



TOWN OF
HILLSBOROUGH

SPECIAL EVENT PERMIT APPLICATION

Please review the Event Policy Ordinance, Chapter 7 of the Town Code, to determine if your event requires a Special Event Permit. **The Permit Application must be received 60 days in advance of the event.**

Name of Event: Solstice Lantern Walk

Event Location Address: David Price Farmers Market Pavilion; 144 E Margaret Ln, Hillsborough, NC 27278

Date(s) of event: Wed. Dec. 21, 2022

Event Set Up Time: 12 PM Event Hours: 4:30 PM Event Break Down: 9 PM

Date(s) of event: _____

Event Set Up Time: _____ Event Hours: _____ Event Break Down: _____

EVENT ORGANIZER & CONTACT INFORMATION

Name of Organization/Company: Hillsborough Arts Council

Organization/Company mailing address: 102 N Churton St. Hillsborough, NC 27278

Organization Status: ☐ Formal ☐ Informal ☐ For-profit ☒ Not-for-profit

Event Organizer Name: Ivana Beveridge

Event Organizer Phone: (828) 337-5511 Event Organizer Email: program@hillsboroughartsc

On-Site Contact(s) During the Day-of Event

Name: Mollie Thomas

Cell Phone: (859) 338-4447

Name: Ivana Beveridge

Cell Phone: (828) 337-5511

GENERAL EVENT INFORMATION

Type of Event:

- ☐ Private Event on Private Property
 ☐ Public Event on Public Property
☐ Private Event on Public Property
 ☐ Public Event on Private Property
☒ Street or Greenway Event (Parades, Marches, Rallies, 5Ks, Bike Races)

General Event Description (Narrative outlining event purpose and elements including food trucks, car shows, races, vendors, etc):

Attendees craft solstice lanterns to join on the darkest night of the year at the Eno River Farmers Market Pavilion.

The 2022 event will feature a Solstice Market with artist vendors, food/beverage, and music.

The walk will follow Hillsborough's River Walk and end back at the Solstice Market in the pavilion.

Estimated total number of people that will attend the event: 2,000

Estimated peak time(s) of attendance: 5:45-7:45 PM

Maximum capacity of event location (number of persons, if applicable): N/A

If the event is annual, the estimated attendance of the last event of this kind: 1,500

GENERAL EVENT QUESTIONNAIRE

Will tickets be sold or admission/fees be charged as part of the event? ☐ YES ☒ NO

Will there be alcohol sold or provided as a part of this event? ☐ YES ☒ NO

If yes, please indicate the vendor(s) and/or ABC permit holder(s) responsible for the alcohol sales/distribution and attach a copy of the ABC permit(s) for each vendor : _____

Please note: Alcohol may only be sold by vendors with an off-premise permit or by event organizers with a special one-time ABC sales permit. Alcohol sales may be subject to the prepared food & beverage tax.

Will vendors be on-site selling goods/crafts/wares during the event? ☒ YES ☐ NO

Will vendors be on-site selling food/beverages during the event? ☒ YES ☐ NO

Please note: All vendors without a physical location in town and/or food trucks that do not have Town of Hillsborough Food Truck Permits that are selling prepared food/beverage will need to [prepay the Food & Beverage Tax](#) with the Finance Department. Please list the name(s) of the food/beverage vendors:

TBA (12 Artist Vendors; 3 Food/Bev)

Will you be soliciting donations as part of the event? ☒ YES ☐ NO

If yes, for what cause or organization? Hillsborough Arts Council

Will you bring additional equipment, stages, microphones, amplification, etc? ☒ YES ☐ NO

Please Explain: Some low-touch music equipment.

Will any items be left at the event site overnight? ☐ YES ☒ NO

Please Explain: _____

Will signs or banners be displayed on site or around Town? ☒ YES ☐ NO

*Please note: [Special event signage](#) must be applied for and permitted separately **BEFORE** signage is placed around town.*

Will tents be erected for the event? ☒ YES ☐ NO

If yes, how many and what size? 3, 10x10 tents max

Please note: Tents may require a permit and inspection by the Orange County Fire Marshal's office depending on size and number. Tents should be shown with location and dimensions on event map/layout.

