

## **Ark Valley Pride Picnic Emergency Plan**

Partnership for Community Action  
Ark Valley Pride  
129 West Sackett Unit A  
Salida, Colorado 81201  
(719) 221-9893

May 1, 2021

To Whom It May Concern:

Our Emergency Plan is defined in the following pages. We have decided to continue our efforts (canceling last year's in-person events) and host a small registration-based event in Riverside Park, capping at 250 individuals with masks mandatory. We will also live-stream the event.

We will include three hand sanitizing stations around the perimeter and will have volunteers lead people to their reserved seating and check them in with masks. We will observe the 3' rule, however, we have asked persons to book their reservations in their pods.

Volunteers attend two training sessions to go over logistics, security, and emergency plans before the event; one in our office and the other in the park itself. A refresher will be done with all volunteers on the morning of the event.

Sincerely,

Jimmy Sellars  
Director of Policy and Programming  
Partnership for Community Action

### **Emergency Contacts**

**Mark Monroe (719) 221-9893 | Jimmy Sellars (719) 239-0284**

## **Ark Valley Pride Picnic** **Emergency Information**

All personnel should stay attentive to hazards, guests who may need assistance, and unsafe actions. Report anything unusual or suspicious to proper personnel. If someone appears suspicious, try to take note of clothes, body descriptions, and any identifying marks. Remember that Riverside Park is a Pet Free Park!

**BE SURE TO NOTIFY OTHERS IF YOU ARE ALERTED TO AN EMERGENCY**

**IN CASE OF AN EMERGENCY, CONTACT**  
**SALIDA POLICE DEPARTMENT (SPD) AT (719) 539-6880 or 911**

### **General Emergencies:**

**If ever in doubt call 911 and notify your supervisor**

- **Medical Emergency** - Notify Salida Police Department (SPD) and your supervisor. A first aid station will be next to the stage and clearly marked.
- **Missing Person** - Notify SPD and your supervisor.
- **Suspicious Package** - Do not touch! - Turn off your phone immediately and move people from the area. Ask others to turn off any digital devices. Verbally contact your supervisor - DO NOT USE WORDS WHICH COULD CAUSE PANIC (i.e., "A BOMB") - keep people away and follow SPD instructions once they have been contacted.
- **Suspicious Person/Violent Act** - DO NOT physically confront the person and do not block the person's access to exit - Call SPD and provide as much information as possible - Alert others to danger and if possible notify your supervisor - Follow SPD instructions - If told to seek safe shelter, get inside immediately and lock doors (shelters listed below).
- **Severe Weather** - pay attention to weather conditions - if instructed, direct visitors to indoor shelter locations (see below) - stay away from windows and doors - report any injuries or damage.
- **Emergency Evacuation** - know your exit locations - direct and assist visitors to exit in a calm and orderly fashion - visitors should use the nearest exit - alert supervisor to people who may need assistance.

### **Emergency Contacts**

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## **Ark Valley Pride Picnic Emergency Plan**

- **If Told to Take Shelter** - Take shelter immediately - Shut and lock any doors and windows and stay away from them - Stay inside until informed it is safe to go outside - Follow instructions of emergency personnel.

A minimum of 10 volunteers will focus primarily on the pet-free ordinance, open containers/alcohol, managing trash removal and cleanup, and offering minor security. One of the activity tents serves as headquarters for volunteers and supervisors during the event.

### **Emergency Contacts**

**Mark Monroe (719) 221-9893 | Jimmy Sellars (719) 239-0284**



# Salida Park Rental & Special Event Form

This application must be filled out in its entirety and is a request only. Applications can be accepted or rejected.

