Forward Festival to be held on June 14, 2014.

Passed and adopted this 19th day of May, 2014.



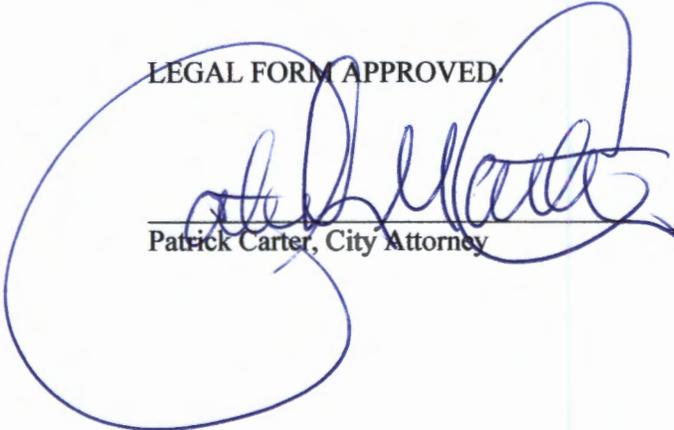
Rick Graham, Mayor

ATTEST:



April Goad, City Recorder

LEGAL FORM APPROVED.



Patrick Carter, City Attorney

CITY OF SPRING HILL
Special Events Application
Checklist

Event: Pay it Forward Festival

Date of Event: 6/14/2014

Application Completed:

Certificate of Insurance

Street Closure Permit

Business License Verified

Beer Permit Requested

Permit Review Fee Paid

Approved

Denied

DATE: _____



CITY OF SPRING HILL-SPECIAL EVENT APPLICATION

PERMIT # 2014-0501

Event Date 06-14-2014

Name of Event: Spring Hill Pay It Forward Festival

Granted to: Hazel Nieves - Spring Hill Fresh
(Applicant/Organization)

Address: 2524 Depot St. Spring Hill, TN 37174
(Street) (City) (State) (Zip)

Event Chairperson Hazel Nieves 916-240-2858
(Telephone No.)

Reason for Request Community Festival event

Date of Event 6-14-2014

Time event will begin 10 AM Time event will end 5 pm

Event Location Tennessee Children's Home
804 Benham Hughes Blvd. Spring Hill, TN

Portions of street to be traversed Main St. & Kedron Rd.
Entrance to event is 3388 Kedron Rd.

Time and place event will assemble 7 AM

Time and place event will disassemble 6 pm

(City Administrator)	(Date)
PERMIT ISSUED	(Date)

Optional Coverages

Medical Payments

Medical Expenses Payments of \$5,000.00 can be added to the above mentioned General Liability policy for an additional premium of **\$27.00**.

Increased Aggregate Limit Options

Option 1: The General Aggregate and Products/Completed Operations Limit can be increased to \$2,000,000 for an additional premium of **\$28.00**.

Option 2: The General Aggregate and Products/Completed Operations Limit can be increased to \$3,000,000 for an additional premium of **\$120.00**.

Option 3: The General Aggregate and Products/Completed Operations Limit can be increased to \$4,000,000 for an additional premium of **\$194.00**.

Option 4: The General Aggregate and Products/Completed Operations Limit can be increased to \$5,000,000 for an additional premium of **\$272.00**.

Hired/Non-owned Auto Liability Coverage Options

Option 1: \$150,000 Hired/Non-owned Auto Liability Coverage can be added for an additional premium of **\$225.00**.

Option 2: \$500,000 Hired/Non-owned Auto Liability Coverage can be added for an additional premium of **\$500.00**.

Option 3: \$1,000,000 Hired/Non-owned Auto Liability coverage is available for additional premium subject to a Minimum Premium of **\$850.00** and our receipt and approval of our Hired/Non-owned Auto supplemental application. Please contact me if you would like this application.

**Please note all HNOA premiums are Fully Earned at Inception
12 & 15 Passenger Vans are not eligible for this coverage**

Additional insured's must be submitted, approved and issued by our office. Submission must include the entity name, full mailing address and insurable interest for each Additional Insured. Additional premium may apply.

Option 1: Standard additional insured's are free for first 3 and any more can be added at \$10 a piece upon approval.

Option 2: Primary and non-contributory wording endorsement can be added for an additional \$100 per additional insured needed.

Option 3: Waiver of subrogation endorsement can be added for an additional \$100 per additional insured needed.

Excess limits may be available upon request and carrier approval. Please contact with any inquiries.

This quotation is valid for 30 days.

