

RESOLUTION 22-185

**RESOLUTION TO APPROVE A SPECIAL EVENTS PERMIT FOR
THE JOHN MAHER BUILDERS 2022 WHOLE HOG FESTIVAL**

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

WHEREAS, The Well Outreach, representing the John Maher Builders 2022 Whole Hog Festival, has made application to the Spring Hill Board of Mayor and Aldermen; and

WHEREAS, the event will not require a street closure; and

WHEREAS, all requirements in Title 16, Chapter 3 of the Spring Hill Municipal Code have been met.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE CITY OF SPRING HILL, TENNESSEE, that the Special Event Request is approved and staff is authorized to issue a permit for John Maher Builders 2022 Whole Hog Festival to be held on Saturday, October 8, 2022, at Oaklawn Mansion, 3331 Denning Lane, Spring Hill, TN.

Passed and adopted this 6th day of September, 2022.


Jim Hagaman, Mayor

ATTEST:


April Goad, City Recorder

LEGAL FORM APPROVED:


Patrick Carter, City Attorney

BOMA Tues. 9/6



CITY OF SPRING HILL SPECIAL EVENT APPLICATION

PERMIT # _____

Application Date: 8-4-22

Event Date: 10-8-22

Street Closure Required: Yes No

IF yes, Street Closure Permit must be attached.

FEES REQUIRED:

Permit Review Fee: \$20.00

Non Profit

Deposit/Bond Required - Determined by City Administrator:
Amount: \$ _____

EVENT DETAILS:

NAME OF EVENT: John Maher Builders Whole Hog Festival

Applicant/Organization: The Well Outreach

* Organization shall provide Certificate of Insurance, no less than \$250,000. Copy Attached:

** Provide copy of business license. Andy Basham Copy Attached: _____

Representative Name & Contact Information: PH# 615-302-9355 EMAIL: andy@springhillwell.org

5306 Main St Spring Hill TN 37174
(Street) (City) (State) (Zip)

Event Location: Oaklawn Mansion 3331 Denning Ln

Time event will begin: 10 AM Time event will end: 5 PM 7 hour event

Time & place event will assemble: 10-7-22 Disassemble: 10-8-22 (5 PM)

Upon signing this application, the applicants shall agree to assume the defense of and indemnify and save harmless the city, its aldermen, boards, commissions, officers, employees and agents, from all suits, actions, damages or claims to which the city may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of special event and the activities permitted in connection therewith.

Andy Basham
Print Name of Event Applicant

[Signature]
Signature

Notes/Instructions	
CITY ADMINISTRATOR APPROVAL	DATE
PERMIT ISSUED	DATE

[Signature]



Amanda,

Here is the final recap of everything that is needed for BOMA to review our annual event, the John Maher Builder's Whole Hog Festival of 2022:

- Food truck contacts have been submitted to the Fire Marshall
- The Fire Marshall has a scheduled inspection that Saturday morning at 8 AM, the day of the event
- Restrooms have been secured (Vann Go Portables - 22 standard, 3 wheelchair accessible, 6 hand wash stations, and 4 hand sanitizer stations – this is an accurate number based upon our assessment that last year, the average attendee stayed at the event for 4 hours) *25 total*
- Dumpsters have been secured (Waste Solutions, one 30 yd and one 20 yd) *Mr. Shuff* *Box/Bags everywhere* *placement of dumpsters*
- Completed the special events application (attached)
- Scheduled a meeting with Officer Betts, Spring Hill Police Department
- Secured appropriate Certificate of Insurance (attached)
- Road closure is not needed for this event

We believe this list is comprehensive and complete. Thank you so much for your coordination efforts in ensuring this event will be a successful event for the city while we strive to serve the hunger needs of our community.

Amanda Knobloch

From: Andy Basham <andy@springhillwell.org>
Sent: Tuesday, August 9, 2022 1:27 PM
To: Amanda Knobloch
Cc: Shelly Sasson
Subject: [External] RE: [External] Special Event Application - John Maher Builders Whole Hog Festival
Attachments: WHF 2022 Event Map.pdf

Amanda,

- Please see attached event map.

