

The Angel of Shavano Car Show has been held for over 25 years. This is the only fundraiser for Chaffee County Search and Rescue South. Usually about 100-110 cars are entered. We use Riverside Park, including the Band Shell and have never damaged the park. The event is attended by car owners from all over Colorado and draws hundreds of spectators.

John Elko
719 5393867
Search & Rescue

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

Car show with prizes--fundraiser for Chaffee County Search and Rescue South. The Search and Rescue website has details. The date is August 7, 2021. The times are 6am to 4pm.

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? *

200

Start date desired *

MM DD YYYY

08 / 07 / 2021

Start Time Desired (please include load in time) *

Time

06 : 00 AM ▼

End date desired *

MM DD YYYY

08 / 07 / 2021

End Time Desired (please include load out time) *

Time

04 : 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?
- ☒ Require municipal water or electricity hook ups?
- ☒ Require City fencing, road barricades, cones or sprinkler marking?

This form was created inside of City of Salida.

Google Forms

Chaffee County S & R South
(Angel of Shav. Car Show)

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? Sacchetti street
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 X No _____
If yes, for what purpose (security, traffic, parking or public control, Salida Trail System crossings, etc.)?
Help with moving parked cars it needed on closed streets
Dates and times officers needed? 8-7-21 6Am to 4PM
6. Where do you plan for people to park for your event? Street Parking
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.
All Sacchetti Rescue members are first aid trained. We also will carry radios to be able to call EMS or law enforcement 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.
~~Street closures from F street to G street to ca house~~
~~Sacchetti street from G street to E street~~
~~all day from G to F and E to F~~

50 CARS IN PARK



	Electric Outlets
	Potable Water
	Bathrooms
	Double Bench
	Riverside Trees
	Stage
	Scout Hut
	Playground
	Sidewalks

Riverside Park Facilities



NOTES 1. SACKETT PARKING SPOTS APPX 9' WIDE

2. NEED CONES TO LINE SACKETT
3. NEED 3 SLOW SPEED OR 'SLOW EVENT'
4. MAX 16 LOST ON F STREET (PARKING)
- MAX 10 LOST ON SACKETT (PARKING)

2/

47 CAR SPOTS on SACKETT

RIVER



21 cars

26 cars

PLAYGROUND
ZONE

SCOUT
HUT

ARE LOC
EYE
NO
PARKING

RAMP

← 11 CARS →

← 6 CARS →

← 4 CARS → STREET
walk-way

← 16 CARS →

← 10 CARS →

LATE/LAST
CAR'S PARKING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2021

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).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 6300 South Syracuse Way, Suite 700 Centennial CO 80111	CONTACT NAME: Tara Tinney	FAX (A/C, No): 720-200-5118	
	PHONE (A/C, No, Ext): 303 889 2590	E-MAIL ADDRESS: Tara_Tinney@ajg.com	
INSURED Chaffee County PO Box 699 Salida, CO 81201	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Colorado Counties Casualty & Property Pool		
	INSURER B: County Worker's Compensation Pool		
	INSURER C: Pennsylvania Manufacturers Assoc Ins Co		12262
	INSURER D: Various (See Attached)		
	INSURER E: Arch Insurance Company		11150
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 300586809**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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Member			PER PARTICIPATION CERT	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 250,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 250,000 GENERAL AGGREGATE \$ 250,000 PRODUCTS - COMP/OP AGG \$ 250,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Claims Made			PER PARTICIPATION CERT	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 250,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 250,000			8221000951483	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
E	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			WCX005783206	12/31/2020	12/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B A D	County Workers' Comp Pool Prop, Mob Eq, Auto PD, XS Excess Property			PER PARTICIPATION CERT PER PARTICIPATION CERT See Attached	12/31/2020 1/1/2021 1/1/2021	12/31/2021 1/1/2022 1/1/2022	\$875,000 DEDUCTIBLE \$500 Layered \$ 150,000 See attachment

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

Workers' Compensation SIR: \$875,000

Carrier B: CWCP is a qualified Self Insured Pool and is reinsured by Carrier E

Evidence of coverage.