Will you provide (portable) restroom facilities?

☒ YES ☐ NO

Please note: Restroom facilities are required to be provided by Special Event organizers depending on attendance numbers and duration. Local Business, Town, and County facility restrooms may compliment, but not become a substitute for, providing adequate restrooms for the event.

Will you provide (portable) handwashing facilities?

☐ YES ☒ NO

Please note: Handwashing facilities are required for events that include on site food preparation and/or sales without direct or immediate sink access.

Will the event require any street closures or change in traffic flow?

☐ YES ☒ NO

Will the event require additional trash and recycling facilities?

☒ YES ☐ NO

Will you request that the Town Board sponsor specific services

in conjunction with this event (i.e. Police Coverage, Road Closures, Traffic Control, Trash and Recycling Rollouts)?

☒ YES ☐ NO

Please note: Events requesting Town Sponsorship of events must apply at least 90 days in advance of the event to be considered. Event organizers who are able should make every necessary attempt to provide and pay for services at their events as the Town has limited staff and resources to cover the costs of event services.

EVENT MAP/LAYOUT REQUIREMENTS

With this application, you must attach a map of the area where the event is to take place and indicate the following:

- Traffic flow; including any streets requested to be closed or obstructed (locations of barriers and officers will be determined by Law Enforcement).
- If the event includes a parade, greenway closure, etc. then the route of the event should be clearly shown.
- Parking areas where event attendees will be directed that are adequate for event attendance. Please note: The Eno River deck has only 400 parking spaces.
- Pedestrian access and flow.
- The location of any concession stand, food truck(s), booth, or other temporary structures, tents, stages or facilities; and the location of proposed fences, stands, platforms, benches, or bleachers.
- The location of restroom and/or handwashing facilities.

A street map and a map of Gold Park are available on the Town's website. Google Maps is also an excellent resource and can be easily marked up. Contact Staff if you need assistance with providing an event layout or route map.

EVENT LIABILITY INSURANCE

Event organizers and/or property owners need to insure themselves from liability in case an event attendee injures themselves during the course of the event. Events occurring on Public Property (Town or County) are required to carry event liability insurance with the Public Property owner listed as 'additionally insured'.

Copy of event liability Certificate of Insurance is attached: ☒ YES ☐ NO

Name of insurance company providing liability coverage for the event:

Philadelphia Ins. Co.

Contact information for broker/agent providing coverage:

Lee Hammond

EVENT PROPERTY USE PERMISSION

If the event will be located on property that is not owned/managed by the event organizer then the property owner must indicate consent for the use of their property below:

Name of Property Owner

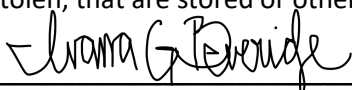
Phone

Signature of Property Owner

Date

TOWN LIABILITY AGREEMENT

I, the applicant, agree to indemnify and hold harmless the Town of Hillsborough, its employees, and its agents from and against any and all liability for any injury which may be suffered in connection with this special event approval or park reservation. I also hold harmless the Town of Hillsborough, its employees, and its agents from and against any liability for any equipment or supplies lost, damaged, or stolen, that are stored or otherwise as a result of this special event.



Applicant Signature

10/6/2022

Date

SUBMITTAL DIRECTIONS:

Please submit electronically to: Evan.Punch@hillsboroughnc.gov

Please submit via paper copy here:

Hillsborough Planning Department
ATTN: Evan Punch
P.O. Box 429
101 E. Orange Street
Hillsborough, NC 27278

FOR OFFICE USE ONLY:Application received by: Evan PunchDate: 10/6/2022Fee Paid: YesDate information emailed out: 10/10/2022**Permit Status**Approved ☐ YES ☐ NO Explanation: _____

