

SFP 1/8 2023

Office Use Only
Date Received 918/2023
Routing Date
Date approved
Notice Sent
Insurance Cert. Rec'd Alistons

### CITY OF COLUSA

# Application for

Temporary Street Closure, Parades, Special Events and Festivals

\_ Christmas Time in Colusa

NAME OF EVENT:

DATE OF EVENT: December 01, 2023

#### Please read carefully:

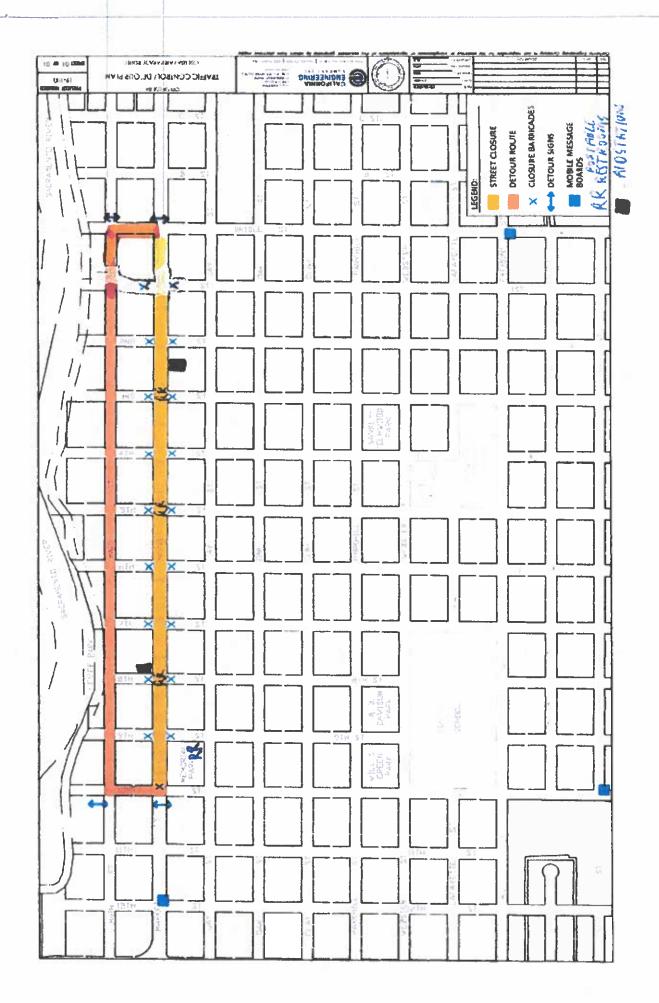
- Application must be filed with the city clerk at least 30 days prior to the event to allow time for review and council
  action.
- Applications will be returned if incomplete
- There are no fees for street closure services
- Complete in the space provided a narrative explaining the specific purpose of the event including garbage cleanup plans.
- Submit a map in the space provided outlining the event's location and all street and/or parking lot closings
- 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.
- 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."
- All applications are subject to approval by the city council
- 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.
- All street closures must maintain adequate clearance for emergency vehicle access.
- If event will take place on the state highway, attach a copy of the Caltrans encroachment permit

Contact Information: (Please print)	
Organization Coluse Llons Club	Phone (day) 530.635.3239
Contact Person Dave Markss	Phone (evening) 530.635.3239
Address 22 Woodhaven Drive	Fax none
CityColusa	E-mail Address dmarko352@gmail.com
Zip Code 95932	
Alternate Contact Jim Pingrey 530.682.9755	
(It is highly recommended that an alternate name & tele	phone number be provided)

#### **Event Details:**

Location of Event	Start Date MM/DD/YY (Incl. set up)	Start Time	Finish Date MM/DD/YY (Incl. fear down)	Finish Time			
Market Street betreen Bridge & 100: Streete	12.01.2023	5:00 am	12.01.2023	10:0 <del>0</del> am			
Electrical: Yes ■ No □ Selling Liquor: Yes □ No ■ Sound Amplification: Yes ■ No □ Food & Beverage: Yes ■ No □ Open Fire: Yes □ No ■ (If yes, please explain (permit may be required)							

