

CITY COUNCIL of SALIDA

Attention: Tina Gramann

05/22/2023



Dear Tina,

Please find attached the package for the application for Peak to Peak Pickleball Club to host the 2023 rally in the Valley Pickleball Tournament.

Outstanding from the package are:

1. The Certificate of Insurance naming the City of Salida as an additional insured.

This will be submitted on receipt from our insurance agency in the next few weeks.

2. The Multiple Vendor Event Permit Application.

We are finalizing our contracts with the various vendors and should have those requirements completed in the next 3 to 4 weeks

We wish to thank The City of Salida and the Department of Parks and Recreation for allowing us to host this and other activities that add to the health and wellness of our community.

Yours sincerely,

John Vandewalle

Board Vice-President

Attached: Event summary

Special Event Application

The following questions are similar to the questions that were answered in the online "Park Rental & Special Event Request" form. Please provide more detail in this application.

* Required

1. Event Name *

Peak to Peak Pickleball Classic Tournament - "Rally in the Valley"

2. Event Contact Name *

John Vandewalle

3. Event Contact Email Address *

johnv@intouchconsulting.com

4. Event Contact Phone Number *

913-558-5706

5. If you are requesting on behalf of an organization, is it a nonprofit (501c3)? *

☒ Yes

☐ No

☐ N/A

6. If you have rented a park or registered for a program with Salida Parks & Rec, please indicate the name of the account in our software system (SmartRec/Amilia).

*

johnv@intouchconsulting.com

7. Event Location *

Centennial Park

8. Event Start Date *

9/8/2023



9. Event Start Time *

7:00am

10. Event End Date *

9/10/2023



11. Event End Time *

7:00pm

12. Estimated Number of People in Attendance *

~200 per day

13. Please provide a short description of the event *

A 3-day pickleball tournament with women's doubles, mixed doubles and men's doubles

14. Will food or merchandise be available from any vendor? *

☒ Yes

☐ No

☐ Maybe

15. If yes, then food and sale tax licenses must be obtained and possibly a multi-vendor permit. 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.

Multiple Vendor Permit Application:

https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/4_multiple_vendor_event_permit_application.pdf

Chaffee County Public Health form:

<https://www.chaffeecounty.org/EndUserFiles/57096.pdf>

Yes

16. Will alcohol be sold or distributed at your event? *

☐ Yes

☒ No

☐ Maybe

17. If yes, please fill out the Application for Special Events Liquor License (available at the link below) and submit it along with the necessary fees. A State of Colorado Special Event Liquor License permit is ONLY issued to incorporated nonprofit organizations. EVENTS REQUIRING ALCOHOL LICENSES MUST SUBMIT THEIR APPLICATION AT LEAST 90 DAYS IN ADVANCE OF THE EVENT.
https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/5_special_events_liquor_license_application.pdf

No

18. Will there be amplified sound at your event *

☒ Yes

☐ No

☐ Maybe

19. If yes, complete the Amplified Sound Permit Application available at the following link:

https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/noise_permit_application_-_salida_02-15-2022_2.pdf

Yes

20. Are any streets, sidewalks, or other right-of-way closures required for your event? *

☒ Yes

☐ No

☐ Maybe

21. 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. Click on the following link to access the petition form:

https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/6_street_closure_petition.pdf

If yes, please describe the closure request.

Enter your answer

22. Will you require any security or law enforcement services specific to your event? *

☐ Yes

☒ No

☐ Maybe

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

No

24. If additional City of Salida Police Officers are requested, they must be requested directly through the Salida Police Department (719-539-6880).

No

25. Where will people park for your event? *

In the vicinity of Centennial Park. Parking areas north and east of the courts, on street

26. How many additional trash cans are needed for your event? *

3

27. Is a quote from a trash service included in your application packet? *

☐ Yes

☒ No

28. Is the Emergency Action Plan included in your application packet? *

☒ Yes

☐ No

29. Have you obtained insurance for your event that lists the City of Salida as additionally insured?

*

☒ Yes

☐ No

30. Please check that you understand and will adhere to the following requirements:

*

☒ Any violation of the City of Salida Municipal Code or agreements made in the application process are grounds for denial of the Special Events permit in the future.

☒ You will be required to have insurance and name the City of Salida as an additionally insured party. Because this is often a lengthy process, the City will accept and approve applications pending receipt of proof of insurance.

☒ Applicants are also responsible for meeting any other agency requirements. For example, if you are serving food, you must meet all Health Department requirements.

☒ Chaffee County Department of Health requires at least one restroom for every fifty people attending the event.