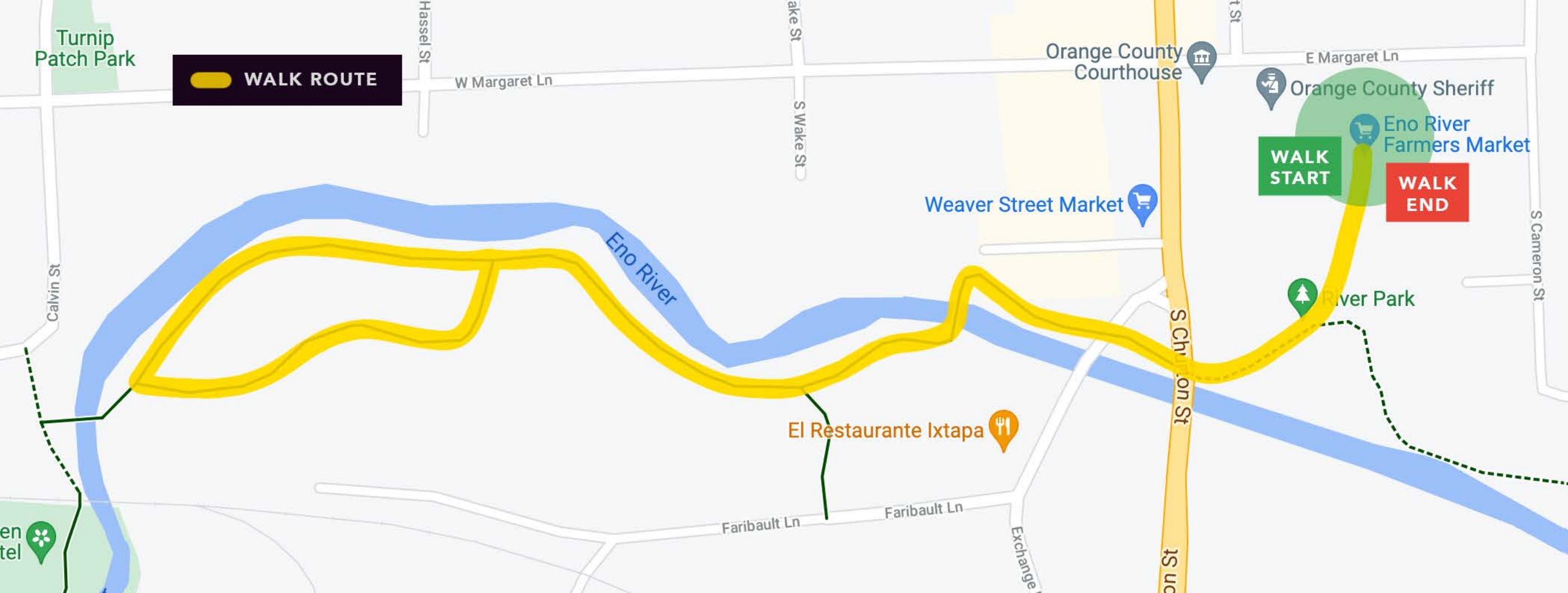
Date Permit Issued: _____

Approved with any conditions: _____

By: Evan Punch
Town Staff Member

Date: _____

Forwarded to others for review/information:☐ OC Fire Marshal: _____☒ Hillsborough Police Department: _____☐ OC Sheriff's Department: _____☐ OC Fire Department: _____☒ Hillsborough Public Works: _____☐ Hillsborough Public Space Manager: _____☒ OC DEAPR (River Park): _____☐ OC AMS (Visitors Center, Library, Old or New Courthouse): _____☐ NCDOT (DOT Road Closures): _____☐ Hillsborough Finance (Food & Beverage Tax 1 Day): _____☒ Hillsborough Public Information Office: _____





COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

08/05/2022

AGENCY The Ballard Agency 105 W King St. Hillsborough NC 27278		CARRIER Philadelphia Ins. Co. COMPANY POLICY OR PROGRAM NAME General Liability w/abuse/molestation POLICY NUMBER		NAIC CODE PROGRAM CODE
CONTACT NAME: Lee Hammond PHONE (A/C. No. Ext): 919-732-2158 FAX (A/C. No.): E-MAIL ADDRESS: lee@ballardagencyinc.com CODE: SUBCODE:		UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION		<input checked="" type="checkbox"/> QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME CANCEL 8/10/22 12:01 AM PM
AGENCY CUSTOMER ID:				