Contact Name \*

Jimmy Sellars

Applicant/Entity Email \*

jimmy@gopfca.com

Phone Number \*

7192219893

What type of Event are you requesting? \*

- ☒ Public Event: Free and open to the public eg. concerts/festivals (60-90 days notice)
- ☐ Admission Based Event: A paid ticket or reservation is required for entry (60-90 days notice)
- ☐ Races: A paid race event that can include walking, running, biking etc (60 days notice)
- ☐ Special Occasion: A private event by invitation only eg. celebration/birthday party (14 day notice)
- ☐ Tournament (30 days notice)
- ☐ Assembly/First Amendment Activity (Recommended 5 business day notice)

## Event/Activity Name \*

Ark Valley Pride

Provide a short description of your activity. Include any website or social media handles associated with the event. \*

Ark Valley Pride's mission is to create a community-driven, alternative Pride experience for LGBTQIA+ families and allies throughout the Upper Arkansas River Valley, while generating support and resources for the community.

## Desired Location of Event/Activity \*

- ☒ Riverside Park
- ☐ Alpine Park
- ☐ Centennial Park
- ☐ Chisholm Park
- ☐ Chisholm Park Clubhouse
- ☐ Thonoff Park
- ☐ F street (For parades, walks/runs/bike races)
- ☐ Skatepark
- ☐ Marvin Park (For Baseball, Softball or Kickball tournaments)
- ☐ Centennial Courts (For Tennis or Pickleball Tournaments)
- ☐ Other:

Estimated number of attendees? \*

250

Start date desired \*

MM DD YYYY

06 / 05 / 2021

Start Time Desired (please include load in time) \*

Time

08 : 00 AM ▼

End date desired \*

MM DD YYYY

06 / 05 / 2021

End Time Desired (please include load out time) \*

Time

05 : 00 PM ▼

Will ANY of these features apply to your event? \*

- ☒ More than 50 attendees?
- ☐ Sell food or merchandise?
- ☐ Sell or dispense alcohol? (only allowed for non profit org)
- ☐ Use amplified sound?
- ☐ Need to close a street or right of way?
- ☐ Require law enforcement, security or fire professionals?
- ☐ None of the above

This form was created inside of City of Salida.

Google Forms



## Addendum A

1. Do you plan on using any portion of the Salida Trail System (STS)? Yes \_\_\_\_ No **X**

If yes, describe when, how and where:

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2. How many people do you plan to have at your event: 250

3. Will any food or merchandise be sold? Yes \_\_\_\_ No **X**

If yes, FOOD AND SALES TAX LICENSES MUST BE OBTAINED. Contact the Colorado Department of Revenue for sales tax licenses at (303) 232-2416, and the Chaffee County Public Health Department for food licenses at (719) 539-2124. Vendors must have a fire extinguisher on site. Vendor booths are subject to inspection by the Salida Police and Fire Departments.

4. Will alcoholic beverages be sold and/or dispensed at your event?

Yes \_\_\_\_ No **X**

If yes, please fill out the Application for Special Events Liquor License and submit it along with the necessary fees. A State of Colorado Special Event Liquor License permit is ONLY issued to incorporated non- profit organizations. EVENTS REQUIRING ALCOHOL LICENSES MUST SUBMIT THEIR APPLICATION AT LEAST 90 DAYS IN ADVANCE OF THE EVENT.

5. Will there be amplified sound at your event? Yes **X** No \_\_\_\_

6. Are street closures proposed for your event? Yes \_\_\_\_ No **X**

If yes, where and when? \_\_\_\_\_

7. Will you require any law enforcement services specific for your event? Yes \_\_\_\_ No **X**

If yes, for what purpose (security, traffic, parking or public control, Salida Trail System crossings, etc.?)

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Dates and times officers needed? \_\_\_\_\_

Please attach the event's Security Plan.

The City of Salida requires reimbursement for the cost of providing police and safety measures above the standard for the time and date of any event.

8. Where do you plan for people to park for your event?

People attending are local - many ride their bikes/walk.

9. Please explain your **Emergency Action Plan**, including **First Aid Stations**, Communication and public safety agencies. Please attach additional documents to this application with the details.

attached

10. Will you need event insurance? Yes X No

Events to which the PUBLIC is invited require insurance. Please refer to #11 under Provisions for Park Rentals and Park Rules. Proof of insurance will be required with this application and must list the City as an additional insured party.