☒ 1 trash can per 50 people is required.

☒ The event is responsible for emptying ALL trash within the event, including pre-existing city trash cans.

☒ All clean up must be completed within 24 hours after the event concludes. If the City of Salida staff has to clean up after the event, a fee will be billed to the organizer.

31. Digital Signature: *



City of 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: JOHN VANDEWALLE

Phone: 913-558-5706 Email: john.v@intouchconsulting.com

Signature: [Signature]

Emergency Alternate 1: CLINT LAWRENCE

Phone: 817-422-2134 Email: CLINTLAWRENCE58@gmail.com

Signature: [Signature]

Emergency Alternate 2: ROSE SEAVEY ROSESEAVEY@OUTLOOK.COM

Phone: 303-519-9127 Email: _____

Signature: [Signature]

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

1. The Emergency Manager or an alternate will communicate the designated evacuation space to participants at the beginning of the event.
2. This will be communicated to the event participants in an emergency with a:
 - ☐ Bull Horn
 - ☒ PA System
 - ☐ Emergency level voice

Fire

1. Call 911.
2. Assist injured or disabled personnel.
3. Evacuate the building. Activate emergency shutoffs if available.
4. Attempt to use a fire extinguisher only if you have been trained.
5. Evacuate participants to: _____.

Medical Emergency

1. Identify the medical emergency.
2. If life threatening, call 911.
3. Administer first aid if properly trained.
4. Evacuate the injured person to: HEART OF THE ROCKIES MEDICAL CENTER

Violent Incident

1. Call 911
2. Attempt to avoid the situation – move participants away.
3. Try to deny contact and evacuate to: AQUATIC CENTER - INDOORS
lock/block doors, turn off lights, silence phones.
4. If necessary, defend – distract, attack, subdue.

Severe Weather

1. Move participants away from threat if possible.
2. Evacuate to: AQUATIC CENTER - INDOORS
3. Call 911.

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

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



CITY OF SALIDA

OVERVIEW OF LOCAL NOISE REGULATIONS & PERMITTING

Chapter 10, Article IX of the Salida Municipal Code (the "Code") establishes regulations and standards for noise within the City of Salida (the "City") to reduce and eliminate unnecessary and excessive noise which would otherwise be detrimental to residents and the community in the enjoyment of life, property, and the conduct of business. Of note, Section 10-9-30(c) of the Code provides that it is "unlawful for any person to emit or cause to be emitted any noise which leaves the premises on which it originates, inclusive of a public premises, crosses a property line and enters onto any other premises in excess" of the specified levels.

Pursuant to Sections 10-9-40(14) and 10-9-80 of the Code, however, the City may specifically exempt a particular noise from this prohibition through the issuance of a noise permit. Such a permit may include limitations and conditions to minimize the adverse impacts of the proposed noise may have on the community or surrounding neighborhood. Such limitations and conditions include, but are not limited to, the following: the hours of operation, maximum decibels, the type of sound amplification equipment, and the type of sound that may be amplified. No permit shall be issued for noise after 10:00 PM, with allowances to go until midnight on the Fridays and Saturdays of Memorial Day weekend, 4th of July weekend, and Labor Day weekend, and on the Thursday, Friday, and Saturday during the FIBArk Festival.

The issuance of a noise permit is at the sole discretion of the City Administrator or City Council, and the issuance of such permit does not confer any rights upon the permittee other than those expressly authorized by the permit. Violation of any of the conditions or limitations set forth in the noise permit may result in immediate revocation of the permit. Revocation of the noise permit does not preclude the City from seeking any remedies otherwise available under federal, state, or local law.

Applications for a noise permit must be submitted on the attached "Application for a Noise Permit" form and submitted at least five (5) working days prior to the date for which the permit is sought.



CITY OF SALIDA

NOISE PERMIT APPLICATION

Please fill out the form completely, including by signing and dating the application. Submitting an incomplete application is a basis for denial of a noise permit. Listing a particular type of audio amplification equipment, hours of operation, or any other information below does not guarantee the applicant's right to use such equipment or have an event at a particular time. Whether such application requests have been granted will be indicated in the issued permit.

Applicants may apply for events which are recurring (*i.e.*, live music every Thursday). Any such events should be clearly described as recurring in the event description and should identify all dates on which the event will occur.

Completed applications should be submitted via email to deputyclerk@cityofsalida.com. If that is not possible, they can be submitted in-person to 448 E 1st Street Suite 112. Applications must be submitted at least five (5) working days prior to the date for which the permit is sought.