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			CYBER AND PRIVACY	\$		
<input type="checkbox"/> BUSINESS AUTO	\$			FIDUCIARY LIABILITY	\$	<input checked="" type="checkbox"/>	Molestation/Abuse Liability
<input type="checkbox"/> BUSINESS OWNERS	\$			GARAGE AND DEALERS	\$		
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$			LIQUOR LIABILITY	\$		
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			MOTOR CARRIER	\$		
<input type="checkbox"/> COMMERCIAL PROPERTY	\$			TRUCKERS	\$		
<input type="checkbox"/> CRIME	\$			UMBRELLA	\$		

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input checked="" type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input checked="" type="checkbox"/> Personnel Policy
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
8/10/22	8/10/22	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Hillsborough Arts Council 102 N Churton St Hillsborough NC 27278-2534				GL CODE 41669	SIC	NAICS	FEIN OR SOC SEC # 56-2163979
BUSINESS PHONE #: (919)241-3433 WEBSITE ADDRESS hillsboroughartscouncil.org							
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				

CONTACT INFORMATION										AGENCY CUSTOMER ID: _____									
CONTACT TYPE:										CONTACT TYPE:									
CONTACT NAME:										CONTACT NAME:									
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL					SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL					PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL					SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL				
PRIMARY E-MAIL ADDRESS:										PRIMARY E-MAIL ADDRESS:									
SECONDARY E-MAIL ADDRESS:										SECONDARY E-MAIL ADDRESS:									
PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)																			
LOC #		STREET								CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$ 600000			
1		102 N. Churton St.								<input checked="" type="checkbox"/> INSIDE		<input type="checkbox"/> OWNER		4		OCCUPIED AREA: SQ FT			
BLD #		CITY: Hillsborough				STATE: NC				<input type="checkbox"/> OUTSIDE		<input type="checkbox"/> TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT			
1		COUNTY: Orange				ZIP: 27278										TOTAL BUILDING AREA: SQ FT			
DESCRIPTION OF OPERATIONS: Office and art display										ANY AREA LEASED TO OTHERS? Y / N									
LOC #		STREET								CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$			
										<input type="checkbox"/> INSIDE		<input type="checkbox"/> OWNER				OCCUPIED AREA: SQ FT			
BLD #		CITY:				STATE:				<input type="checkbox"/> OUTSIDE		<input type="checkbox"/> TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT			
		COUNTY:				ZIP:										TOTAL BUILDING AREA: SQ FT			
DESCRIPTION OF OPERATIONS:										ANY AREA LEASED TO OTHERS? Y / N									
LOC #		STREET								CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$			
										<input type="checkbox"/> INSIDE		<input type="checkbox"/> OWNER				OCCUPIED AREA: SQ FT			
BLD #		CITY:				STATE:				<input type="checkbox"/> OUTSIDE		<input type="checkbox"/> TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT			
		COUNTY:				ZIP:										TOTAL BUILDING AREA: SQ FT			
DESCRIPTION OF OPERATIONS:										ANY AREA LEASED TO OTHERS? Y / N									
LOC #		STREET								CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$			
										<input type="checkbox"/> INSIDE		<input type="checkbox"/> OWNER				OCCUPIED AREA: SQ FT			
BLD #		CITY:				STATE:				<input type="checkbox"/> OUTSIDE		<input type="checkbox"/> TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT			
		COUNTY:				ZIP:										TOTAL BUILDING AREA: SQ FT			
DESCRIPTION OF OPERATIONS:										ANY AREA LEASED TO OTHERS? Y / N									
LOC #		STREET								CITY LIMITS		INTEREST		# FULL TIME EMPL		ANNUAL REVENUES: \$			
										<input type="checkbox"/> INSIDE		<input type="checkbox"/> OWNER				OCCUPIED AREA: SQ FT			
BLD #		CITY:				STATE:				<input type="checkbox"/> OUTSIDE		<input type="checkbox"/> TENANT		# PART TIME EMPL		OPEN TO PUBLIC AREA: SQ FT			
		COUNTY:				ZIP:										TOTAL BUILDING AREA: SQ FT			
DESCRIPTION OF OPERATIONS:										ANY AREA LEASED TO OTHERS? Y / N									
NATURE OF BUSINESS																			
<input type="checkbox"/> APARTMENTS		<input checked="" type="checkbox"/> CONTRACTOR		<input type="checkbox"/> MANUFACTURING		<input type="checkbox"/> RESTAURANT		<input type="checkbox"/> SERVICE		DATE BUSINESS STARTED (MM/DD/YYYY)									
<input type="checkbox"/> CONDOMINIUMS		<input type="checkbox"/> INSTITUTIONAL		<input type="checkbox"/> OFFICE		<input type="checkbox"/> RETAIL		<input type="checkbox"/> WHOLESALE											
DESCRIPTION OF PRIMARY OPERATIONS																			
Arts Council--sponsors art shows, small local music concerts, and arts/crafts instruction classes.																			
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:										INSTALLATION, SERVICE OR REPAIR WORK %					OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %				
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS																			
ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests																			
INTEREST		NAME AND ADDRESS		RANK:		EVIDENCE:		CERTIFICATE		POLICY		SEND BILL		INTEREST IN ITEM NUMBER					
<input type="checkbox"/> ADDITIONAL INSURED		<input type="checkbox"/> LIENHOLDER												LOCATION:		BUILDING:			
<input type="checkbox"/> BREACH OF WARRANTY		<input type="checkbox"/> LOSS PAYEE												VEHICLE:		BOAT:			
<input type="checkbox"/> CO-OWNER		<input type="checkbox"/> MORTGAGEE												AIRPORT:		AIRCRAFT:			
<input type="checkbox"/> EMPLOYEE AS LESSOR		<input type="checkbox"/> OWNER												ITEM CLASS:		ITEM:			
<input type="checkbox"/> LEASEBACK OWNER		<input type="checkbox"/> REGISTRANT												ITEM DESCRIPTION					
<input type="checkbox"/> LENDER'S LOSS PAYABLE		<input type="checkbox"/> TRUSTEE		REFERENCE / LOAN #:					INTEREST END DATE:					FAX (A/C, No):					
LIEN AMOUNT:					PHONE (A/C, No, Ext):														
REASON FOR INTEREST:										E-MAIL ADDRESS:									

