

**RESOLUTION 16-62**

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

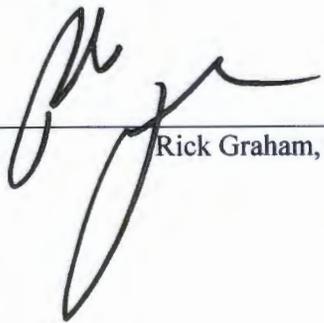
**WHEREAS**, Title 16, Chapter 3, of the Spring Hill Municipal code requires a permit for special events held in the city; and

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

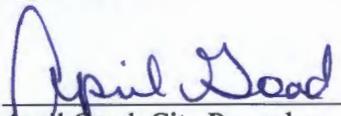
**WHEREAS**, the City of Spring Hill staff recommends approval.

**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 25, 2016.

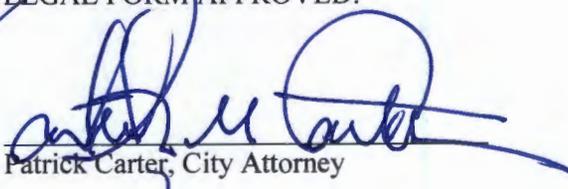
Passed and adopted this 20<sup>th</sup> day of June, 2016.

  
\_\_\_\_\_  
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:** 25-Jun-16

**Application Completed:**

**Certificate of Insurance**

**Street Closure Permit**

**Business License Verified**

**Beer Permit Requested**

**Permit Review Fee Paid**

Approved

Denied

DATE: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/20/16

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

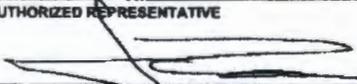
<b>PRODUCER</b> LANDERS INSURANCE AGENCY LLC 514A North Garden Street Columbia, TN 38401	<b>CONTACT NAME:</b> Judy Singleton <b>PHONE (A/C No, Ext):</b> (931)380-2003 <b>E-MAIL ADDRESS:</b> judy@hlandersagency.com	<b>FAX (A/C No):</b> (931)490-9452
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Spring Hill Pay It Forward Festival  2524 Depot Street Spring Hill, TN 37174	<b>INSURER A:</b> Illinois Union Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:	A		SEVTND391305924	06/25/16	06/27/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ PRO-PERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
According to the terms and conditions of the policy. Event-Spring Hill Pay It Forward Festival, 804 Branham Hughes Blvd., Spring Hill, TN, Tennessee Children's Home. Tennessee Children's Home is named as additional insured regarding Liability.

<b>CERTIFICATE HOLDER</b> Tennessee Children's Home 804 Branham Hughes Blvd. Spring Hill, TN 37174	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CITY OF SPRING HILL SPECIAL EVENT PERMIT

PERMIT # 2016-0601

Name of Event: General Motors Spring Hill Pay It Forward Festival

Date/s of Event: June 25, 2016

Location: TN Childrens Home

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

Applicant/Organization: Hazel Nieves

Representative Contact Information:

Name: Hazel Nieves Ph #: 931-451-7926

Approved by: \_\_\_\_\_