

CITY OF BAY ST. LOUIS

SPECIAL EVENTS APPLICATION

Return application in person to City Hall, Mayor's Office, Second Floor or fax to (228) 466-5490

Organization Name Boo in the Bay LLC

Organization Mailing Address 123 Court St. BSL, MS. 39520

Contact Person Gayle Adams Brett Kadrer

Telephone Numbers: Daytime 985 778 3809 Evening 985-778-3809

Application Date 8/14/25 Event Date 10/18/25

Event Hours _____ Expected Attendance 10K plus

Event Description Halloween themed parade

- Event Location Desired
- | | | |
|--|---|---|
| <input type="checkbox"/> McDonald Splash Pad (non-exclusive) | <input checked="" type="checkbox"/> Depot Grounds | <input type="checkbox"/> Harbor Park lot |
| <input type="checkbox"/> MLK Splash Pad (non-exclusive) | <input checked="" type="checkbox"/> Depot Stages | <input type="checkbox"/> Harbor Deck |
| <input type="checkbox"/> McDonald Park/Pavilion | <input type="checkbox"/> Shoo Fly | <input type="checkbox"/> Private Property |
| <input type="checkbox"/> MLK Park | <input type="checkbox"/> Sports Complex | <input type="checkbox"/> Al Smith Park |
| <input checked="" type="checkbox"/> City Street(s) | <input type="checkbox"/> Commagere Park | <input type="checkbox"/> VCJ Gym |
| | <input type="checkbox"/> Boys and Girls | |

NO PARKING ON THE GRASS AT CITY PARKS

Blaise & Depot Way
Wright, N. 2nd St. Court St. Beach, Woman
Main Recre

What kind of alcohol, if any, will be served? Beer Wine Liquor

Will outdoor amplification be used, or will there be music or other loud noises? Yes No
NOISE ORDINANCE WILL BE IN EFFECT

Are other special needs being requested? Barricades Trash Barrels Electricity

If Barricades or Trash Barrels requested, please let us know how many and location.
Street closure on Court St. No parking from midnight on 10/18 until
after parade. NO parking on South 2nd

Security required? Yes No
If Yes - security to be provided by: Applicant City Signs will be needed

Other _____

I understand that additional information may be requested or special permits required based on the nature of the stated event activity. I also understand that my request may require action by the City Council. If so, I will be notified of the meeting time and place.

[Signature]
Signature of Applicant

Application received by: _____ Date: _____

Approved [Signature] Disapproved _____ Date _____

Comments: _____

Certificate of Declaration

NATIONAL EVENT PROVIDERS ASSOCIATION

A voluntary organization operating pursuant to the Liability Risk Retention Act of 1986 and whose principle mailing address is:
7835 Woodland Drive, Indianapolis, IN 46278

Policy Certificate

This policy certificate is issued under Master Policy Number CNA 7504391 issued to National Event Providers Association Risk Purchasing Group

Insurance Company Great Divide Insurance Company Scottsdale, Arizona	Producer JD Fulwiler & Co. Insurance DBA EventInsuranceNow 5727 S Macadam Ave. Portland, OR 97239
Member Certificate #: MS10182025-128636	

Named Insured Member Boo in the Bay 123 Court Street Bay St. Louis, Mississippi 39520	Policyholder NATIONAL EVENT PROVIDERS ASSOCIATION c/o Vertafore 7835 Woodland Dr. Indianapolis, IN 46278
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Policy Period

Effective Date: 10/18/2025	Expiration Date: 10/19/2025
(at 12:01 AM local time at the address of the Named Insured Member as stated above)	

COMMERCIAL GENERAL LIABILITY (Occurrence Form - CG 00 01)

Limits of Liability	Maximum Limit
General Aggregate Limit	\$3,000,000
Products-Completed Operations Aggregate	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$250,000

Commercial General Liability Premium:	\$360.00 *,+
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Location and Description of Operations: Boo in the Bay and volunteers is/are afforded coverage for a Parades - < 1500 Spectators to be held at City of Bay St. Louis in Bay St. Louis, Mississippi on 10/18/2025

Coverage afforded includes setup and takedown of the described event not to exceed 7 days before or after the event AND:
1) Host Liquor protection

Schedule of Additional Insureds

City of Bay St Louis 688 Highway 90 Bay St Louis, Mississippi 39520	
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Date of Issue: 09/18/2025	<i>Trisha Fulwiler</i> _____ Authorized Representative
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This Certificate of Declarations page together with the National Event Providers Association Insurance Policy shall constitute the contract between the Named Insured and the Company. The limits of liability, premium, effective dates of coverage, and line of coverage provided to such Name Insured Member are specified above and are not shared with any other members. All claims are paid according to the terms and conditions of the Master Policy

* Amount shown above is Insurance Premiums Only
+ All membership fees are shown on the formal quotation and also the final transaction receipt.

MS0009

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED — DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s)	
City of Bay St Louis	MS10182025-128636
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II — Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III — Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.