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input checked="" type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
N				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY ☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

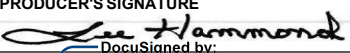
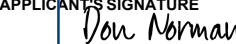
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE  DocuSigned by:	PRODUCER'S NAME (Please Print) Lee Hammond/The Ballard Agency	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 8/9/2022	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

08/05/2022

AGENCY The Ballard Agency		CARRIER Philadelphia Ins. Co.		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 08/10/2022	APPLICANT / FIRST NAMED INSURED Hillsborough Arts Council		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE <input checked="" type="checkbox"/> Abuse & Molestation		GENERAL AGGREGATE \$ 2,000,000 LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000	PRODUCTS
<input type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> PER CLAIM <input type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/> PER OCCURRENCE <input type="checkbox"/> \$ <input type="checkbox"/> PER OCCURRENCE		PERSONAL & ADVERTISING INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000 MEDICAL EXPENSE (Any one person) \$ 5,000 EMPLOYEE BENEFITS \$	OTHER
		\$	TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

Abuse/Molestation coverage' Hired and Non-Owned Auto Liability

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1	41669	Members	15					
CLASSIFICATION DESCRIPTION Clubs--Civic, Service or Social--no buildings or premises owned or leased except for office purposes; other than NFP; inc products/comp ops									
1	1	47474	Pupils	100					
CLASSIFICATION DESCRIPTION Schools--trade or vocational including products/comp ops (this is for art classes that the insured offers to the public)									
1	1	63218	Attendees	3,000					
CLASSIFICATION DESCRIPTION Arts Festival incl. products/comp ops -- "Last Friday" art walk sponsored each final Friday of the month during the summer months									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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AGENCY CUSTOMER ID: _____

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					N
8. PRODUCTS UNDER LABEL OF OTHERS?					N
9. VENDORS COVERAGE REQUIRED?					N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					N

