CITY OF CROCKETT CARNIVAL/CIRCUS PERMIT APPLICATION

Date: 09/01/2023										
I represent Culpepper and Merriweather Circus										
Sponsored By: Crockett Area Chamber of Commerce										
I hereby make application for a permit for a:										
Big-Top Circus										
Number of railroad cars, trucks, trailers, semi-trailers, rides, shows and concessions:										
3 sem-trucks, one concession truck, 10 to 12 travel trailers/small trucks/vehicles, one big top and 2 bounce houses on the midway.										
Dates: October 15, 2023										
Location Held: Crockett Civic Center Grounds										
As part of this application, I hereby agree to indemnify and hold harmless the City of Crockett, its agents and employees from and against all claims, damages, losses and expenses arising, either directly or indirectly, from the activity for which this permit is issued. It being further understood by me that the City of Crockett by approving said permit assumes no liability, responsibility, or accountability for the activity or action which applicant proposes, the responsibility as hereinbefore stated, being solely the responsibility of me. SIGNATURE OF APPLICANT: Liza Clark NAME OF APPLICANT: Liza Clark ADDRESS OF APPLICANT: 507 F Houston Crockett TX 75835 TELEPHONE NUMBER OF APPLICANT: 936-544-2359 SOCIAL SECURITY NUMBER OF APPLICANT: 454-31-0628 BIRTH DATE OF APPLICANT: 05/30/1966										
** On back list all employee's names, social security numbers and birth dates or attach a list.										
FEE REQUIRED IS \$100.00 AND MUST PROVIDE PROOF OF LIABILITY INSURANCE (MINIMUM OF \$500,000 PER PERSON AND ONE MILLION DOLLARS PER OCCURRENCE).										
Fee must accompany application \$ 100.00										

CITY COUNCIL APPROVAL: For Against										
PERMIT IS: Approved Denied:										
CITY SECRETARY										

cc: POLICE CHIEF/FIRE MARSHALL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/23/2023

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 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).

	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).														
l l	DDUCER .	CONTACT Krista Sanborn													
AssuredPartners of Minnesota LLC						PHONE (651) 644-7200 FAX (A/C, No, Ext): (651) 644-9137									
2685 Long Lake Road						E-MAIL ADDRESS: krista.sanbom@assuredpartners.com									
						INSURER(S) AFFORDING COVERAGE					NAIC#				
St. Paul MN 55113						INSURER A: Burlington Insurance Company					23620				
INSURED						INSURER B: National Liability & Fire Insurance Co					20052				
Key Equipment Company, Inc., DBA: Culpepper/Merriweather Circus						INSURER C:									
PO Box 813					INSURER D:										
						INSURER E :									
Hugo OK 74743					INSURER F:						L				
COVERAGES CERTIFICATE NUMBER: 23/24 Master REVISION NUMBER:															
IN CO	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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s					
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E	\$ 1,00	0,000				
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	ED 100.0		000				
						1		MED EXP (Any one p		_{\$} Excl	uded				
Α				820BG02655-02		04/23/2023	04/23/2024	PERSONAL & ADV IN	NJURY	s 1,00	0,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:]		GENERAL AGGREGA	TE \$ 2,000		0,000				
	POLICY PRO-	i				1		PRODUCTS - COMP	/OP AGG	\$ 2,00	0,000				
	OTHER:									\$					
	AUTOMOBILE LIABILITY	ľ	1 1					COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,00	0,000				
	ANYAUTO		73APB006417		04/23/2			BODILY INJURY (Per	person)	\$					
В	OWNED AUTOS ONLY SCHEDULED AUTOS					04/23/2023	04/23/2024	BODILY INJURY (Per		\$					
	HIRED NON-OWNED AUTOS ONLY					}		PROPERTY DAMAGI (Per accident)	Ε	\$					
										\$					
	UMBRELLA LIAB CCCUR						04/23/2024	EACH OCCURRENC	E	\$ 1,00	0,000				
Α	X EXCESS LIAB CLAIMS-MADE		820BE05749-01	04/23/2023		AGGREGATE			\$ 1,00	0,000					
	DED RETENTION \$ 0									\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/A			E.L. EACH ACCIDENT \$		\$							
								E.L. DISEASE - EA E	MPLOYEE	\$					
	if yes, describe under DESCRIPTION OF OPERATIONS below			·				E.L. DISEASE - POLI	CYLIMIT	\$					
											ij				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule, r	nay be at	ttached if more sp	ace is required)								
Event Date: October 15, 2023 Event Location: Crockett Civic Center, 1100 Edmiston Dr., Crockett, TX 75835															
Crockett Area Chamber of Commerce and City of Crockett are included as Additional !nsured with respects to the General Liability when required by a written contract/agreement.															
CERTIFICATE HOLDER CANCELLATION															
Crockett Area Chamber of Commerce Attn: Liza Clark						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									
	507 E. Houston	_													
	Crockett		Crockett TX 75835						the City						