11. Please provide a **timeline** for your event

June 5 - 8 am setup, 10 a.m. attendees arrive in  
park, 12:30 event ends, 1:00 we clean and leave.

12. Please list any other needs or requirements that have not been covered.

13. Signature



**AMPLIFIED SOUND PERMIT**

**Please fill out form completely, sign and date prior to submission.**

Pursuant to Article IX Section 10-9-80 S.M.C., Partnership for Community Action (Permittee) has been granted this permit to exceed the maximum sound levels established in Article IX Section 10-9-80, S.M.C., in accordance with the following terms and conditions:

Permittee: Partnership for Community Action

Address: 129 West Sackett Avenue, Salida 81201

Telephone: 7192219893

Individual supervising sound (if different from Permittee): NA

Activity/event: Public speaker and music

Type of sound amplification equipment authorized (if any): Portable Speaker System

Location: Riverside Park

Date(s): June 5th

Hours of operation: 8 a.m. 8 p.m.

Additional terms/conditions (attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expiration: \_\_\_\_\_

***This permit will not be issued beyond 10:00 p.m.***

**The Permittee shall ensure that the sound/activity authorized by this permit shall be conducted in compliance with all applicable City ordinances and regulations, and a failure by the Permittee to do so, or to comply with all terms and conditions set forth hereinabove, may result in the summary revocation of this permit.**

Accepted and agreed to by the Permittee: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by the City Administrator on the 5th day of November

City of Salida:  (City Administrator)

Copies to: Police \_\_\_ Public Works \_\_\_ Fire \_\_\_ City Clerk \_\_\_ City Zoning \_\_\_

January, 2009 Amplified Sound Permit

**Addendum A**  
**For Applications B and C**

1. Do you plan on using any portion of the **Salida Trail System (STS)**? Yes \_\_\_\_\_ No X  
If yes, describe when, how and where: \_\_\_\_\_  
\_\_\_\_\_
2. Will any **food or merchandise** be sold? Yes \_\_\_\_\_ No X  
If yes, **FOOD AND SALES TAX LICENSES MUST BE OBTAINED.** Contact the Colorado Department of Revenue for sales tax licenses at (303) 232-2416, and the Chaffee County Public Health Department for food licenses at (719) 539-2124.  
**Vendors must have a fire extinguisher on site. Vendor booths are subject to inspection by the Salida Police and Fire Departments.**
3. Will **alcoholic beverages** be sold and/or dispensed at your event? Yes \_\_\_\_\_ No X  
If yes, please fill out the **Application for Special Events Permit** and submit it along with the necessary fees. **A State of Colorado Special Event Liquor License permit is ONLY issued to incorporated non-profit organizations. EVENTS REQUIRING ALCOHOL LICENSES MUST SUBMIT THEIR APPLICATION AT LEAST 90 DAYS IN ADVANCE OF THE EVENT.**
4. Are **street closures** proposed for your event? Yes \_\_\_\_\_ No X  
If yes, where and when? \_\_\_\_\_  
If yes, it is **your responsibility to circulate and submit a petition signed by abutting residents/merchants as to their support or non-support of the closure.**
5. Will you require any **law enforcement services** specific for your event? Yes \_\_\_\_\_ No X  
If yes, for what purpose (security, traffic, parking or public control, Salida Trail System crossings, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
Dates and times officers needed? \_\_\_\_\_
6. Where do you plan for people to **park** for your event? FREE LOTS around TOWN
7. For large events, please explain your **Emergency Action Plan, including First Aid Stations, Communication and public safety agencies. Attach an additional sheet if needed.**  
\_\_\_\_\_  
\_\_\_\_\_
8. Will you need **event insurance**? Yes X No \_\_\_\_\_  
Events to which the PUBLIC is invited require insurance. **Please refer to #11 under Provisions for Park Rentals and Park Rules. Proof of insurance will be required with this application and must list the City as an additional insured party.**
9. Please list any other needs or requirements that have not been covered. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Specialty Insurance Products