I. Applicant Information.

Applicant Name: John Vandewalle

Applicant Business/Organization: Peak to Peak Pickleball Club

Applicant Phone: 913-558-5706

Applicant Email: johnv@intouchconsulting.com

Applicant Address: 12999 Paradise Way
Salida CO 81201

Sound Supervisor¹: Fred Schubert

Sound Supervisor Phone: 303-726-2494

II. Event Information.

Description of Event: 3 day pickleball tournament

Estimated Attendance: ~ 200 per day

Date(s): 8th/9th/10th September 2023

Hours of Event: 7am to 7pm

Location of Event: Centennial Park Salida CO

¹ The sound supervisor will be responsible for responding to and immediately addressing noise or other complaints in the absence of the applicant/permittee.



III. Noise Information.

Type of Noise (e.g., live music, parade):

Public announcements/music

Type of Sound Amplification Equipment:

Public Announcement system

IV. Agreement.

As the applicant for this noise permit, I, John vandewalle, hereby agree and understand that it is my responsibility to ensure compliance with the conditions and limitations set forth in the permit and all laws, rules, and regulations of the City of Salida, the state, and the federal government. I further agree and understand that any violations of the permit or applicable laws may result in the immediate revocation of the permit. Violations of the conditions and limitations set forth in the permit or applicable laws shall also be grounds for denial of future permit applications. I further understand and agree that the permit and application fee are non-refundable and non-transferrable.

Signature: John Vandewalle (Typed or Digital signature accepted)

Date: _____

05/21/2023

For use by the City Clerk only:

Application fee received: ☐ Yes ☐ No ☐ N/A

Signature: _____

Date: _____



**CITY OF SALIDA
NOISE PERMIT**

Signature by the City Administrator on this noise permit indicates that the noise permit has been deemed granted to the applicant and the requested noise has been so authorized, subject to the conditions and limitations set forth below. Where the conditions or limitations set forth below contradict or conflict with the information contained in the application, the conditions and limitations will control.

I. Conditions and Limitations Applicable to All Permits.

The following conditions and limitations are applicable to all noise permits:

- No noise is permitted after 10:00 PM, unless specifically authorized by the City Council following a public hearing. No noise is permitted after midnight on the Fridays and Saturdays of Memorial Day weekend, 4th of July weekend, and Labor Day weekend. No noise is permitted after midnight on the Thursday, Friday, and Saturday during the FIBArk festival.
- No noise is authorized in excess of the maximum limit of 85 dB(A), as measured from any point along the property line or within the property line of the receiving premises. Measuring devices shall be those specifically utilized by the City of Salida.
- All amplification equipment shall be arranged so as to minimize the disturbance to neighboring properties, and permittees shall take reasonable measures to baffle or reduce noise impacts to neighbors.
- No outdoor amplified sound shall be permitted between November 1 through May 1.
- A maximum of sixty (60) amplified sound permits may be granted to same location during a single calendar year, unless additional permits are specifically authorized by the City Council following a public hearing.

II. Conditions and Limitations Applicable to this Permit.

The following conditions and limitations are applicable to this noise permit:

- _____
- _____
- _____

III. Expiration.

This noise permit is issued for the following dates and expires on the following date:

Date(s): _____

Expiration: _____

For use by the City Administrator only:

Application granted: [] Yes [] No

Signature: _____

Date: _____

CITY COUNCIL of SALIDA

Re: Peak to Peak Pickleball Tournament – 2023

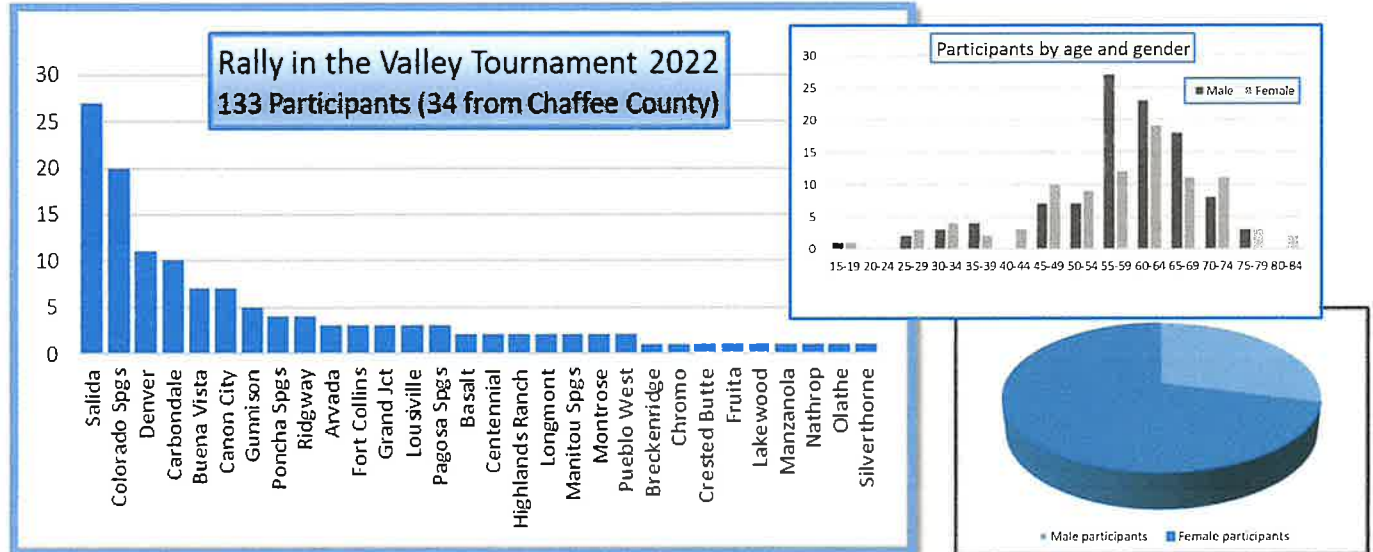
Event description:

The Peak to Peak Pickleball Club will be hosting its 3rd Pickleball Tournament at Centennial Park from Sep 8th – 10th, 2023.

The event will be available to ages 14 and older and offers women's, men's and mixed doubles.

In the past the event has been very successful and the demand to participate in the event is growing.

Below is a summary of the outcome of the 2022 tournament.



Event Intent:

This event will continue building the reputation of The Peak to Peak Pickleball Club and allow the club to raise funds for a new pickleball facility. The event provides a fun, positive environment that allows people of different age groups and of different abilities from other communities to join in the fun in the great setting of Salida and Chaffee County. Players of different ages and skill levels are able to compete and then enjoy the friendly atmosphere of our community with their friends and family.

Event Timeline:

This event will be following the schedule below:

