

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:
VFW Post 2953 MEMALE MEMORIAL DAY PARADE
Nature of Event: PANADE
PARACIE
Location of Event: Roseo E IL Projected Attendance:
Address of Organizer: VFW POST 2955 Phone Number: 815 423 7663
Event Date(s): 5/27/24
Event Hours: am/pm am/pm
Setup/Assembly Date: 5/27 Start Time: 10.60 am/pm
Dismantle Date: am/pm Completion Time: am/pm
Please describe, in specific details, the scope of your setup/assembly work: (submit separate document if necessary) Start Set up TIME 9:30 AM MAIN + BRICGES PARAJE Start TIME 10:00 AM
Will this event require use of fireworks? Will this event require street closures Will alcohol be served? Will signage be posted? Will food be served?
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

Fax: (815) 623-1360

Email: permits@villageofroscoe.com

Phone: (815) 623-2829



Special Event Application Form

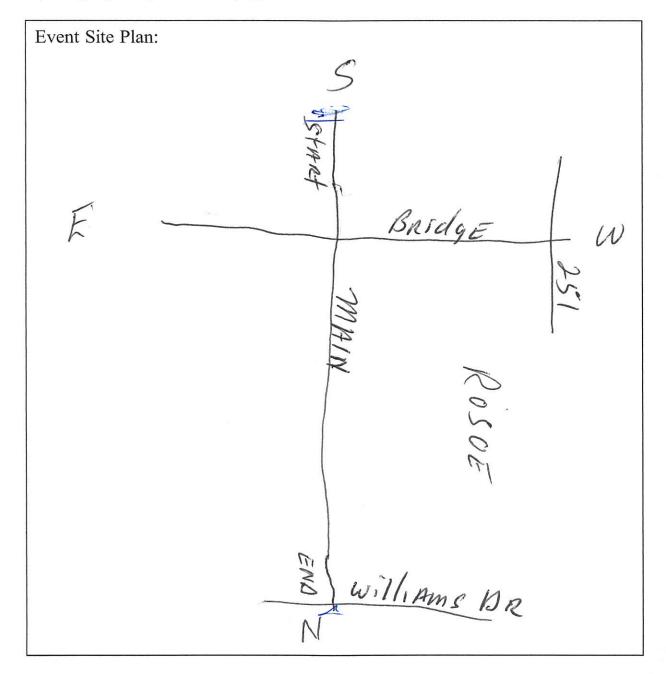
Who is your point of contact for this event? (must be available during entire duration of event) Name: Ruben HERNANDEZ Phone Number: 210 2751490 Additional Comments: UFW POST 2955 Commader Ruben HERNANDEZ Applicant Signature: Date: Return completed application to: Roscoe Village Hall 10631 Main Street Roscoe, Illinois 61073 permits@villageofroscoe.com OFFICIAL USE ONLY Date Filed: Village Administrator: Signature Village Board (if necessary): _____ 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

Phone: (815) 623-2829 * Fax: (815) 623-1360 * Email: permits@villageofroscoe.com



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.





Special Event Hold Harmless Agreement

I, Ruben Herwawele We 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 M=monial Day Parade
to be held $\frac{5/27/24}{}$
Signed this 14 day of Manch , 20 24
Name Name
1329 W. 2 nd St. Rosese, IL 61073 Address
Aulee Affersalles Signature
R.II I
Witness



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/13/2023

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).

certificate notder in lie	u or such endorsem	ient(s).	CONTACT	D. J.M. O. Ohristian D. Daine	alea		
PRODUCER			NAME:	Brad W & Christina D Beine			
Gateway City Insurors LLC d/b/a		PHONE (A/C, No. E	(xt): 314-631-5111	FAX (A/C, No): 314-			
Gateway Insurance		E-MAIL ADDRESS	E-MAIL ADDRESS: brad@gatewaycanhelp.com &/or christina@gatewaycanhelp.com				
9302 Gravois Rd				INSURER(S) AFFORDING		NAIC#	
St Louis	MO 63123		INSURER	A: U.S. Insurance Company	of America		
INSURED			INSURER	B: Markel Insurance Compan	ny		
Roscoe VF	W Post #2955		INSURER	C:			
11385 2nd	St		INSURER	D:			
			INSURER	E:			
Roscoe		IL 61073	INSURER	F:		1	
001/504.050	CEDILE	ICATE NUMBER		REV	ISION NUMBER:		

COVERAGES

CERTIFICATE NUMBER:

