

City of Colusa

Office Use Only

Date
Received 5/31/2024
Routing Date 6/11/2024
Date approved _____
Notice Sent _____
Insurance Cert. Rec'd 6/6/2024

Application for

Temporary Street Closure, Parades, Special Events and Festivals

NAME OF EVENT: Rugby 50 year anniversary

DATE OF EVENT: June 22 2024

Please read carefully:

- x Application must be filed with the city clerk at least 30 days prior to the event to allow time for review and council action.
- x Applications will be returned if incomplete x
There are no fees for street closure services
- x Complete in the space provided a narrative explaining the specific purpose of the event including garbage cleanup plans.
- x Submit a map in the space provided outlining the event's location and all street and/or parking lot closings x Submit copies of flyers, posters or other materials that will advertise the event. The organizer is responsible for ensuring that all flyers, posters, etc. advertising the event are removed from public facilities. Failure to comply may impact approvals for future applications.
- x Applicants must provide prior to the event a certificate of insurance meeting city insurance requirements—a minimum of \$1 million per occurrence naming the city as additional insured. Limit is subject to increase depending on event. The description must read: "The City of Colusa, its officials, employees and agents are named as Additional Insured with Waiver of Subrogation with respect to general liability."
- x All applications are subject to approval by the city council
- x Applicants will be notified when the request has been approved or if additional information is required. Inquiries about the status of an application may be directed to the city manager's office.
- x All street closures must maintain adequate clearance for emergency vehicle access.
- x If event will take place on the state highway, attach a copy of the Caltrans encroachment permit

Contact Information: (Please print)

Organization Jamesons on 5th
Contact Person Ashley Molloy
Address 138 5th St
City Colusa Ca
Zip Code 95932

Phone (day) 530-440-5286
Phone (evening) _____
Fax _____
E-mail Address Jamesons on 5th@yahoo.com

Alternate Contact _____

(It is highly recommended that an alternate name & telephone number be provided)

Event Details:

Location of Event	Start Date MM/DD/YY (Incl. set up)	Start Time	Finish Date MM/DD/YY (Incl. tear down)	Finish Time
<u>5th Street/ Market</u>	<u>06/22/24</u>	<u>3:00</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<u>06/23/24</u>	<u>1:00</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm

Electrical: Yes ☐ No ☒
Beverage: Yes ☐ No ☒

Selling Liquor: Yes ☐ No ☒
Open Fire: Yes ☐ No ☒

Sound Amplification: Yes ☒ No ☐
(If yes, please explain (permit may be required))

Food &

Type of Event:

Parade ☐

Cycling ☐

Event/Festival ☒

Walkathon ☐

Run ☐

Other ☐

Please Specify _____

Attendance:

Number of Participants

100

Number of Floats

0

Number of Booths/Stalls

0

Number of Vehicles

0

Please provide best estimates

Number of Bands

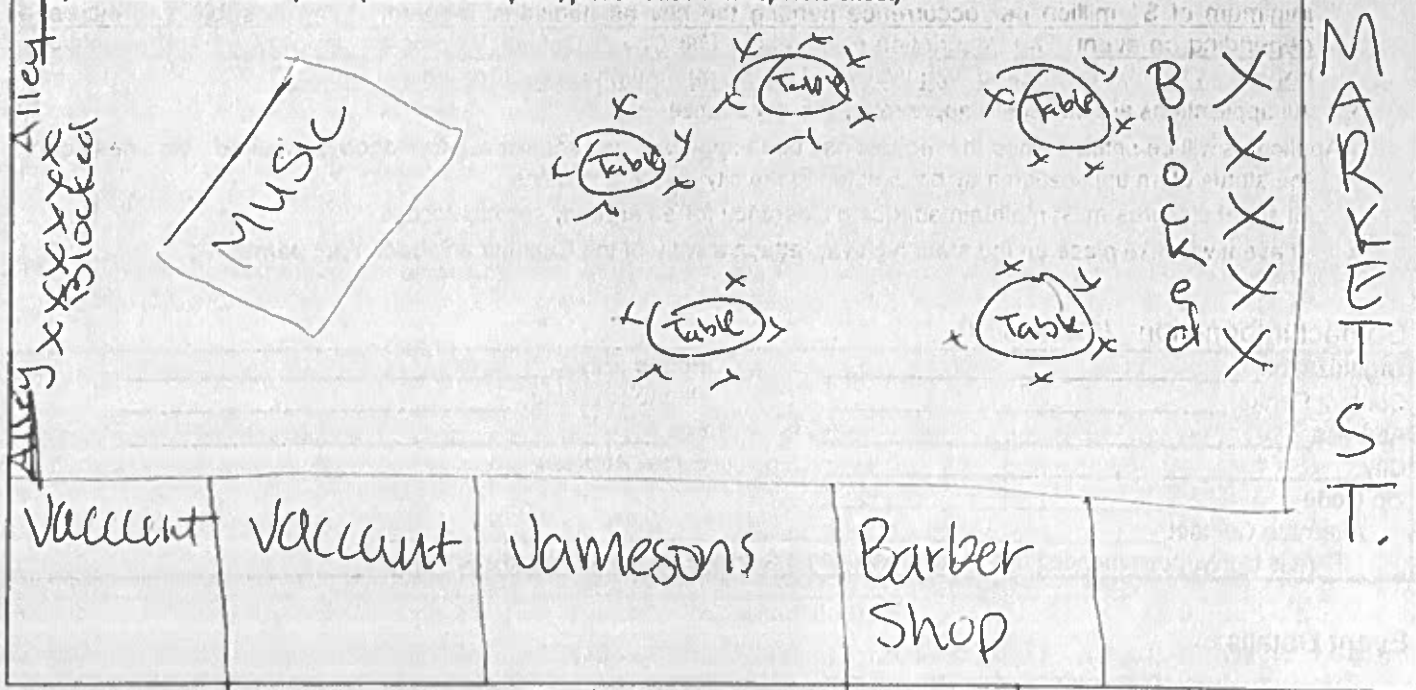
1

Narrative and Map of Event:

(Be specific and include garbage clean-up plans, detailed map, route and/or site plan. Attach extra page if necessary)

Narrative: Colusa Mens Rugby 50th Anniversary get together and congratulatory get together for the community we will have music and games (canhde) for community

Map, route, and/or site plan: (if insufficient space, please attach on separate sheet)



Signature of Person Submitting Application: Ashley M.

Date: 5/31/2024

Public Works
Comments: A

Office Use Only

☒ Approved

☐ Denied

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/2024

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).

PRODUCER Foresite Sports, Inc. DBA: Eventsured 3553 West Chester Pike #418 Newtown Square, PA 19073	CONTACT NAME: Eventsured Customer Service PHONE (A/C, No, Ext): 888-882-5902 E-MAIL ADDRESS: info@eventsured.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Houston Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 42374
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COVERAGES**CERTIFICATE NUMBER:** TM356134**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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	H23SE00155/TM356134	06/22/2024 12:01AM	06/23/2024 2:01AM	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
	MED EXP (Any one person) \$ 1,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	GENERAL AGGREGATE \$ 2,000,000						
	PRODUCTS - COMP/OP AGG \$ 1,000,000						
	DEDUCTIBLE \$ 0						
	COMBINED SINGLE LIMIT (Ea accident) \$						
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
PROPERTY DAMAGE (Per accident) \$							
UMBRELLA LIAB	OCCUR						EACH OCCURRENCE \$
EXCESS LIAB	CLAIMS-MADE						AGGREGATE \$
DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A					WC STATU-TORY LIMITS
	OTH-ER						
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
							E.L. DISEASE - POLICY LIMIT \$

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

Additional Insureds must be venue managers or municipalities and are added with respect to our insureds operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Band to be held on 06/22/2024 - 06/22/2024 with 100 attendees at Jameson's On 5th 138 5th St Colusa, CA 95932. Additional Insureds include: Jameson's On 5th 138 5th St Colusa, CA 95932, City Of Colusa (WOS selected).

CERTIFICATE HOLDER**CANCELLATION**

Jameson's On 5th 138 5th St Colusa CA, 95932	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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