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<Base Form>				LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> LOSS PAYEE						
<input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			Y / N												
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			N												
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			N												
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			N												
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			N												
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	<table><tr><td>EQUIPMENT</td><td colspan="2">TYPE OF EQUIPMENT</td><td>INSTRUCTION GIVEN (Y/N)</td></tr><tr><td></td><td><input type="checkbox"/> SMALL TOOLS</td><td><input type="checkbox"/> LARGE EQUIPMENT</td><td></td></tr><tr><td></td><td><input type="checkbox"/> SMALL TOOLS</td><td><input type="checkbox"/> LARGE EQUIPMENT</td><td></td></tr></table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT			<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT		N
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)												
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT													
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT													
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			N												
7. ANY PARKING FACILITIES OWNED/RENTED?			N												
8. IS A FEE CHARGED FOR PARKING?			N												
9. RECREATION FACILITIES PROVIDED?			N												
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			N												
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS													
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			N												
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD															
12. ARE SOCIAL EVENTS SPONSORED? Art walks, arts/crafts classes, small local music concerts			Y												
13. ARE ATHLETIC TEAMS SPONSORED?			N												
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:	EXTENT OF SPONSORSHIP:								
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?							N								
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?							N								

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				Y
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Copy of personnel policy on file. Add'l GL codes: River Park Concert (annual); 68707--warehouses (storage)--600 sq. feet; 61212--art studio--2,970 sq ft

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

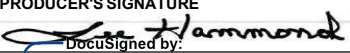

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE  DocuSigned by:	PRODUCER'S NAME (Please Print) Lee Hammond	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 8/9/2022	NATIONAL PRODUCER NUMBER

Policy Number: **15790211**Named Insured: **Hillsborough Arts Council**
PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

 One Bala Plaza, Suite 100
 Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax 610.617.7940
 PHLY.com

 Terrorism Premium (Certified Acts) \$ **4.00**

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT’S FEDERAL SHARE OF TERRORISM LOSSES IS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Your attached proposal (or policy) includes a charge for terrorism. We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an “X” in the box below.

NOTE 1: If “included” is shown on your proposal (or policy) for terrorism you WILL NOT have the option to reject the coverage.

NOTE 2: You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

EXCEPTION: If you have property coverage on your policy, the following Standard Fire Policy states do not permit an Insured to reject fire ensuing from terrorism: CA, CT, GA, HI, IA, IL, MA, ME, MO, NJ, NY, NC, OR, RI, VA, WA, WV, WI. Therefore, if you are domiciled in the above states and reject terrorism coverage, you will still be charged for fire ensuing from terrorism as separately designated on your proposal.

X	I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from "certified" acts of terrorism, EXCEPT as noted above.
---	---

You, as the Insured, have 30 days after receipt of this notice to consider the selection/rejection of "terrorism" coverage. After this 30 day period, any request for selection or rejection of terrorism coverage WILL NOT be honored.

REQUIRED IN GA – LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

The provisions of the Terrorism Risk Insurance Act, as amended, can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

INSURED'S SIGNATURE _____
DATE 8/9/2022

DocuSigned by:

Don Norman

A25A6D2A695A472...



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/05/2022

PRODUCER The Ballard Agency 105 W King St. Hillsborough NC 27278		PHONE (A/C, No, Ext): 919-732-2158		COMPANY NAME AND ADDRESS Erie Insurance Exchange		NAIC CODE: 26271	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE General Liability			
INSURED NAME AND ADDRESS Hillsborough Arts Council 102 N Churton St Hillsborough NC 27278-2534				CANCELLED POLICY INFORMATION POLICY NUMBER Q32-1000580			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 08/10/2022		CANCELLATION DATE 08/10/2022	
				POLICY TERM 08/10/2022		TIME 12:01	
				EXPIRATION DATE 08/10/2023		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.					

SIGNATURES

				DocuSigned by: 8/9/2022			
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.							

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)				METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA			
COMPANY Philadelphia Ins. Co.				FULL TERM PREMIUM \$			
POLICY NUMBER TBD				UNEARNED FACTOR			
EFFECTIVE DATE 8/10/22				RETURN PREMIUM \$			
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				PREMIUM CALCULATION SUBJECT TO AUDIT			

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

INSURED		LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
MORTGAGEE		LIENHOLDER			
COMPANY		FINANCE COMPANY			
PRODUCER'S SIGNATURE 				DATE 8/5/2022	