Sellars , Jimmy  
129 West Sackett Avenue, l  
Salida , CO 81201

Insurance Policy Number: NAEP094892

**Tel.** (800) 364-2433

**Email** support@rvnuccio.com

**Online** rvnuccio.com

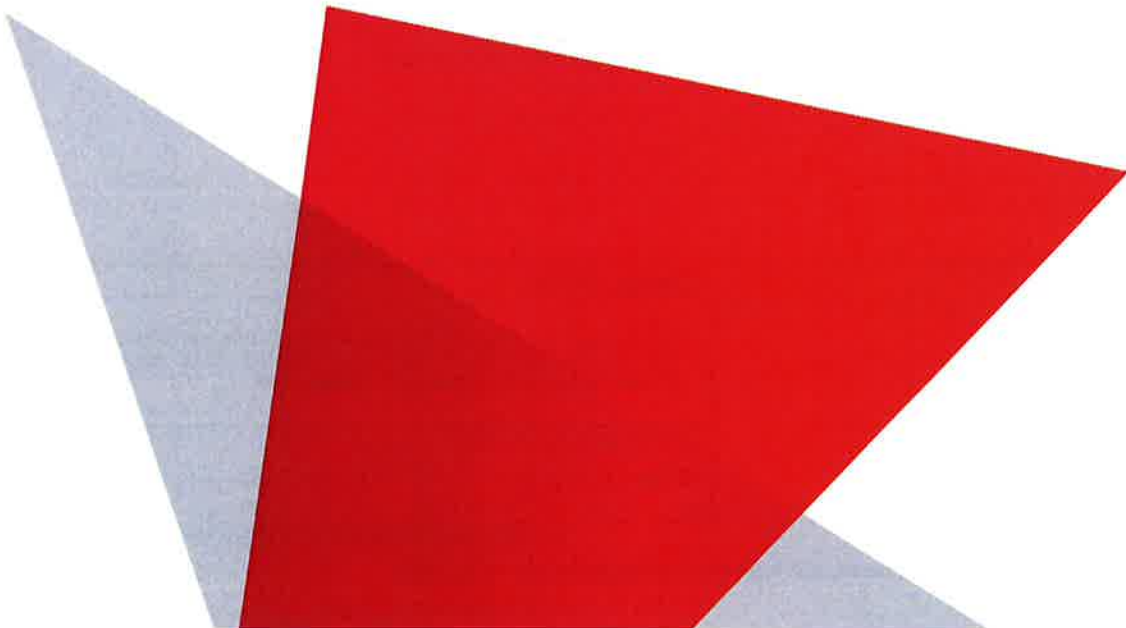
**Office** 10148 Riverside Drive  
Toluca Lake, CA 91602

## Your Insurance Policy

### What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates Insurance Brokers, Inc. — We look forward to helping with your specialty insurance needs.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/04/2021

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).

<b>PRODUCER</b> R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	<b>CONTACT NAME:</b> Robert V. Nuccio	<b>FAX (A/C, No):</b> (818) 980-1595	
	<b>PHONE (A/C, No, Ext):</b> (800) 364-2433	<b>E-MAIL ADDRESS:</b> support@rvnuccio.com	
<b>INSURED</b> Jimmy Sellars	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> The American Insurance Company		21857
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Host Liquor Liability</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		XXC80514929 NAEP094892	6/5/2021	06/06/2021	EACH OCCURRENCE \$ 500, DAMAGE TO RENTED PREMISES \$ 50, MEDICAL EXPENSE \$ PERSONAL & ADV INJURY \$ 500, GENERAL AGGREGATE \$ 1,000, PRODUCTS - COMP/OP AGG \$ 500, \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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)