I understand and agree that this is only a quote and is not an agreement to bind coverage. If quote is agreed upon by both the Agent/Broker and the Insurance Company and payment of the required premium is remitted, coverage will begin on the date premium is remitted.

INSURANCE PROPOSAL

05/14/2014

QUOTE NUMBER: QX02388496-FT-01

NAMED INSURED

HAZEL NIEVES
2524 Depot St
Spring Hill, TN 37174-2418

AGENCY

ARLINGTON ROE & COMPANY
P O BOX 80803
INDIANAPOLIS IN 46280

CARRIER: Capitol Indemnity Corporation

AM BEST RATING: "A"

STATUS: Admitted

COVERAGE PERIOD: 06/14/2014 to 06/15/2014

Commercial Auto Coverage Part	NOT COVERED
Commercial Property Coverage Part	NOT COVERED
Commercial General Liability Coverage Part	\$ 420.00
Commercial Crime Coverage Part	NOT COVERED
Inland Marine Coverage Part	NOT COVERED
Umbrella Excess Coverage Part	NOT COVERED
Liquor Liability Coverage Part	NOT COVERED
Businessowners Coverage Part	NOT COVERED
Employment Practices Liability Coverage Part	NOT COVERED

TOTAL ADVANCE PREMIUM

\$ 420.00

TERRORISM RISK INSURANCE ACT OF 2007
Premium shown as payable:

\$ 13.00
\$ 433.00

REQUIREMENTS TO BIND COVERAGE:

Signed application, terrorism form and subjectivities verification form

ADDITIONAL COMMENTS:

Need name, address and interest of two Additional Insureds

THIS QUOTE IS VALID UNTIL 08/13/2014.

THIS PROPOSAL IS FOR INFORMATIONAL PURPOSES ONLY. THE QUOTATION IS BASED UPON THE INSURANCE APPLICATION SUBMITTED. THE POTENTIAL INSURED MAY BE SUBJECT TO ADDITIONAL REQUIREMENTS THAT MAY AFFECT THEIR INSURABILITY OR ESTIMATED PREMIUM. ONLY THE **ACTUAL INSURANCE POLICY** CAN PROVIDE COVERAGES, CONDITIONS, EXCLUSIONS, PREMIUMS AND DEDUCTIBLES.

SUBJECTIVITIES VERIFICATION

05/14/2014

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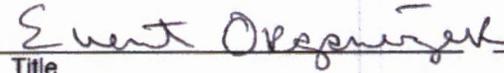
CARRIER: Capitol Indemnity Corporation

COVERAGE PERIOD: 06/14/2014 to 06/15/2014

POLICY QUOTE IS SUBJECT TO VERIFICATION OF:

I certify that all subjectivities have been met.


Applicant Signature

 5/16/14
Title Date

ARLINGTON ROE & COMPANY
P O BOX 80803
INDIANAPOLIS IN 46280

HAZEL NIEVES
QUOTE NUMBER: QX02388496-FT-01
Coverage Period: 06/14/2014 to 06/15/2014

COMMERCIAL GENERAL LIABILITY QUOTATION

LIMITS OF INSURANCE

Each Occurrence Limit	\$ 1,000,000
Personal And Advertising Injury Limit	\$ 1,000,000
Products-Completed Operations Aggregate Limit	\$ 1,000,000
General Aggregate Limit (Other Than Products-Completed Operations)	\$ 1,000,000
Damage To Premises Rented To You Limit	\$ 100,000 Any One Fire
Medical Expense Limit	\$ 5,000 Any One Person

DEDUCTIBLE

**Amount and Basis of Deductible
PER CLAIM or PER OCCURRENCE**

Bodily Injury Liability	N/A
OR	
Property Damage Liability	N/A
OR	
Bodily Injury Liability and/or Property Damage Liability Combined	N/A

THE LIABILITY PREMIUM BASIS OF THIS QUOTATION IS SUBJECT TO AN AUDIT.
ADDITIONAL PREMIUM MAY BE DUE.