CERTIFICATE HOLDER**CANCELLATION**

Chaffee County Search & Rescue and the City of Salida,
CO
P O Box 313
Poncha Springs CO 81242
USA

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

COLORADO COUNTIES CASUALTY AND PROPERTY POOL
1/1/2021 TO 1/1/2022 PROPERTY - LAYERED PROGRAM - POLICY NUMBERS, PARTICIPATION

Layer	Carrier	Policy Number	Participation	% Participation
Primary \$10,000,000 including Flood/Quake	UW's at Lloyds (various) Lead	PW0330021, PW0330121	\$4,500,000	55%
2% Hail Ded/Per Building	Starr Specialty Lines Ins. Co.	SLSTPTY11390921	\$2,000,000	15%
Auto Physical Damage Over the Road Sublimit \$1M	Westchester Surplus	D38095432004	\$2,000,000	20%
	Allied World	031216751A	\$1,500,000	10%
Total Primary Layer			\$10,000,000	100%
\$15,000,000 Excess of \$10,000,000 Incl Flood/Quake	Starr Specialty Lines Ins. Co.	SLSTPTY11390921	\$3,000,000	13%
	Evanston (Markel)	MKLV2XPR000023	\$4,500,000	32%
	UW's at Lloyds (various)	PW0330021	\$4,500,000	35%
	Westchester Surplus Lines	D38095432004	\$3,000,000	20%
Total Excess Layer \$15M xs \$10M			\$15,000,000	100%
\$25,000,000 Excess of \$25,000,000 Incl Flood/Quake	Fidelis	NOGW47603021	\$12,500,000	50%
	Aspen Specialty Ins. Co.	PX00K6221	\$3,750,000	15%
	RSUI Indemnity Co.	NHD915886	\$2,500,000	10%
	Lexington Ins. Co.	0006893563	\$5,000,000	20%
	Rokstone/Mitsui	NOGW47604021	\$6,250,000	5%
Total Excess Layer \$25M xs \$25M			\$25,000,000	100%
\$50,000,000 Excess of \$50,000,000	Homeland Ins. Co. of New York	795014043	\$25,000,000	50%
	RSUI Indemnity Co.	NHD915887	\$25,000,000	50%
Total Excess Layer \$50M xs \$50M				100%
Excess Automobile Physical Damage - over the Road	Endurance	IMU10012212603	\$4,000,000	100%
\$4,000,000 excess \$1,000,000				

Salida Special Event Emergency Action Plan

I, the undersigned, agree to comply with the following Emergency Action Plan to the best of my ability. The first person on this list will be the designated Emergency Manager and will take responsibility for public addresses and instruction to the event participants.

Emergency Manager (1 lead, 2 alternates)	Contact info 1	Contact info 2	Signature
1. John Ellis	563 299 4003		
2. Brad Craig	719 207 0287		
3. Jinan Martini	917 648 0483		
4.			

Please complete the following template according to your Events plan and location.
The following procedures should be followed in the event of an emergency.

Communications

- The manager or designee will communicate the designated evacuation space to participants at the beginning of the event.
- The Emergency Manger will communicate to the event participants in an emergency with a
 - ☒ Bull Horn
 - ☒ PA system
 - ☐ Emergency level voice

Fire

- Call 911
- Assist injured or disabled personnel.
- Evacuate the building. Activate emergency shutoffs if available.
- Attempt to use a fire extinguisher only if you have been trained.
- Evacuate participant to

Medical Emergency

- Identify the medical emergency.
- If life threatening, call 911.
- Administer first aid if properly trained.
- Evacuate the injured person to

HRRMC Emergency Department via EMS

Violent incident

- Call 911.
- Attempt to avoid the situation – move participants away
- Try to deny contact-evacuate to Scout hut
lock/block doors, turn off lights, silence phones.
- If necessary defend - distract, attack, subdue.

Severe Weather/Natural incident

- Move participants away from threat if possible.
- Evacuate to Scout Hut and Band shell
- Call 911

Urgent Situation (suspicious person, package, activity or bomb threat)

- Call 911.
- State who, what, where, when, why, and how situation occurred.
- If bomb threat, turn off all electronics.

All Search and Rescue members are trained in first Aid/CPR and all will be carrying radios and will be able to call EMS and/or law enforcement if needed.

CITY OF SALIDA

Permit #: _____

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., Chaffee Co SAR South (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: Chaffee County Search and Rescue SouthAddress: 10364 CR 120, Salida, CO 81242

Telephone: _____

Individual supervising sound (if different from Permittee): Red TischerActivity/event: Angel of Shavano Car Show

Type of sound amplification equipment authorized (if any): _____

Location: F street and SackettDate(s): 8-7-21Hours of operation: 6 AM to 4 PM (8am-4pm amplified sound)Additional terms/conditions (attach additional sheets if necessary): Will be parking entrants cars @ 6am, show starts @8am to 4pm (loud cars parking, Bullhorn to help w/ parking)Expiration: 6am to 4pm ↑**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 ____ day of _____.

City of Salida: _____ (City Administrator)

Copies to: Police ____ Public Works ____ Fire ____ City Clerk ____ City Zoning ____

January, 2009 Amplified Sound Permit