- Food trucks list (we are coordinating with the Fire Marshall's office for inspections the day of):

Ooh La La Shaved Ice
Jordan's BBQ
Music City Brisket
Smokey DAWGS
Five Ladies Doughnuts
Franklin Fruit Tea
Hitman's Smoked Products
Jericho Coffee
D's Kettle Corn
Music City Fish/Chicken
Tenn Penn Alley
Children's Home - Pork Rinds
Webb's Carnival Treats
Muletown Pizza
Martin's BBQ

- We are expecting around 5,000 in attendance

- Coordinators would be Shelly Sassen 615-479-5617; myself 270-880-8004

- Can't think of anything else, please let us know if you have any questions.

Thank you!

Anthony (Andy) Basham
Executive Support Manager
The Well Outreach
615-302-9355

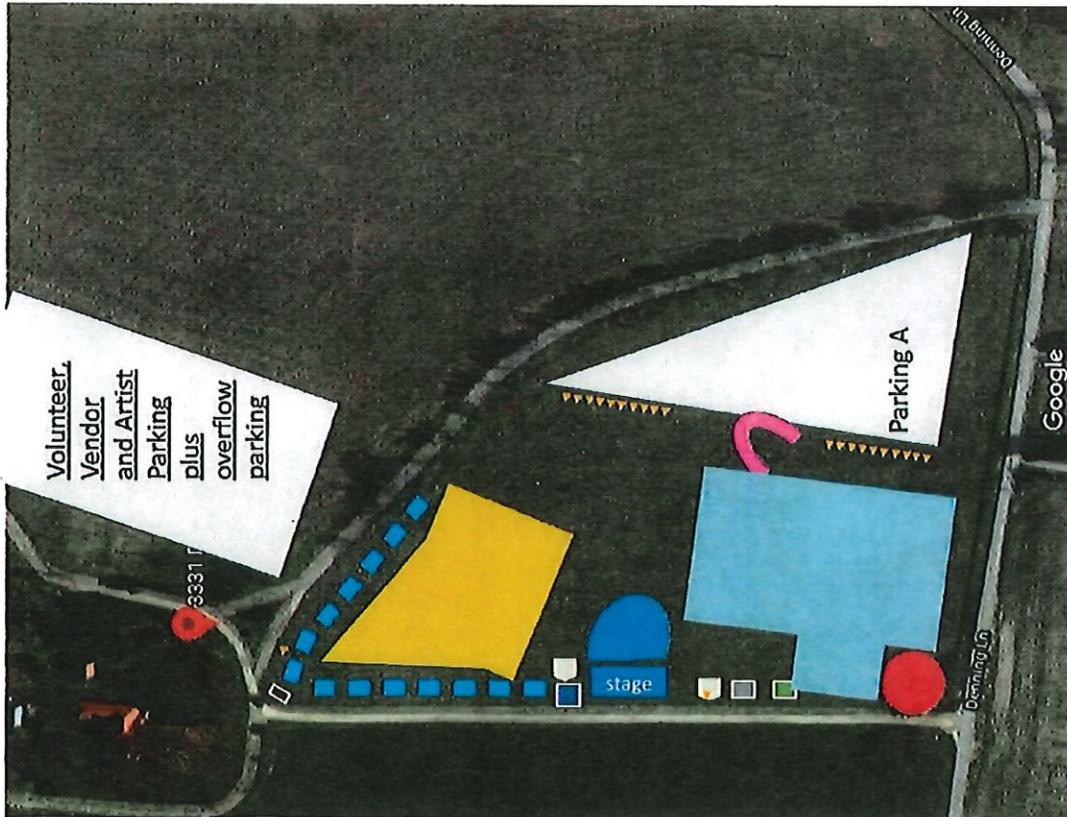


The Well Outreach exists to be the hands and feet of Jesus by serving those in need through supporting spiritual, emotional and physical growth.

