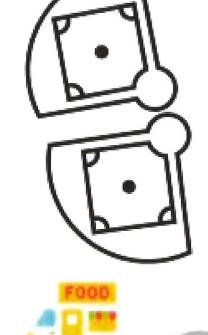
APPLICANT NAME: Sarah Iwanski for Sand Hill ES PTA
MAILING ADDRESS:
PHONE:
PIN# (FOR SITE LOCATION): Map# 300 Parcel# 37
ASSEMBLAGE PERMIT Effingham County, Georgia
Permission is hereby granted to Sand Hill ES PTA to hold a public gathering in the County of Effingham on Friday, October 27, 2023 a soo-730 pm am/pm. The gathering is to be held at said location known as Effingham Recreation Department Sand Hill Ballpark
DESCRIPTION OF EVENT: Sand Hill ES PTA holds an annual Fall Festival at Sand Hill ES that is open the public with vendors, food trucks, games, inflatables, trunk-or-treat, etc.
SPECIAL CONDITIONS:
WILL ALCOHOL BE SERVED DURING THIS EVENT? [] YES WILL FIREARMS BE UTILIZED DURING THIS EVENT? [] YES INO
The information contained in this permit has been submitted to and approved by the Effingham County Board of Commissioners. Any changes in the date, time or location of said assembly shall be approved by the Effingham County Board of Commissioners. This permit is to be carried by the person in charge of the activity and is to be presented upon request.
ZONING ADMINISTRATOR EFFINGHAM COUNTY DATE
DATE AUTHORIZED BY EFFINGHAM COUNTY BOARD OF COMMISSIONERS:
County Clerk
CC: Effingham County Sheriff Department

CC: Effingham County Sheriff Department
Effingham County Emergency Medical Services
Volunteer Fire Department

Effingham Rec Dept





Food Trucks

Stagecoach Ave





P. (912) 728-5112

F. (912) 728-5125 28 September 2023

Sand Hill ES PTA holds and annual Fall Festival open to the community on the last Friday of October. The event includes entertainment, crafts, vendors, inflatables, food trucks, trunk-ortreat, etc. With the increased popularity of the event each year, our principal, Michelle Corless, has requested that the food trucks stay outside of the school property gates. People do not want to go home when the event is over and the food trucks continue to serve them. This has prevented the school staff from being able to go home as they wait for the food trucks to leave to lock the school gates. I have spoken to Mr. Lonon at the Effingham Recreation Department and he confirms that there are no games or events taking place at the field that night to prevent our use of the ballpark's side of the fence. The food trucks would line the paved area that the school's car rider line follows and is not on a public road. Our organization is insured and the documentation is included for you as well.

We confirm that we are operating under the national nonprofit entity of:

National Congress of Parents & Teachers Doing business as National PTA 1250 N Pitt St Alexandria, VA 22314 Federal Tax ID # 36-2169155

Georgia Congress of Parents and Teachers Inc 114 Baker St NE, Suite 228 Atlanta, GA 30308-3366 EIN 58-2206858

Sand Hill Elementary School PTA 199 Stagecoach Ave Guyton, GA 31312 P. (912) 728-5112 F. (912) 728-5125

Sarah Iwanski Sand Hill ES PTA President (912) 472-1232 Shes.pta.president1@gmail.com

I hay

CERTIFICATE OF COVERAGE

This "Certificate of Coverage", together with the master policy to which it is attached, constitute the policy issued to the "Certificate Holder". Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

POLICYHOLDER NAME AND ADDRESS: Education Support Purchasing Group						
c/o Association Insurance Management						
P.O. Box 742946 Dallas, TX 75374-2946						
	TE HOLDER (NAMED INSURE	ED) NAME AND ADDRESS:				
Sand Hill Es	_	•				
199 Stagec	oach Ave.					
Guyton, GA 31312 Insured #_GA13868						
The Certific	ate Holder is:				_	
☐ Individu	al Partnership	Limited Liability Company	Organization	/Corporation	Trust	
	Non-Profit					
Location of E	usiness: 199 Stagecoach Ave. Guyton, GA 31312	Business De	escription: Parent T	eacher Associati	on	
ITEM 1	COVERAGE PERIOD:	Effective: 11/27/2022	To: 11/	27/2023		
		At 12:01 A.M. Standard policyholder shown abov	Time at the mailin			
		CERTIFICATE NUMBE PRIOR CERTIFICATE N		059		
ITEM 2	INSURER:		TOMBER. HETT			
	Concert Specialty Insurance Company					
	Master Policy Number: GL	2022AIM00001				
ITEM 3	PRODUCER NAME AND A					
	AIM Association Insurance P.O. Box 742946	wanagement				
Dallas, TX 75374-2946						
	Surplus Lines License #161	5689				
ITEM 4	SCHEDULE OF CHARGES:		-			
	Commercial General Liability	Premium		\$	118.00	
	Policy Fees Surplus Lines Tax			\$ \$ \$	139.51 12.49	
	Stamping Fee			\$	12. 10	
	Grand Total			\$	270.00	
ITEM 5	SCHEDULE OF CASUALTY	COVERAGE AND LIMITS O	F INSURANCE:			
	COMMERCIAL GENERAL LI					
	General Aggregate Limit (Other		Operations)	\$ 2,000,000		
	Products-Completed Operation Personal and Advertising Injur			\$ 2,000,000 \$ 1,000,000		
	Each Occurrence Limit	•		\$ 1,000,000		
	Damage to Premises Rented		ses)	\$ 50,000		
	Medical Expense Limit (Any C Medical Expense Aggregate L			\$ 50,000 \$ 1,000,000	7	
	ABUSIVE CONDUCT LIMITE	D I IARII ITY COVERAGE				
	Abusive Conduct Each Incider			\$		
	Abusive Conduct Aggregate L	imit		\$		

CS CI 01 00 GL 06 20

CG 21 71	01 15	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 21 76	01 15	EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM
CG 21 84	01 15	EXCLUSION OF CERTIFED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM;
		CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 04 35	12 07	EMPLOYEE BENEFITS LIABILITY COVERAGE
CS GL 05 92	11 19	HIRED AND NON-OWNED AUTO LIABILITY INSURANCE
CS GL 03 12	06 14	ABUSIVE CONDUCT LIMITED LIABILITY ENDORSEMENT CLAIMS-MADE AND DWL
CS GL 06 03	06 20	ELECTRONIC CHATROOM/BULLETIN BOARD ACTIVITIES COVERAGE
CG 27 15	12 07	EXTENDED REPORTING PERIOD ENDORSEMENT FOR EMPLOYEE BENEFITS LIABILITY COVERAGE
CS GL 06 09	06 20	SCHEDULED WAIVER OF SUBROGATION
CG 20 26	12 19	ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION
CG 20 01	12 19	PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION
CG 21 44	04 17	LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION
CS IL 31 14 CS	07 20	POLICY CONDITIONS ADDED
CS PN 04 99 72	06 20	HOW TO REPORT A CLAIM

ITEM 7	FORMS SPECIFIC TO CERTIFICATE HOLDER SHOWN ON THIS CERTIFICATE:					
	Form #	Description				