



# City of Chipley

CITY HALL  
1442 Jackson Avenue  
P.O. Box 1007  
Chipley, Florida 32428  
(850) 638-6350 Fax: (850) 638-6353



## Special Event Application

Name/Organization: Washington County Sheriff's Office  
Address: 711 3rd Street Chipley, FL 32428  
Contact person: Kristy Kolmetz Phone: 415-0711 Office: 638-6116  
E-mail: kristy.kolmetz@wcsd.us  
Type of Event: Community Outreach  
Purpose of Event: make contact w/ community  
fellowship, answer questions

Location of Event: Shivers Park Indoors ☐ Outdoors ☒

Date(s) & Time(s) of Event: May 10, 2024 5-7 pm

Amount of Liability Insurance: attached (attach copy of policy)

Concert Yes/No ☒ If yes, What type of music? \_\_\_\_\_

Will food and nonalcoholic beverages be sold? NO (Free)

Will fireworks be displayed? Yes/No ☒ If yes, provide name, license number and pyrotechnic plan to be approved by Fire Chief.

Will amusement rides be available? NO

Number of participants anticipated per day: 200

Are security and/or medical services provided? YES

Applicant Signature: K Kolmetz Date: 2/6/24

Approved { } Denied { }

Mayor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RELEASE AND HOLD HARMLESS AGREEMENT

FOR THE SOLE CONSIDERATION OF the City of Chipley granting permission for the undersigned to conduct a Community event upon street(s) as provided for in it's letter of request, the undersigned agrees to indemnify and hold harmless the City of Chipley, it's successors, agents and assigns and all other persons, firms or corporations, from any and all claims, demands, damages, actions, causes of actions or suits of any kind or nature whatsoever, and particularly on account of all injuries, both to person and property, which may result from the use of the street(s) as described above, and releases forever discharges the City of Chipley, for any such Claims.

Undersigned hereby declares that the terms of this agreement and lease have been completely read and are fully understood and voluntarily accepted.

IN WITNESS WHEREOF, the undersigned has executed this release, this 12<sup>th</sup> day of February, 2024.

FIRM OR ORGANIZATION: Washington County Sheriff's Office

[Signature]  
Signature

KEVIN CREWS  
Print Name

[Signature]  
Witness

Lilly Riley  
Witness

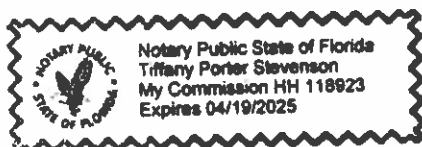
Kristy Kolmetz  
Print Name

Lilly Riley  
Print Name

STATE OF FLORIDA  
COUNTY OF WASHINGTON

The foregoing instrument was acknowledged before me by Kevin Crews, who is personally known to me or who produced \_\_\_\_\_ as identification, and who executed the foregoing instrument and acknowledge before me that he/she executed the same freely and voluntarily and for purposes expressed therein.

Witness my hand and seal in the County and State last aforesaid this 12<sup>th</sup> day of February, 2024.



[Signature]  
Notary Public



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/15/2024

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> <b>Florida Sheriffs Risk Management Fund</b> <b>2090 Summit Lake Dr.</b> <b>Tallahassee, FL 32317</b>	<b>CONTACT NAME:</b> Mercedes Martin		
	<b>PHONE (A/C, No, Ext):</b> 8503206880 <b>FAX (A/C, No):</b> 850-320-6939		
<b>INSURED</b> <b>Washington County Sheriff's Office</b> <b>PO Box 626</b> <b>Chipley, FL 32428</b>	<b>E-MAIL ADDRESS:</b> mercedes.martin@fsmf.org		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : FLORIDA SHERIFFS SELF-INSURANCE PROGRAM</b>		
	<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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						<b>EACH OCCURRENCE</b>
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b>
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						<b>MED EXP (Any one person)</b>
							<b>PERSONAL &amp; ADV INJURY</b>
							<b>GENERAL AGGREGATE</b>
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						<b>PRODUCTS - COMP/OP AGG</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b>						<b>COMBINED SINGLE LIMIT (Ea accident)</b>
	<input type="checkbox"/> ANY AUTO						<b>BODILY INJURY (Per person)</b>
	<input type="checkbox"/> ALL OWNED AUTOS						<b>BODILY INJURY (Per accident)</b>
	<input type="checkbox"/> HIRED AUTOS						<b>PROPERTY DAMAGE (Per accident)</b>
	<b>UMBRELLA LIAB</b>						<b>EACH OCCURRENCE</b>
	<input type="checkbox"/> EXCESS LIAB						<b>AGGREGATE</b>
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)</b>						<b>E.L. EACH ACCIDENT</b>
	<b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						<b>E.L. DISEASE - EA EMPLOYEE</b>
<b>A</b>	<b>Special Events Liability</b>			<b>24-FSRMF-87</b>	<b>10/01/2023</b>	<b>10/1/2024</b>	<b>E.L. DISEASE - POLICY LIMIT</b>
							<b>\$1,000,000 Per Occurrence</b>
							<b>\$50,000 Per Occ. Damage to Rented Premises</b>
							<b>\$1,000 Any One Person Medical Expenses</b>

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

**WCSO Family, Fun Nights Event: Date - May 10th at Shiver's Park, Chipley**

## CERTIFICATE HOLDER

## CANCELLATION 10 DAY WRITTEN NOTICE

**Shivers Park**  
**757 4th Street**  
**Chipley, FL 32428**

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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