<https://springhillwell.org/>

On 8/8/2022 11:56:58 AM, Amanda Knobloch <aknobloch@springhilltn.org> wrote:

Sounds good!



Vendors - Food

Vendors - Crafts

Stage Seating

Petting Zoo

Tents - Well and JMB

Entrance | Tickets

Restrooms

Command Central

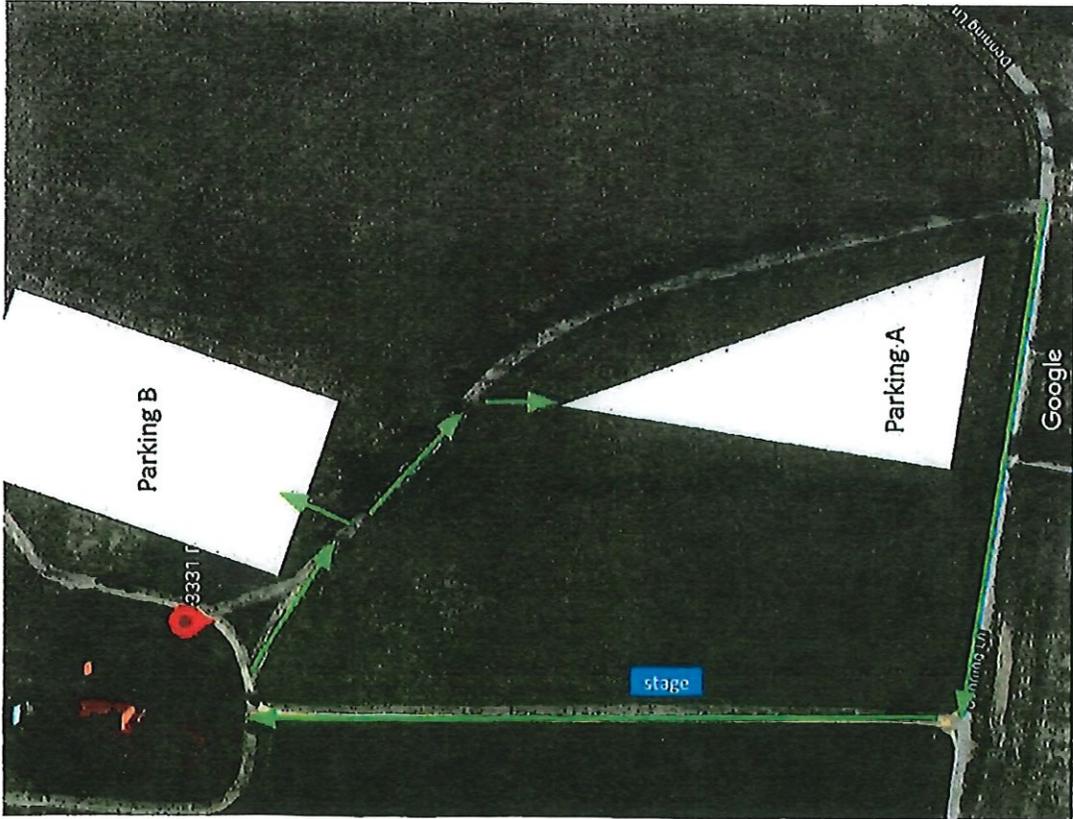
Green Room

Dumpsters

Kids Zone

Artist Unload Area





Traffic Flow - Incoming





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/19/2022

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).

PRODUCER Landers Insurance Agency, LLC 614 A North Garden Street COLUMBIA, TN 38401-4970	CONTACT NAME:	
	PHONE (A/C, No, Ext): (931) 380-2003	FAX (A/C, No): (931) 490-9452
	E-MAIL ADDRESS: hal@landersagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: United States Fire Insurance	21113
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: The Well Outreach 5306 MAIN ST SPRING HILL, TN 37174-2445	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: USS519810 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			SRPGAPML-101-0122	10/08/2022 12:00 AM	10/09/2022 12:01 AM	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						FIRE DAMAGE (Any one fire)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	
	DED	RETENTION \$						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Covered Activities: Community Festival
The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.
Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER	CANCELLATION
City of Spring Hill 199 Town Center Pkwy Spring Hill, TN 37174	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 <i>Landers Insurance Agency, LLC</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/10/2022

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.