Type of Event:		
Parade Cycling Walkathon Run	Event/Festival  Other	Please Specify
Attendance:		
Number of Participants Number of Booths/Stalls  80	Number of Floats	0
Number of Vehicles 0 2 2	*Please provide b	est estimates*
Narrative and Map of Event: (Be specific and include garbage clean-up p	plans, detailed map, route and/or site plan. Attach ex	tra page if necessary)
Narrative: Request street closure for annua persons strolling and mingling.	al Christmas Time in Colusa, featuring ve	endor booths, performers, and
Map, route, and/or site plan: (if insuffic	cient space, please attach on separate sheet)	
See attached map		
-		
V		
	22/1/4	
Signature of Person Submitting Applica	The state of the s	2023
Public Works Comments:	Office Use Only Approved Denied	Date: 10-3-2)
Recreation Comments:	ApprovedDenied	Date:
Street/Parks Comments	ApprovedDenied	Date:
Fire Dept.	Denied	Date_10-03-25
Police Dept. Comments:	ApprovedDenied	Date 10.5.23
City Manager Review Comments	Da	ate /6325





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/18/2023

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).

C	ertificate holder in lieu of such endor									
PRO	DUCER				CONTAI NAME:	CT John Adar	ns			
DSP Insurance Services, Inc.				PHONE (A/C, No. Ext): 1-800-316-6705 FAX (A/C, No.): 847-934-6186						
1900 E. Golf Road, Suite 650				E-MAIL ADDRESS: lionsclubs@dspins.com						
·			INSURER(S) AFFORDING COVERAGE					NAIC #		
0	chaumburg, IL 60173				INSURER A: ACE American Insurance Company					22667
INSU	RED				INSURER B:					
					INSURER C:					
	olusa Lions Club OLUSA California				INSURER D:				· · · · · · · · · · · · · · · · · · ·	
0,	JEGGA GENIOTHE				INSURE					
					INSURER F:					
CO	VERAGES CER	TIFIC	CATE	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							WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	PÓLICY EXP (MM/DD/YYYY)	LIMI	TS	
Α	GENERAL LIABILITY					11 11		EACH OCCURRENCE	s 1,0	00,000
	X COMMERCIAL GENERAL LIABILITY			(i)				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00	00,000
	CLAIMS-MADE X OCCUR					09/01/2023	00/01/2024	MED EXP (Any one person)	s 5,0	00
	X Agg, Per Named Insured			HDO G48333205		09/01/2023	09/01/2024	PERSONAL & ADV INJURY	\$ 1,0	000,000
	is \$2,000,000							GENERAL AGGREGATE	s 10,0	000,000
	GENL AGGREGATE LIMIT APPLIES PER		1			П		PRODUCTS - COMP/OP AGG	\$ 2,0	00,000
	X POLICY PRO- LOC								\$	
Α	AUTOMOBILE LIABILITY						<u> </u>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	OTUA YHA							BOOILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS			ISA H10778906		09/01/2023	09/01/2024	BODILY INJURY (Per accident	S	
	X HIRED AUTOS X NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	<del></del>
		1							S	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	
	DED RETENTIONS	1							s	
	WORKERS COMPENSATION							WC STATU- OTH TORY LIMITS ER	•	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE	N/A					_	E.L. EACH ACCIDENT	S	
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	1000				1		E L. DISEASE - EA EMPLOYE	E \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below		W					E.L. DISEASE - POLICY LIMIT	S	
	(26)									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)  Provisions of the policy apply to the named insureds participation in the following activity during the policy period shown above: Christmas Tyme in Colusa, December 01, 2023										
4*	* City of Colusa ***									
is of	included as an Additional Insured(s), buthe sole negligence of said additional in	it only sured	with	respect to General Liability	arising	out of the iss	uance of pem	nit(s) to the Insured show	n above	and not out
	POVISIONS OF THE POLICY DO NOT	ADDI	y Tọ	THE SALE OR SERVING			/ERAGES			
CE	RTIFICATE HOLDER				CAN	CELLATION				
City of Colusa 425 Webster Stret Colusa California 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									