Additional Insured: City of Salida

## CERTIFICATE HOLDER

City of Salida  
F Street and Sackett Avenue  
Salida, CO 81201

## 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

Robert V. Nuccio

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Certificate Number: NAEP094892

Policy Number: XXC80514929

Effective Dates: 6/5/2021 12:01am to 06/06/2021 12:01am

**Additional Insured - Person, Organization or other Entity -  
600002STEP 09 12**

Policy Amendment(s) Commercial General Liability

**This endorsement modifies insurance provided under the following:**

**Commercial General Liability Coverage Part**

**Schedule**

**Name of Additional Insured Person(s) or Organization(s) or other Entity(ies)**

City of Salida

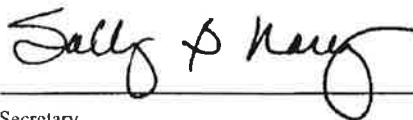
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that **bodily injury, property damage or personal and advertising injury** is caused by the sole negligence of the Memorandum of Insurance holder.

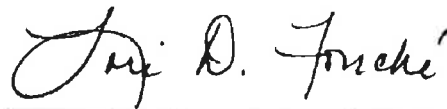
Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

This Form must be attached to Change Endorsement when issued after the policy is written.  
One of the Fireman's Fund Insurance Companies as named in the policy



Secretary



President



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DATE (MM/DD/YYYY)  
05/04/2021

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	<b>PHONE (A/C, No, Ext):</b> (800) 364-2433	<b>E-MAIL ADDRESS:</b> support@rvnuccio.com	
<b>INSURED</b> Jimmy Sellars	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> The American Insurance Company		21857
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	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<b>AUTOMOBILE LIABILITY</b> <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	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 Robert V. Nuccio

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## SPECIAL EVENT INSURANCE QUOTE (CONT'D.)

### Notes:

- Coverage for weekend events must be purchased by 4:00 PM Friday.
- Prices subject to change without notice.
- It is the insureds responsibility to read the policy. It is available online at [specialeventinsurance.com](http://specialeventinsurance.com)
- Payment Method: Credit Cards only.
- R.V. Nuccio & Associates Insurance Brokers, Inc. is the exclusive broker for AEPV, Inc.
- Property Damage Deductible is \$2,500.00.
- AD&D/AME Deductible is \$25.00.



### Need Assistance?

If you have any questions or wish to speak to a customer service representative, please contact our office Monday - Friday, 5:30 AM to 5:00 PM PST at 1-800-364-2433 or email [support@rvnuccio.com](mailto:support@rvnuccio.com).

**THE FOLLOWING EXCLUSIONS ARE CONTAINED IN THE COMMERCIAL GENERAL LIABILITY COVERAGE PROVIDED BY THIS PROGRAM:** This list is not all inclusive. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Amusement devices (the ownership, operation, maintenance, or use of: any mechanical or non-mechanical ride, slide, or water slide, any bungee operation or equipment.); Animal games/rides; Rodeos; Cannabis, CBD, Vaping and related products; Employment-related practices; Fireworks; Fungi or bacteria; lead; Nuclear energy liability; Injury to Performers; Throwing objects into a crowd; Motorized vehicles/motorcycles/watercraft/powerboats practicing for, qualifying for, or testing for any racing speed, demolition, or stunting activity; Event type misrepresentation including but not limited to: Concerts (rap, hip hop, heavy metal, electronic, hard rock), Raves, Rave-like parties, Electronic music events.