POLICY COVERAGE PART FORM SCHEDULE

ENDORSEMENTS

INTERLINE ENDORSEMENTS

CICG 174 CIC QUOTE 01 11	Common Policy Declarations
CICG 176 06 11	Locations Schedule
CGE 473 QUOTE 12 11	Subjectivities Verification
CGE 067 08 03	Additional Interest Schedule
CGE 112 04 96	Important Notice
CGE 215 04 96	Important Notice Non Payment Of Premium
CGE 494 10 13	Notice To Policyholders Potential Restrictions Of Terrorism Cov
CGE 278 04 96	Policyholder Audit Information
CG 21 70 01 08	Cap on Losses from Certified Acts of Terrorism
IL 00 17 11 98	Common Policy Conditions
CG 21 87 01 07	Conditional Exclusion Of Terrorism Relating To Disposition Of
IL 09 85 01 08	Disclosure Pursuant To Terrorism Risk Ins Act Of 2002
CG 21 76 01 08	Exclusion of Punitive Damages Certified Act of Terrorism
CGE 064 02 08	Notice Offer Of Terrorism Coverage
IL 00 21 09 08	Nuclear Energy Liability Exclusion (Broad Form)
IL 02 50 09 08	Tennessee Changes Cancellation And Nonrenewal
CGE 418 11 08	Non-Renewable Short Term Policy
CGL 388 04 10	Assault Or Battery Exclusion
CGL 408 08 13	Exclusion Firearms And Weapons

GENERAL LIABILITY ENDORSEMENTS

CG 00 01 04 13	Commercial General Liability Coverage Form
CG 20 26 04 13	Additional Insured Designated Person Or Organization
CG 21 01 11 85	Exclusion Athletic or Sports Participants
CG 21 47 12 07	Employment Related Practices Exclusion
CG 21 67 12 04	Fungi or Bacteria Exclusion
CG 21 96 03 05	Silica or Silica Related Dust Exclusion
CG 22 58 11 85	Exclusion Described Hazard Carnival Circus Fair
CGL 031 05 13	Excess Provision
CGL 135 01 13	Exclusion Lead Liability
CGL 138 01 13	Endorsement Fully Earned Premium
CGL 367 01 13	Exclusion Inflatable Amusement Device
CGL 426 01 13	Exclusion Described Hazard Fireworks Explosives Pyrotechnic Dev
CGL 446 01 13	Total Horse And Equine Exclusion
CGL 453 07 13	Total Asbestos Exclusion
CICL 042 QUOTE 01 11	General Liability Coverage Part Declaration
CICL 043 QUOTE 01 11	General Liability Schedule
CGL 030 04 13	Total Liquor Liability Exclusion
CGL 080 01 13	Limitation Of Coverage To Scheduled Events

**NOTICE - OFFER OF TERRORISM COVERAGE
NOTICE - DISCLOSURE OF PREMIUM**

1. **Named Insured:** HAZEL NIEVES
2. **Attached to Policy Number:** QX02388496-FT
3. **POLICY PERIOD:** 06/14/2014 - 06/15/2014

The Terrorism Risk Insurance Act of 2002 established a program within the Department of the Treasury, under which the federal government shares with the insurance industry the risk of loss from future terrorist attacks. In December 2007, the Terrorism Risk Insurance Program Reauthorization Act of 2007 (the "Reauthorization Act") extended this program through December 31, 2014. Under the "Reauthorization Act":

- An act of terrorism must cause losses of at least \$100 million;
- Must be a "certified act of terrorism" as recognized by the U. S. Treasury Department
- A cap limits the U. S. Government reimbursement as well as insurers' liability for losses resulting from a "certified act of terrorism" when the amount of such losses in any one calendar year (January 1 through December 31) exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

In accordance with the "Reauthorization Act" of 2007, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and decline to pay the premium? You may accept or reject this offer.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage your total policy premium will include the additional premium for terrorism as stated in such **DISCLOSURE**.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

Terrorism coverage provided by this policy for losses resulting from "certified acts of terrorism" may be partially reimbursed by the U. S. Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, (for example, nuclear or war exclusions. Under the formula, the U. S Government's share equals 85% of the insured losses that exceed the applicable insurer retention.

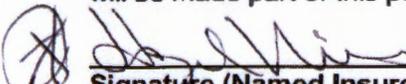
4. DISCLOSURE OF PREMIUM

If you accept this offer, no signature is needed. The prospective premium for terrorism coverage is **\$ 13.00**

You may choose to reject the offer by signing the enclosed statement and returning it to us by the premium due date, and your policy will be endorsed to exclude the described coverage.

5. ENCLOSURE - REJECTION STATEMENT

I hereby reject the offer of terrorism coverage. I understand that an **exclusion** of certain terrorism losses will be made part of this policy.



