



Special Event Application Form

Return completed form to Roscoe Police Department * 10595 Main St. * PO Box 312 * Roscoe, IL 61073

[X] Assembly [] Block Party [] Neighborhood Garage Sale

Name of the Event and Sponsoring Organization:

Screw City Flex Series

Nature of Event:

Disc Golf outings

Location of Event: Potter Park Projected Attendance: 600

Address of Organizer: 3712 Shiley Rd Phone Number: 815 621 5057

Event Date(s): 6/23/24

Event Hours: 9 am/pm until 3 am/pm

Setup/Assembly Date: N/A Start Time: am/pm

Dismantle Date: N/A am/pm Completion Time: am/pm

Please describe, in specific details, the scope of your setup/assembly work: (submit separate document if necessary)

Event hrs 4 times to limit traffic. So it will be like a busy Sunday. No need to close the park.

- Will this event require use of fireworks? [] Yes [X] No
Will this event require street closures [] Yes [X] No
Will alcohol be served? [] Yes [X] No
Will signage be posted? [] Yes [X] No
Will food be served? [] Yes [X] No

If answering yes to any of the above, please provide separate individual permit applications forms as outlined in the Special Event Guidelines and Checklist documents



Special Event Application Form

Who is your point of contact for this event? (must be available during entire duration of event)

Name: Tim Edler Phone Number: 8156215057
Email: screwcitydiscs@gmail.com

Additional Comments:

Applicant Signature:

[Handwritten signature]

Date:

4/12/24

Return completed application to: Roscoe Village Hall
10631 Main Street
Roscoe, Illinois 61073
permits@villageofroscoe.com

OFFICIAL USE ONLY

Date Filed:

Village Administrator: Signature Date:

Village Board (if necessary): Signature Date:

Application Fee Paid: \$100 Special Event: Neighborhood Garage Sale
\$50 Special Event: Assembly
\$25 Special Event: Block Party

Receipt

Cc: Police Department, Public Works, Zoning, HRFPD, WCHD



Special Event
Hold Harmless Agreement

I, Tim Edler indemnify and hold the Village of Roscoe harmless against any and all liability and expenses whatsoever, for bodily injury or death, including without limitation injury or death to agents, employees, servants or volunteers of the applicant(s) that may be casually related to any act of ordinary negligence, intentional, willful or wanton misconduct and any such claim, loss or injury arising out of participation with the event

known as Screw City Flex Series #4

to be held July 23, 2024

Signed this 25 day of April, 2024

Tim Edler

Name

3712 Shirley Rd

Address

[Signature]

Signature

[Signature]

Witness



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2024

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 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).

PRODUCER Ledgestone 410 N. Main Street East Peoria IL 61611	CONTACT NAME: Gabe Meiss PHONE (A/C, No, Ext): 309-266-2507 E-MAIL ADDRESS: gabe@ledgestone.com	FAX (A/C, No): 309-263-2510
	INSURER(S) AFFORDING COVERAGE	
INSURED Professional Disc Golf Association 3828 Dogwood Lane Appling GA 30802	License#: 20705893 PROFDIS-01	NAIC # INSURER A : Everest National Insurance Company 10120 INSURER B : UNITED STATES FIRE INS CO 21113 INSURER C : Hartford Insurance Company of the Midwest 37478 INSURER D : INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER: 806122460

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	SI8ML03323241	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SI8ML03323241	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		SI8EX02603241	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
C	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	N/A	39WECAO1126	9/6/2023	9/6/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B A	Participant Accident Participant Liability			US2092286 SI8ML03323241	1/1/2024 1/1/2024	1/1/2025 1/1/2025	Accident Aggregate 25,000 Per Occurrence 1,000,000

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

Certificate holder is an additional insured on the General Liability and Excess Liability policies if required by a written contract with the insured, only to the extent provided in policy forms ECG 20 600 and EUM 00 522, which are attached. The General Liability and Excess Liability policies contain Primary and Noncontributory provisions, only to the extent provided in policy forms ECG 24 520 and EUM 04 590, which are attached. The General Liability policy contains a Waiver of Subrogation provision, only to the extent provided in policy form ECG 04 704, which is attached.

CERTIFICATE HOLDER**CANCELLATION**

Village of Roscoe 10631 Main St. Roscoe IL 61073	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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