



Special Event
Application Form

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

☒ Assembly ☐ Block Party ☐ Neighborhood Garage Sale

Name of the Event and Sponsoring Organization:

ROCK VALLEY RADIO CONTROL FLYING CLUB (RVRC of ROCKFORD, IL)

Nature of Event:

RADIO CONTROL FLOAT FLYING OF MODEL PLANES

Location of Event: Chicory Ridge Park Pond Projected Attendance: 30 or more

Address of Organizer: (CD) 384 E Riverdale Dr Edgerton, WI Phone Number [REDACTED]

Event Date(s): August 23 2025

Event Hours: 8 am am/pm until 3 PM am/pm

Setup/Assembly Date: August 23 2025 Start Time: 8 am am/pm

Dismantle Date: August 23 am/pm Completion Time: 3:30 pm am/pm

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

Set up area limited to area inside Chicory Ridge Park

Will this event require use of fireworks?

☐ Yes

☒ No

Will this event require street closures

☐ Yes

☒ No

Will alcohol be served?

☐ Yes

☒ No

Will signage be posted?

☒ Yes

☐ No

Will food be served?

☐ Yes

☐ 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

Phone: (815) 623-2829

*

Fax: (815) 623-1360

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Email: permits@villageofroscoe.com



Special Event
Hold Harmless Agreement

I, Robert King 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 Rock Valley RC Flyers Float Fly

to be held At Chicory Ridge Pond Park

Signed this 14 day of March, 202025

Robert King

Name

384 E Riverdale Dr. Edgerton, WI 53534

A

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V



Special Event Application Form

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

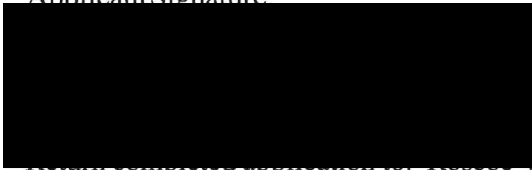
Name: Robert king Phone Number: 608-449-3361
Email: bobking.levelflight@charter.net

Additional Comments:

This event is a yearly event held for several years by the Rock Valley Radio Control Flyers of Rockford
the sponser of this event. All flyers must abide by the club and AMA rules.

Applicant Signature:

Date:



3-14-2025

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

OFFICIAL USE ONLY

Date Filed: 3/14/2025

Village Administrator: _____ Date: _____
Signature

Village Board (if necessary): _____ Date: _____
Signature

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
Site Plan Exhibit

Please provide a site plan depicting the location of the proposed event, as well all applicable items identified in the Application Checklist. An aerial photograph of the event location will be provided by Village upon request for use by applicant.

Event Site Plan:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/27/2025

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 FNIC P.O. Box 45279 Omaha NE 68145 | CONTACT NAME: Patt Pierce PHONE (A/C, No., Ext.): 402-861-7000 E-MAIL ADDRESS: patt.pierce@fnicgroup.com FAX (A/C, No.): INSURER(S) AFFORDING COVERAGE INSURER A: Illinois Union Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | NAIC # 27960 |
|---|--|------------------------|

INSURED
Academy of Model Aeronautics, Inc.
&/or Affiliated &/or Associated Chartered
Clubs, Chapters & Members Thereof
5161 E. Memorial Drive
Muncie IN 47302

COVERAGES**CERTIFICATE NUMBER:** 1620439679**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 type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER: | | | G22011534020 | 3/31/2025 | 3/31/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 |
| | | | | | | | MED EXP (Any one person) | \$ 0 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 1,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | 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 <input type="checkbox"/> | N/A | | | | PER STATUTE | OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | Excess Liability | | | G22011546020 | 3/31/2025 | 3/31/2026 | Limits per Occ General Aggregate | \$1,600,000 \$4,000,000 |

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

Village of Roscoe is an additional insured, primary and non-contributing as respects to any additional insured site owner. Location: 598 Applemint LN, Event #17800. Date: August 23, 2025

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