Signature (Named Insured)

5-16-14

Dated

Is this Event Located Indoors or Outdoors? **Outdoors**
If Outdoors, Is the Area Fenced or Enclosed? Yes No
Will there be Temporary Bleachers or Grandstands? Yes No

What is the Seating Capacity of the Event? **no seating per say. Attendees can bring lawn chair**

What is the Estimated Attendance Per Day? **2500-2800**

What is the Number of Tickets Printed? **Free event**

What is the Number of Tickets Sold to Date? **n/a**

What is the Price of Admission? **Free event**

Number of Years the Event's Been Held? **7**

Prior Years Total Attendance **2000**

Previous Carrier's Policy Number and Premium **unknown was covered by a event sponsor non profit.**

Please Describe Previous Claims Over \$5,000.00 **N/A**

Has your Prior Insurance Ever Been Cancelled? Yes No
Has your Prior Insurance Ever Refused to Renew? Yes No

Will the Event have any of the following? no Petting Zoo Can a Certificate of Insurance be obtained?

no Rides If so, describe_ Can a Certificate of Insurance be obtained?

no Inflatables If so, describe

no Dunk Tanks

no Fireworks or Firearms

no Overnight Camping

Will there be vendors or exhibitors? Yes No If so, will they have their own insurance? Yes No

If the applicant is a vendor or exhibitor how many people are expected at their booth? _____

Is the event an Athletic Event? Yes No If so, What Type? _____ How many games? _____

Is this an Adventure Race? Yes No If so, please provide a list of all obstacles

Professional or Amateur? _____ Is coverage requested for athletic participants? Yes No

Is this a Concert or Music Event? Yes No Type of Music **Local talents** _____

Name of Performer(s) _____

Is the event a Parade? Yes No

Will Participants be throwing objects to the crowd? Yes No If so, what? _____

Length of the Parade? _____ Number of Marching Bands? _____ Number of Floats? _____

If the Event a Tractor Pull, Truck Show, Motor Vehicle Race or Rodeo will there be barriers between the spectators

And the Activity? Yes No How much distance between the spectators and the barriers?

n/a _____

Are the barriers permanent? Yes No

Will spectators be permitted in the infield or pit area? Yes No

LIQUOR LIABILITY (IF APPLICABLE)

Is Liquor to be Sold at this Event?

Yes No

If Yes, is there a Liquor Liability Policy In-Force?

Yes No

Is the Applicant Named as an Additional Insured?

Yes No

Number of People Consuming Alcohol at the Event? No Liquor at this event

How many Vendors, including the Applicant, will be selling Liquor? _____

Are Liquor Vendors required to Carry Minimum Liquor Liability Limits? Yes No

If yes, how much? _____

Please describe who will be dispensing the liquor and how it is to be done _____

Describe the training of the person who will be dispensing the alcohol _____

Does the Applicant have a valid Liquor License? Yes No

How many areas will be dispensing Liquor? _____

Is Liquor Consumption limited to a confined area? Yes No If yes, describe _____

Will there be an Open Bar? Yes No

Is self service of alcohol or bring your own bottle permitted? Yes No

Will alcohol be sold on a per drink basis? Yes No If yes, the Price of Each Drink _____

What steps are being taken to ensure no minors or intoxicated persons will be served? _____

Is Food to be Sold at this Event? Yes No

Estimated Gross Food Receipts Food trucks

ADDITIONAL INSURED

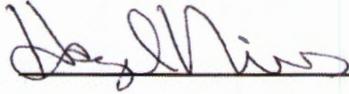
Name, Address and Relationship of all Additional Insureds to be Added to the Policy:

1.)

2.)

3.)

Please Attached All Lease and Hold Harmless Agreements, Brochures of the Event and a Diagram of Location(s) to be Used.

* Signature of Applicant 

Date May 12, 2014

Printed Name of Applicant **hazel Nieves**



CITY OF SPRING HILL SPECIAL EVENT PERMIT

PERMIT # 2014-0501

Name of Event: PAY IT FORWARD FESTIVAL

Date/s of Event: June 14, 2014

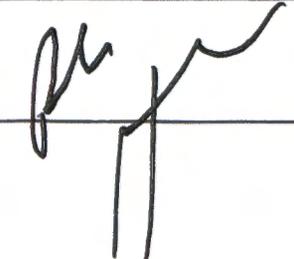
Location: TN Children's Home, 804 Branham Hughes Blvd., Spring Hill, TN 37174

Street Closure: Yes/No (If yes, **Approved** Street Closure Permit must be attached.)

Applicant/Organization: Spring Hill Fresh

Representative Contact Information:

Name: Hazel Neives Ph #: 916-240-2858

Approved by:  _____