



Special Event Application Form

[X] Assembly [] Block Party

Name of the Event and Sponsoring Organization: North Pointe Prairie Triathlon + FIT n FUN FAIR

Nature of Event: TRIATHLON RACE

North Pointe Health + Wellness

Location of Event: 5605 E. Rockton Rd Projected Attendance: 250

Address of Organizer: 5605 E. Rockton Rd Phone Number: 815-525-4040

Event Date(s): JUNE 8, 2024

Event Hours: 7:00 am until 12:00 am/pm

Setup/Assembly Date: 6:00 am Start Time: 8:00 RACE START pm

Dismantle Date: 6/8/24 12:00 am/pm Completion Time: 1:00 am/pm

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

Setting up Bike Carrels, Tables + Tents for FIT n FUN FAIR, Fire Trucks, Race signage

- 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? [X] 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 Application Form

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

Name: Gus Larson Phone Number: cell 608-290-1065

Email: glarson@northpointehealth.org

Additional Comments: Will be using contracted licensed food trucks.

Applicant Signature: [Signature]

Date: 6/8/24

Return completed application to: Roscoe Police Department, 10595 Main Street, Roscoe, Illinois 61073, jevans7892@villageofroscoe.com

OFFICIAL USE ONLY. Date Filed: Police Department: Signature Date Village Board: Signature Date Application Fee Paid: \$50 Special Event Assembly \$25 Special Event Block Party Receipt Cc: Public Works, Zoning, HRFPD, WCBD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/07/2023

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 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 Wisconsin Medical Society Insurance Services, Inc. PO Box 1109 Madison WI 53701		CONTACT NAME: Keith Kruse PHONE (A/C, No., Ext): (608) 442-3810 E-MAIL ADDRESS: kkruse@tricorinsurance.com FAX (A/C, No.): (608) 442-3811	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Proassurance Specialty Insurance Co	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: HP2726 - IL HPL/GL

REVISION NUMBER:

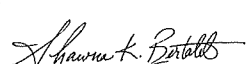
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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			HP2726	01/01/2023	01/01/2024	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 3,000,000	
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$	
	<input type="checkbox"/> ANY AUTO							\$	
	<input type="checkbox"/> OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	EXCESS LIAB						AGGREGATE	\$	
	DED						RETENTION \$	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

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

NorthPointe Triathlon June 10, 2023. The Village of Roscoe, its elected & appointed officials, officers, employees, agents and representatives are listed as additional insureds on a primary non-contributory basis.

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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**Special Event
Hold Harmless Agreement**

I, NORTHPOINTE/Belo.T HEALTH SYSTEM 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 PRAIRIE TRINTELON