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PRODUCER Landers Insurance Agency, LLC 514 A North Garden Street COLUMBIA, TN 38401-4979	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): (931) 380-2003	FAX (A/C, No): (931) 490-9452
E-MAIL ADDRESS: hal@landersagency.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: United States Fire Insurance		21113
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:
The Well Outreach
 5306 MAIN ST
 SPRING HILL, TN 37174-2445

COVERAGES **CERTIFICATE NUMBER:** USS619819 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			SRPGAPML-101-0122	10/08/2022 12:00 AM	10/09/2022 12:01 AM	EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						FIRE DAMAGE (Any one fire)	\$300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0	
	GENL AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG						GENERAL AGGREGATE	\$2,000,000	
								PRODUCTS - COM/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)		
	<input type="checkbox"/> ALLOWED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)		
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)		
	UMBRELLA LIAB						EACH OCCURRENCE		
	EXCESS LIAB						AGGREGATE		
	DED								
	RETENTION \$								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Covered Activities: Community Festival
 Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER The Well Outreach 5306 MAIN ST SPRING HILL, TN 37174-2445	CANCELLATION 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 <i>Landers Insurance Agency, LLC</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/19/2022

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	E-MAIL ADDRESS: hal@landersagency.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A: United States Fire Insurance	INSURER B:
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: The Well Outreach 5308 MAIN ST SPRING HILL, TN 37174-2445	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

COVERAGES CERTIFICATE NUMBER: USS519819 REVISION NUMBER:

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A	GENERAL LIABILITY	X		SRPGAPML-101-0122	10/08/2022 12:00 AM	10/09/2022 12:01 AM	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						FIRE DAMAGE (Any one fire)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMPROP AGG	\$2,000,000
	GE/PL AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	HIREDAUTO						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB						EACH OCCURRENCE	
	EXCESS LIAB						AGGREGATE	
	DED RETENTION \$							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Community Festival

The Certificate Holder is added as an additional Insured but only with respect to liability arising out of the named Insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER Ronald L Shuff 127 2nd Ave Franklin, TN 37201	CANCELLATION 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 <i>Landers Insurance Agency, LLC</i>
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ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
08/19/2022

AGENCY		CARRIER United States Fire Insurance	NAIC CODE 21113
POLICY NUMBER USS519819/SRPGAPML-101-0122	EFFECTIVE DATE 10/08/2022 12:00 AM	NAMED INSURED(S) The Well Outreach	

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	City of Spring Hill 199 Town Center Pkwy Spring Hill, TN 37174					LOCATION:	BUILDING:
		REFERENCE / LOAN #:	INTEREST END DATE:	VEHICLE:	BOAT:			
		LIEN AMOUNT:	PHONE (A/O, H/o, Ex):	AIRPORT:	AIRCRAFT:			
		REASON FOR INTEREST:		ITEM CLASS:	ITEM:			
						ITEM DESCRIPTION		FAX (A/O, H/o):
<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	Ronald L Shuff 127 2nd Ave Franklin, TN 37201					LOCATION:	BUILDING:
		REFERENCE / LOAN #:	INTEREST END DATE:	VEHICLE:	BOAT:			
		LIEN AMOUNT:	PHONE (A/O, H/o, Ex):	AIRPORT:	AIRCRAFT:			
		REASON FOR INTEREST:		ITEM CLASS:	ITEM:			
						ITEM DESCRIPTION		FAX (A/O, H/o):
								E-MAIL ADDRESS:

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.



