



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:

Stateline Chamber

Nature of Event:

Pour in the Park

Location of Event: Riverside Park Projected Attendance: 250

Address of Organizer: 5386 Williams Dr. Phone Number: 8156239065

Event Date(s): Sat. May 4th

Event Hours: 11am am/pm until 4pm am/pm

Setup/Assembly Date: Fri. May 3rd Start Time: 9am am/pm

Dismantle Date: Sun. May 5th am/pm Completion Time: 8pm am/pm

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

Tents, tables, advertising signage, food trucks, and parking/way finding signage set up on the
western side of the football field,

- 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



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

Name: Ryan Rydell Phone Number: 8159141766

Email: ryan@rycomcreative.com

Additional Comments:

See proposed map and comments on event agreement for details.

Applicant Signature:

A handwritten signature in black ink, appearing to read "Ryan Rydell", written over a horizontal line.

Date:

02/23/2024

Return completed application to: Roscoe Police Department
10595 Main Street
Roscoe, Illinois 61073
shawley7894@roscoepolice.com

OFFICIAL USE ONLY

Date Filed: _____

Police Department: _____
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: Public Works, Zoning, HRFPD, WCBD



Special Event
Hold Harmless Agreement

I, Ryan Rydell 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 Pour in the Park

to be held May 4th 2024

Signed this 23rd day of February, 2024

Ryan Rydell

Name _____

5386 Williams Dr. Roscoe, IL 61073

Address _____

Signature  _____

Witness _____



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

October 6, 2023

STATELINE CHAMBER OF COMMERCE
5384 WILLIAMS DR
ROSCOE IL 61073

Policy Information:

Policy Number:	83 WEC CC8393
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Contact Us

Visit <https://business.thehartford.com>

24/7 access to pay bills, view policy documents,
get your certificate of insurance and more.

Need Help? Chat online or call us at (866) 467-
8730. We're here Monday - Friday.

You can find information about your policy enclosed. You can also find this info online at <https://business.thehartford.com>.

If you have any questions or concerns about what you see, contact us at any of the options listed on this page.

Thanks for choosing us for your business insurance needs.

Sincerely,
The Hartford



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/06/2023

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 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 VISION INSURANCE GROUP 83851062 7214 N ALPINE RD LOVES PARK IL 61111	CONTACT NAME:	
	PHONE (815) 282-3480 (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A : Sentinel Insurance Company Ltd.		11000
INSURER B : Hartford Insurance Company of Illinois		38288
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED STATELINE CHAMBER OF COM 5514 CLAYTON CIR ROSCOE IL 61073-9533
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COVERAGES **CERTIFICATE NUMBER:** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		83 SBA NX1009	01/01/2023	01/01/2024	EACH OCCURRENCE \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			83 SBA NX1009	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE
B	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/A	83 WEC CC8393	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE -EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	DATA BREACH - DEFENSE & LIAB COVG			83 SBA NX1009	01/01/2023	01/01/2024	Limit \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Those usual to the Insured's Operations.

CERTIFICATE HOLDER Village of Roscoe 10631 MAIN ST ROSCOE IL 61073-8564	CANCELLATION 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 <i>Susan J. Castaneda</i>
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