to be held 5605 E. ROCKTON RD ROSCOE, IL 61073

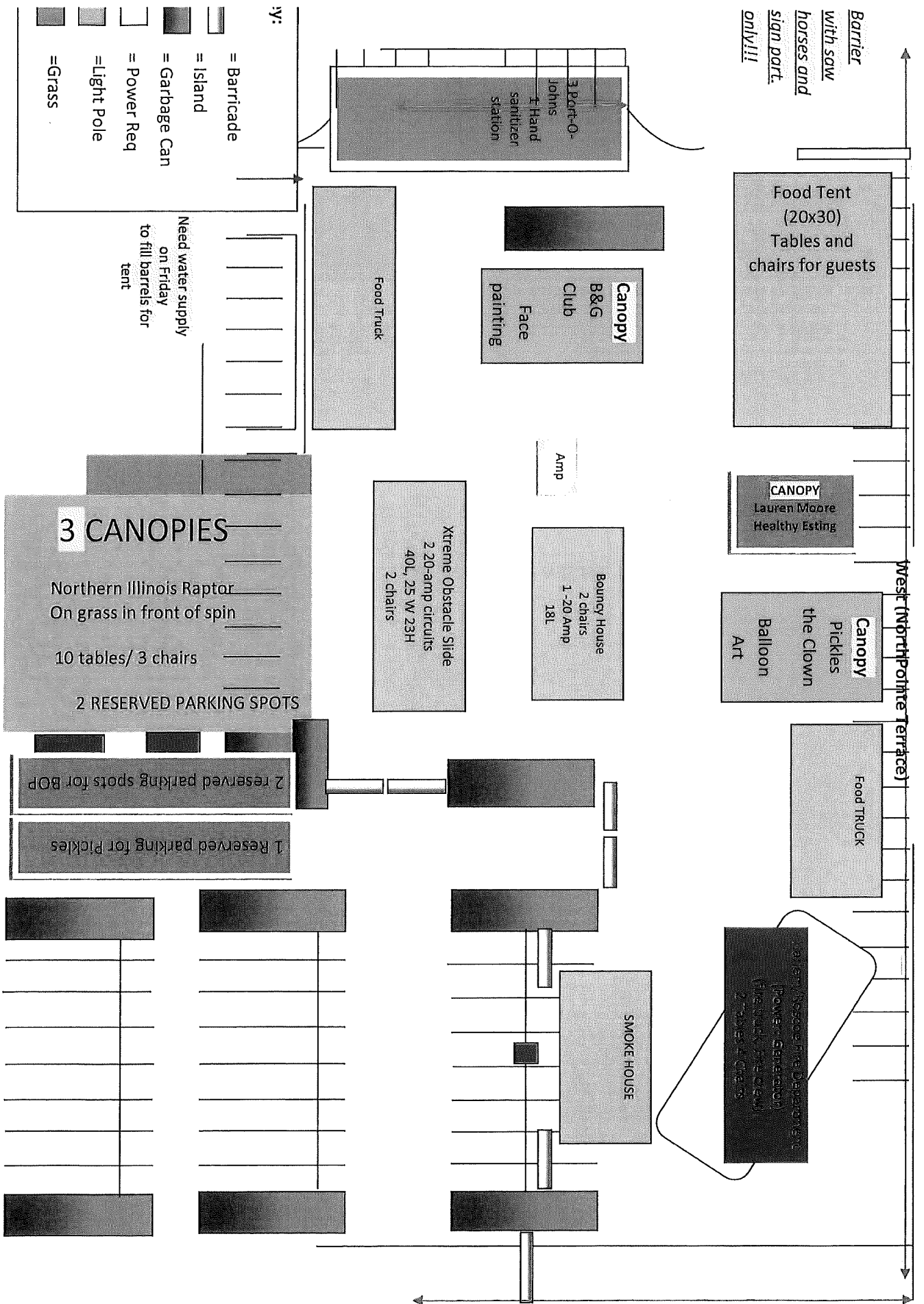
Signed this 25 day of MARCH, 2024

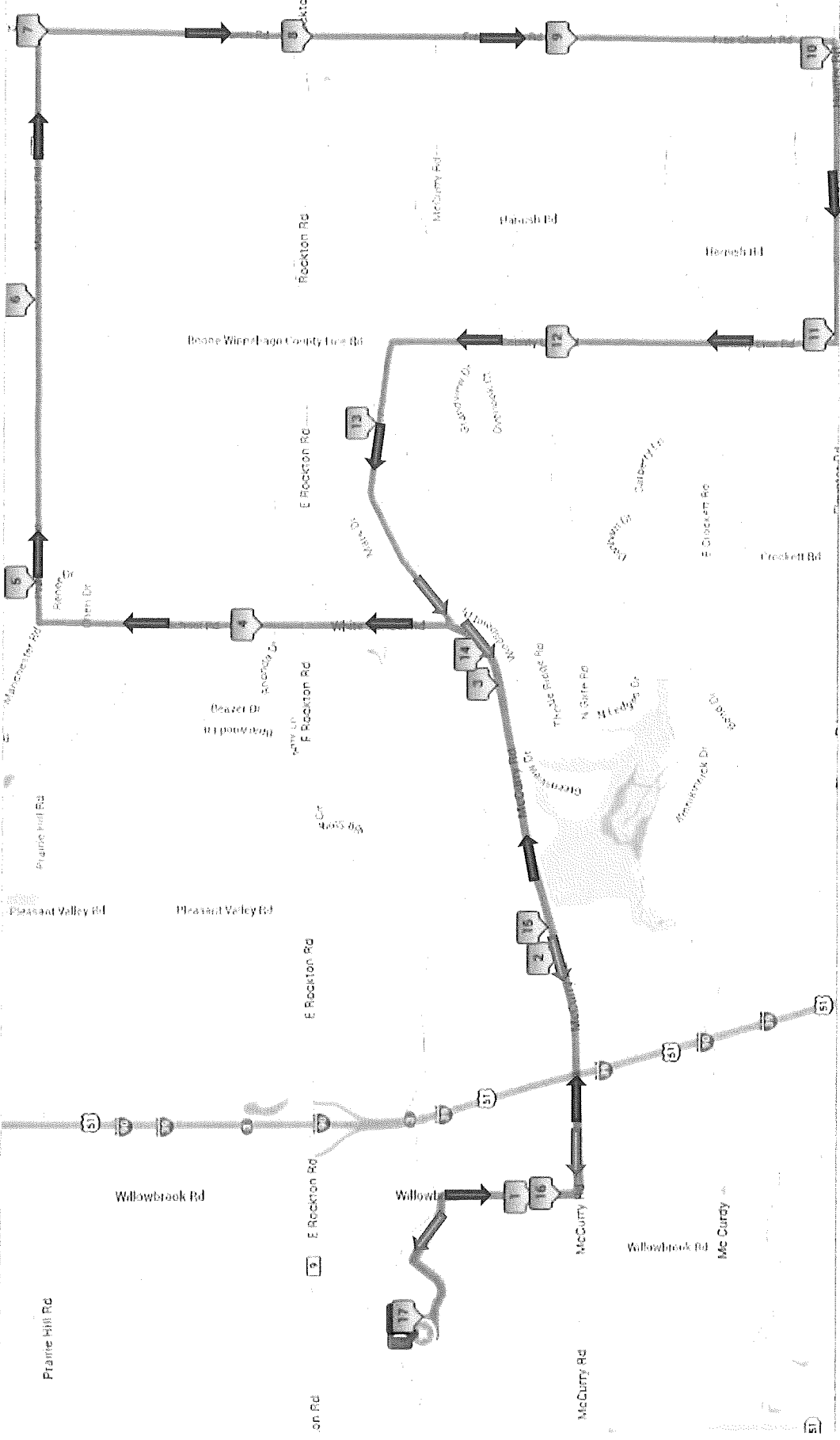
GUS LARSON CAMPUS DIRECTOR
Name

5605 E. ROCKTON RD ROSCOE, IL 61073
Address

[Signature]
Signature

[Signature]
Witness





2024 Prairie Triathlon Bike Route