CRUM & FORSTER
A FORTIS COMPANY

**NAMED INSURED MEMBER
CERTIFICATE OF COVERAGE**

CERTIFICATE #: USS519619

MASTER POLICY #: SRPGAPML-101-0122

Policyholder:
Sports and Recreation Providers Association Purchasing Group
1776 South Naperville Road, Bldg-B
Wheaton, IL 60189

Named Insured Member:
The Well Outreach
6306 MAIN ST
SPRING HILL, TN 37174-2445

Certificate Coverage Period: 10/08/2022 to 10/09/2022 at 12:01 AM at the mailing address of the Named Insured Member shown above.

Master Policy Issued By: United States Fire Insurance Company

Certificate of Coverage Issued By:
Francis L. Dean & Associates, Inc.
12800 University Drive #125
Fort Myers, FL 33907
Telephone: (800) 745-2409

Location / Description of Operations: Community Festival

See Endorsement Schedule below for any exclusions or limitations

COVERAGE(S)

Insurance is provided only for those coverages for which a limit or the word "Included" is shown below.

General Liability

Limits of Insurance

\$2,000,000.00	General Aggregate Limit (Other Than Products-Completed Operations)
\$2,000,000.00	Products-Completed Operations Aggregate Limit
\$1,000,000.00	Personal And Advertising Injury Limit
\$1,000,000.00	Each Occurrence Limit
\$300,000.00	Damage To Premises Rented To You Limit
\$0.00	Medical Expense Limit

Limits of Insurance - Optional Coverages

Excluded	Abuse & Molestation Coverage - Each Occurrence Limit
Excluded	Abuse & Molestation Coverage - Aggregate Limit
Excluded	Bodily Injury To Athletic Or Sports Participants
\$1,000,000.00	Each Sports, Health, Fitness And Wellness Services Incident Limit
\$1,000,000.00	Sports, Health, Fitness And Wellness Services Aggregate Limit

Premium

\$1,940.00 Total Estimated Commercial General Liability Premium Due From Member

Hired / Non-Owned Automobile Liability

Limits of Insurance

Excluded	Covered Autos Liability Limit
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Premium

\$0.00 Total Estimated Hired / Non-Owned Automobile Liability Premium Due From Member

Liquor Liability

Limits of Insurance (the applicable statutory limit or the limit as shown below, whichever is less)

Excluded	Each Common Cause
Excluded	Aggregate Limit

Premium

\$0.00 Total Estimated Liquor Liability Premium Due From Member



CRUM & FORSTER
A FAIRFAX COMPANY

**NAMED INSURED MEMBER
CERTIFICATE OF COVERAGE**

This Certificate of Coverage evidences your coverage as a Named Insured Member under the Master Policy described herein.

United States Fire Insurance Company certifies that the Named Insured Member as shown herein is insured under the Sports & Recreation Providers Association Purchasing Group Master Policy. The Limits of Insurance, Premium and Effective Date of coverage applicable to the Named Insured Member are as specified above. This Certificate of Coverage, together with the Common Policy Conditions, Coverage Part(s), Coverage Form(s) and Endorsements attached to the Master Policy, complete the above numbered insurance contract.

The Master Policy, containing the terms and conditions of coverage, has been furnished to the Policyholder and a copy of that policy accompanies this Certificate of Coverage. All claims are paid according to the terms and conditions of the Master Policy.

Schedule of Additional Insureds

The entities shown below are added as Additional Insureds, but only in respect to liability caused by operations of the Named Insured Member during the certificate policy period.

Form Number	Description
FSPG 101.0.0007 Designated Person/Org	<u>Name Of Additional Insured Person(s) Or Organization(s):</u>
FSPG 101.0.0008 Designated Person/Org (CA Govt)	<u>Name Of Additional Insured Governmental Entity(ies):</u>
FSPG 101.0.0009 State/Govt Agency/ Subdivision	<u>Name of Additional Insured State Or Governmental Agency Or Subdivision or Political Subdivision:</u>
FSPG 101.0.0010 Vendors	<u>Name Of Additional Insured Person(s) Or Organization(s):</u>
FSPG 101.0.0011 Managers or Lessors of Premises	<u>Name Of Additional Insured Person(s) Or Organization(s):</u>
FSPG 101.0.0012 Lessor of Leased Equipment	<u>Name Of Additional Insured Person(s) Or Organization(s):</u>

