



City of Chipley



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

Special Event Application

Name/Organization: Washington County Christian School

Address: 1405 Brickyard Rd. Chipley, Fl. 32428

Contact person: Francesca Kirkman Phone: 850-638-9227 Fax:

E-mail: wccslions@gmail.com

Type of Event: Spring Fling

Purpose of Event: Community Outreach

Location of Event: Shivers Park Indoors Outdoors

Date(s) & Time(s) of Event: April 18, 2026 4:00 pm - 6:00 pm

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

Concert Yes No If yes, What type of music? Will be playing Christian music

Will food and nonalcoholic beverages be sold? Yes, Foodtrucks.

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, would like to have a train.

Number of participants anticipated per day: 350

Are security and/or medical services provided? If required.

Applicant Signature: Francesca Kirkman Date: 2/17/26

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 Spring Fling 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 17th day of February, 20 26.

FIRM OR ORGANIZATION: Washington County Chrstran School

Francesca Kirkman
Signature

Francesca Kirkman
Print Name

Witness

Witness

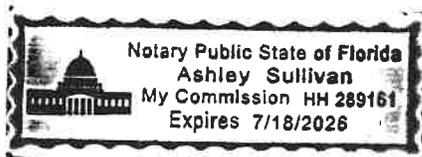
Print Name

Print Name

**STATE OF FLORIDA
COUNTY OF WASHINGTON**

The foregoing instrument was acknowledged before me by Francesca Kirkman, who is personally known to me or who produced Personally Known 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 17th day of February, 20 26.



A Sullivan
Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/10/2026

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 have **ADDITIONAL INSURED** provisions or 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 Rogers Insurance Agency 1396 JACKSON AVENUE P.O. BOX 430 CHIPLEY FL 32428	CONTACT NAME: Robert Lane PHONE (A/C, No, Ext): (850) 638-1805 E-MAIL ADDRESS: robert@riachipley.com	FAX (A/C, No): (850) 638-7255
	INSURER(S) AFFORDING COVERAGE INSURER A: Guide One Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Washington County Christian School, Inc. 1405 Brickyard Road Chipley FL 32428		

COVERAGES **CERTIFICATE NUMBER:** CL2621004247 **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1261-822	04/02/2025	04/02/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Damage to Premises \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			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)

CERTIFICATE HOLDER City of Chipley 1442 Jackson Avenue P O Box 1007 Chipley FL 32428	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 
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ADDITIONAL COVERAGES

Ref #	Description Sexual Misconduct Liability Medical Expense	Coverage Code	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Employee Benefits Liab Aggregate Limit	Coverage Code	Form No.	Edition Date	
Limit 1 3,000,000	Limit 2	Limit 3	Deductible Amount 1,000	Deductible Type Flat	Premium
Ref #	Description D&O Educators Legal Each Policy period Non Mo	Coverage Code	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount 1,000	Deductible Type Flat	Premium
Ref #	Description D&O Educators Legal Aggregate Limit	Coverage Code	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount 1,000	Deductible Type Flat	Premium
Ref #	Description Crisis Management Organizational Limit Aggreg	Coverage Code	Form No.	Edition Date	
Limit 1 100,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description D&O Educators Legal Each Claim Limit	Coverage Code	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount 1,000	Deductible Type Flat	Premium
Ref #	Description EMPLOYMENT PRACTICES LIABILITY	Coverage Code	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type Flat	Premium
Ref #	Description Employee Benefits Liab Each Employee	Coverage Code	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount 1,000	Deductible Type Flat	Premium
Ref #	Description Crisis Management Individual Exp Aggregate	Coverage Code	Form No.	Edition Date	
Limit 1 200,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Sexual Misconduct Liability Aggregate Limit	Coverage Code	Form No.	Edition Date	
Limit 1 300,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Crisis Management Medical Exp/Person Limit	Coverage Code	Form No.	Edition Date	
Limit 1 50,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

ADDITIONAL COVERAGES

Ref #	Description Sexual Misconduct Liability Each Claim	Coverage Code	Form No.	Edition Date	
Limit 1 100,000	Limit 2 300,000	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Crisis Management Event Aggregate Limit	Coverage Code	Form No.	Edition Date	
Limit 1 300,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Crisis Event Individual Counseling Exp/Person	Coverage Code	Form No.	Edition Date	
Limit 1 2,500	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
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