## SPECIAL EVENT INSURANCE QUOTE

**Date:** 05/04/2021

**Client ID #:** 1697451

### Applicant & Event Information

Applicant Name: Jimmy Sellars

Event Type: Award Presentation

Proposed Coverage Date: 6/5/2021

Selected Coverage	Limit	Cost
1. COMMERCIAL GENERAL LIABILITY ( <i>Host Liquor Liability Included</i> )	\$ 500,000/\$1,000,000	\$0.00
<i>Underwritten by The American Insurance Company, a company of Allianz®</i>		
a. Care/Custody/Control Liability	Not Covered	\$0.00
b. Damage to Premises Limit	\$50,000	\$0.00
c. Medical Payments	Not Covered	\$0.00
d. Collapse of Temporary Structure	Not Covered	\$0.00
e. Contractual Liability	Not Covered	\$0.00
f. Hired and Non-Owned Auto Liability	Not Covered	\$0.00
g. Liquor Liability	Not Covered	\$0.00
h. Waiver of Subrogation	Not Covered	\$0.00
i. Terrorism	Covered	\$0.00
State Surcharge/State Guarantee Fund		\$0.00
CGL RVNA, Inc. Unlimited Additional Insured(s) Charge		\$0.00
CGL RVNA, Inc. Primary Endorsement Charge		\$0.00
CGL RVNA, Inc. Corporate Charge		\$0.00
CGL RVNA, Inc. Association Membership Fee		\$0.00
Subtotal Commercial General Liability (CGL)		\$0.00
2. ACCIDENT MEDICAL EXPENSE	Not Covered	\$0.00
<i>Accident Medical underwritten by Nationwide Life Insurance Company</i>		
a. Accidental Death	Not Covered	
b. Accidental Dismemberment	Not Covered	
State Guarantee Fund		\$0.00
AD&D/AME RVNA, Inc. Corporate Charge		\$0.00
AD&D/AME NASEP, Inc. Association Membership Fee		\$0.00
Subtotal Accident Medical Expense (AD&D/AME)		\$0.00
<b>TOTAL</b>		<b>\$0.00</b>

### How Do I Buy & Print this Policy Online in 3 Minutes?

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**PLEASE REVIEW THE SECOND PAGE FOR SPECIAL NOTES AND NOTABLE EXCLUSIONS**



**GENERAL CHANGE ENDORSEMENT**

Continued from Previous Page

**Changes to Policy (Endorsements)**

Number of Certificate Holders/Additional Insureds	2
Additional Insured Name	City of Salida
Additional Insured Street	F Street and Sackett Avenue
Additional Insured City	Salida
Additional Insured State	CO
Additional Insured Zip	81201
Additional Insured Email	
Additional Insured Phone	
Additional Insured Wording	City of Salida
Admin Options:100%	
Applicable AI Form	
Additional Insured Endorsement Wording	

**Commercial General Liability Insurance Master Policy**  
**GENERAL CHANGE ENDORSEMENT**

Master Policy Number: XXC80514929

Memorandum Number: NAEP094892

Endorsement Date:

Endorsement Sequential Number: 1

Issuing Company:

**The American Insurance Company**

1465 N. McDowell Blvd, Petaluma, CA 94954

Nationwide Claims: 1-888-347-3428

National Program Administrator:

**R.V. Nuccio & Associates Insurance Brokers, Inc.**

10148 Riverside Drive, Toluca Lake, CA 91602

Nationwide: 1-800-364-2433

1. MEMORANDUM HOLDER NAME AND ADDRESS (Memorandum holder means Named Insured)

A. Memorandum Holder: Jimmy Sellars

B. Street Address:

C. City: Salida

D. State: CO

E. Zip Code: 81201

02. COVERAGE PERIOD

Inception Date: 6/5/2021 12:01 AM to Expiration Date 06/06/2021 12:01 AM Standard Time at Named Insured's address stated above

03. EVENT TYPE AND LOCATION

Event Type: Award Presentation

Event Facility Name: Riverside Park

Event Facility Address: F Street and Sackett Avenue

04. TYPE OF ENDORSEMENT

☐ Addition

☐ Deletion

☒ Change

05. TOTAL AMOUNT DUE OR PAYABLE

\$ \$0.00

☐ Additional Amount Due

☐ Return Amount Due

**New/Changed Coverages and Premiums**

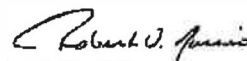
Total Premium

\$0.00

Detailed Policy changes are listed on the following page.

Date Issued: 05/04/2021

By



Authorized Representative