Endorsement Schedule

Form Number	Description
CG 21 44 Limitation To Designated Premises, Projects, Operations	<u>Premises:</u> Limitation of Coverage Endorsement is Used for the Following Locations: Whole Hog Festival held at 3331 Denning Lane, Spring Hill TN 37174. <u>Project Or Operation:</u>
CG 21 53 Exclusion – Designated Ongoing Operations	<u>Description of Designated Ongoing Operation(s):</u> Horse Vaulting/Jumping, Trick/Stunt Riding, Equine Racing Exposures, Leasing of Horses, Inflatable Amusement Devices, Corn Cannon, Jumping Pillow, Pumpkin Launching Devices, Carnival Rides, Knockerball/Bubble Soccer, Bungee Devices, Fireworks Sales & Displays, Mechanical Bucking Devices: including Multi Ride Attachments, Permanent & Mobile Rock Wall Structures, Rock Climbing, Security Services Other Than Contracted Law Enforcement Officers, Trampolines, Zip Lines, Ropes Course, Tackle Football, Surfing, Zippy Pets, White Water Rafting, Water Skiing, ATV/UTV, Trackless Trains, Participants of Aerial Activities. <u>Specified Location (if Applicable):</u>

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITATION OF COVERAGE TO DESIGNATED
PREMISES OR PROJECT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Premises:

Limitation of Coverage Endorsement is Used for the Following Locations: Whole Hog Festival held at 3331 Denning Lane, Spring Hill TN 37174.

Project:

With Respects to certificate number USS519619

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

This insurance applies only to "bodily injury", "property damage", "personal and advertising injury" and medical expenses arising out of:

1. The ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises; or
2. The project shown in the Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – DESIGNATED ONGOING OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description of Designated Ongoing Operation(s):

Horse Vaulting/Jumping, Trick/Stunt Riding, Equine Racing Exposures, Leasing of Horses, Inflatable Amusement Devices, Corn Cannon, Jumping Pillow, Pumpkin Launching Devices, Carnival Rides, Knockerball/Bubble Soccer, Bungee Devices, Fireworks Sales & Displays, Mechanical Bucking Devices; Including Multi Ride Attachments, Permanent & Mobile Rock Wall Structures, Rock Climbing, Security Services Other Than Contracted Law Enforcement Officers, Trampolines, Zip Lines, Ropes Course, Tackle Football, Surfing, Zippy Pets, White Water Rafting, Water Skiing, ATV/UTV, Trackless Trains, Participants of Aerial Activities.

With Respects to certificate number USS519619

Specified Location (If Applicable):

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The following exclusion is added to paragraph 2., Exclusions of COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I – Coverages):

This insurance does not apply to "bodily injury" or "property damage" arising out of the ongoing operations described in the Schedule of this endorsement, regardless of whether such operations are conducted by you or on your behalf or whether the operations are conducted for yourself or for others.

Unless a "location" is specified in the Schedule, this exclusion applies regardless of where such operations are conducted by you or on your behalf. If a specific "location" is designated in the Schedule of this endorsement, this exclusion applies only to the described ongoing operations conducted at that "location".

For the purpose of this endorsement, "location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

THE WELL OUTREACH
615-302-9355
5306 MAIN STREET PO BOX 1329
SPRING HILL, TN 37174

SUNTRUST
ACH RT 001000104

8449

07-4/040

8/19/22

\$ 190.00

PAY TO THE
ORDER OF

Compass Insurance

Nineteen hundred and ninety + no cents

DOLLARS

MEMO

Whole Hwy. 2022
Event Insurance



⑈008119⑈ ⑆054000046⑆ 1000194920962⑈

THE WELL OUTREACH

8449

THE WELL OUTREACH

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PAYMENT
RECORD