REVISION 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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR		ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
LTR	GENERAL LIABILITY	INSKIWYD	TOCIOT NOMES			EACH OCCURRENCE S	1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) S	50,000
1	CLAIMS-MADE X OCCUR					MED EXP (Any one person) S	EXCLUDED
A	CDAIMIS-IMADE [27] OCCOR	x	20IL0000103BOP	08/01/2023	08/01/2024	PERSONAL & ADV INJURY S	1,000,000
``						GENERAL AGGREGATE S	2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG S	1,000,000
1	X POLICY PRO-					see Liquor below s	
 	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) S	1,000,000
1	ANY AUTO					BODILY INJURY (Per person) S	
A	ALL OWNED SCHEDULED		20IL0000103BOP	08/01/2023	08/01/2024	BODILY INJURY (Per accident) S	
l '`	AUTOS AUTOS HIRED AUTOS AUTOS AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	
i	HIRED AUTOS AUTOS					S	
-	UMBRELLA LIAB OCCUR					EACH OCCURRENCE S	
	EXCESS LIAB CLAIMS-MADE		NO COVERAGE			AGGREGATE S	
	DED RETENTIONS	7				s	
	WORKERS COMPENSATION					X WC STATU- OTH-	
l	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N	3 I		08/01/2023	08/01/2024	E.L. EACH ACCIDENT S	
В	OFFICER/MEMBER EXCLUDED?	N/A	MWC0171938	06/01/2023	08/01/2024	E.L. DISEASE - EA EMPLOYEE S	
1	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	500,000
-		1				EACH OCCURRENCE \$	1,000,000
A	Liquor Liability @ 11385 2nd St Roscoe IL 61073	x	20IL0000103BOP	08/01/2023	08/01/2024	AGGREGATE \$	1,000,000
``	Ruscoe IL 010/3						
_	<u> </u>		A CORD 404 A Julian of Borneske Seh	adula if mam annaa	e moutred)		

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

A Fraternal, Veterans, non-profit, philanthropic organization fund raising for the benevolence of Veterans, their families and the Community. The additional insured or certificate holder is listed below. Our office is happy to provide you with certificates of insurance anytime. Thank you! The additional insured is listed for General Liability and Liquor Liability.

CERTIFICATE HOLDER		CANCELLATION
Veterans of Foreign Wa 406 W 34th St	ars of the United States	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Kansas City	MO 64111	Brad W. Beineke Stadu Seweke



Special Event Insurance Certificate

Insurance Requirement Example:

ACORDO C	ERTIF	ICATE OF LIA	BILITY INS	SURANC	E	DATE (MM/DD/YYYY) 8/3/2021	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSTREPRESENTATIVE OF PRODUCER, A	IVELY OF	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEND OR AL	TER THE CO	VERAGE AFFORDED E	TE HOLDER. THIS	
MPORTANT: If the certificate holder f SUBROGATION IS WAIVED, subject this certificate does not confer rights	to the te	rms and conditions of th	ne policy, certain uch endorsement	policies may			
ODUCER pectrum Insurance Agency Inc.			CONTACT NAME: Bonnie A	rrington	Tess		
Spectrum instance Agency Inc. 5301 E State St, Suite 201 Rockford IL 81108			PHONE (A/C, No, Ext): 815-988-5318 (A/C, No, Ext): 815-977-740 E-MAIL ADDRESS: barrington@spectrumagency.com				
ocktora IL 81108					Agency.com RDING COVERAGE	NAIC #	-
			INSURER A : Philade			18025	
DEED Northern Illinois Beautiful Inc.		KEEPNOR-01	INSURER B:				
65 Hydraulic Road ockford IL 61109			INSURER C:				
ockloid if 81108			INSURER D: INSURER E:				
			INSURER F :				
OVERAGES CERTIFY THAT THE POLICIES		NUMBER: 1537788079	VE DEEN JOSLIES	O THE INCLUS	REVISION NUMBER:	HE BOLICY BEDION	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN, POLICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRAC ED BY THE POLIC BEEN REDUCED B	T OR OTHER IES DESCRIBE Y PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO WHICH THIS	
TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EXP	LIMIT	s	
X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	*	EV5351	8/7/2021	8/8/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000	
					MED EXP (Any one person)	\$	_
GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000	-
X POLICY PRO-			4 0		PRODUCTS - COMP/OP AGG	\$3,000,000	
OTHER:					COMBINED SINGLE LIMIT	s	
AUTOMOBILE LIABILITY ANY AUTO		Xam			(Es accident) BOOILY INJURY (Per person)	s	-
OWNED SCHEDULED AUTOS NON-OWNED					BODILY INJURY (Per accident)	s	
HIRED NON-OWNED AUTOS ONLY		167			PROPERTY DAMAGE (Per accident)	s	
		700				\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					AGGREGATE	s	-
DED RETENTION\$					AGGREGATE	s	-
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	s	
(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$	-
DESCRIPTION OF OPERATIONS DEIGN					E.L. DISEASE - POLICY CIRCI	-	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICA Aud Volleyball - August 7, 2021 The Village of Roscoe, its elected & appoint on-contributory basis.						n a primary	
					Include ever	nt name, d	ate and the
ERTIFICATE HOLDER			CANCELLATIO		following lai	nguage: Th	ne Village of
CENTIFICATE HULDEN		SHOULD ANY OF THE ABOVE THE EXPIRATION DATE TO ACCORDANCE WITH THE POLAUTHORIZED REPRESENTATIVE BOLLIE GROUND AUTHORIZED REPRESENTATIVE BOLLIE GROUND AUTHORIZED REPRESENTATIVE		Roscoe, its e			
Village of Roscoe 10631 Main Street				officials, offi	cers, emp	loyees, agents	
				and represe		Probability of the second seco	
Roscoe IL 61073						a primary non-	
CORD 25 (2016/03)	The A	CORD name and logo a		1988-2015 A	contributory	/ basis.	