Thursday September 7th : Site setup

Friday September 8th : Women's Doubles

Saturday September 9th : Mixed Doubles

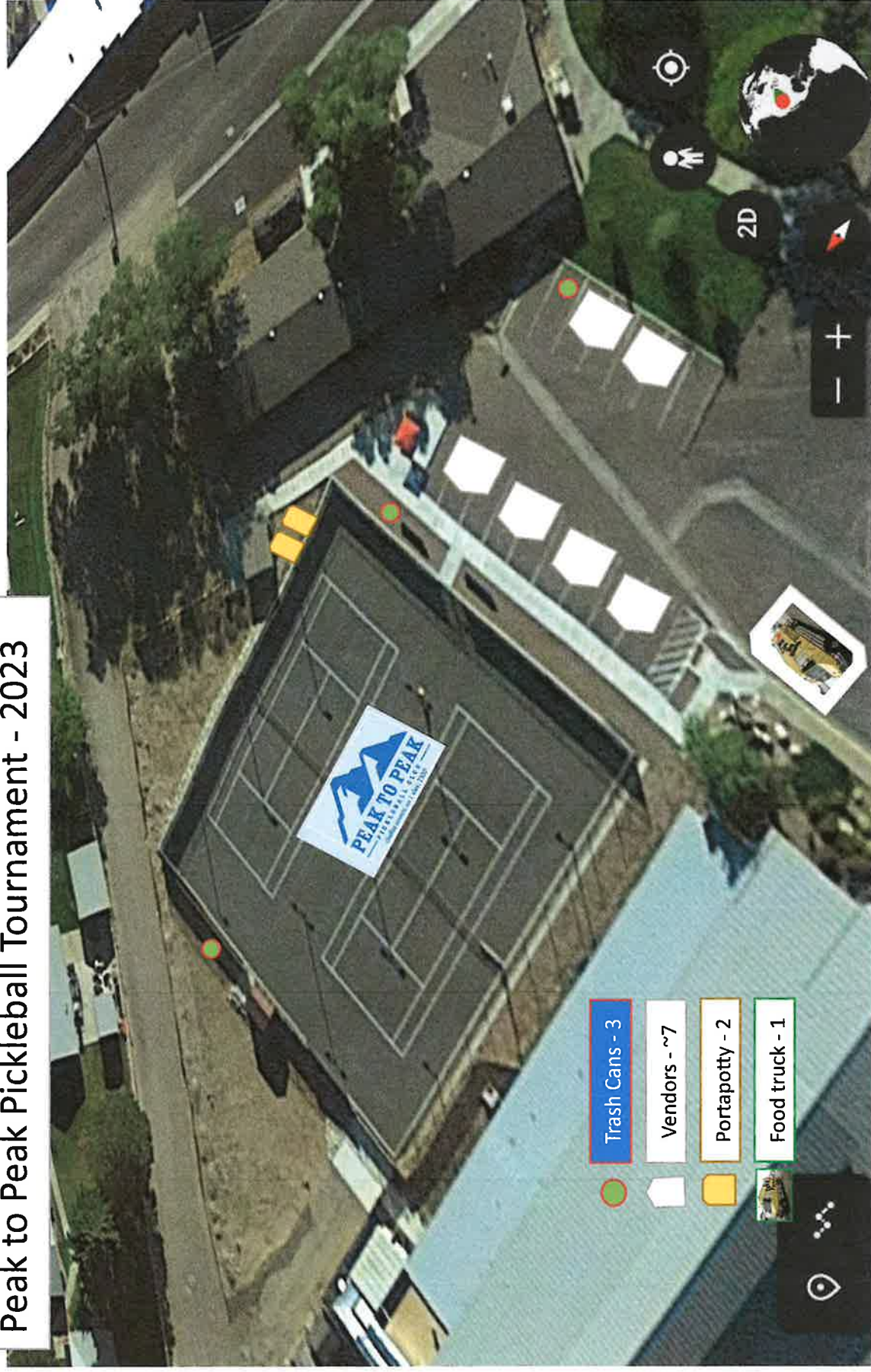
Sunday September 10th : Men's Doubles

Every day will commence at 7:00am with announcements and warmups.

Each day will conclude by about 6:00pm after which cleanup will take place.

Submitted by: John Vandewalle – Board Vice-President

Peak to Peak Pickleball Tournament - 2023





City of Salida
Multiple Vendor Event Permit Application

Date of Application: 07/05/2023

Event Name: PEAK TO PEAK CLASSIC PICKLEBALL TOURNAMENT

Event Location(s): CENTENIAL PARK COURTS

Date(s) & Time(s) of Event: 09/08/2023 - 09/10/2023 7am - 7pm

Individual or Organization Sponsor(s): PEAK TO PEAK PICKLEBALL CLUB

Address: _____

Phone: 913-558-5706 Email: johnv@lumentouch.com

Contact Person: JOHN VANDEWALLE

Phone: 913-558-5706 Email: johnv@lumentouch.com

Participating Vendors *NOTE: It is required that you provide a copy of the current state license for each vendor.*

1. AMARI, INC.
2. ESSENTIAL BLUE
3. GNARCISSIST, INC.
4. THE BONESAW, LLC (FOOD VENDOR)

If additional space is needed, please attach a list of additional participating vendors.



Provide Proof of Insurance (The City Administrator, at his or her discretion, may require the City of Salida to be named as an additional insured).

Is a Copy of Insurance Attached? (Yes or No) YES

Required Fees & Checklist:

- ☒ \$75 Application Fee
- ☒ \$20 per participating vendor. Number of Vendors 4 x \$20 = \$80
- ☒ Current Colorado Sales Tax License for each participating vendor
- ☒ Proof of Insurance

Please Sign

Event Sponsor: *Mendwall* Date: 07/05/2023

City of Salida: *[Signature]* Date: 07/06/2023

DR 0140 (02/16/11)
DEPARTMENT OF REVENUE
DENVER CO 80261-0013

Must collect
taxes for:

**SALES TAX
LICENSE**

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION
IN A CONSPICUOUS PLACE: 522 W HACKBERRY ST LOUISVILLE CO 80027-9547

STATE
COLORADO

COUNTY
BOULDER

RTD/CD

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION					ISSUE DATE			LICENSE VALID TO DECEMBER 31
	county	city	industry	type	liability date	month	day	year	
39178299-0000	07	0041	010	U	110119	Dec	15	21	2023

**THIS LICENSE IS NOT
TRANSFERABLE**



AMARI, INC.
PO BOX 270622
LOUISVILLE CO 80027-5010

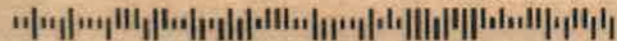
Executive Director
Department of Revenue

DR 0140 (02/16/11)
DEPARTMENT OF REVENUE
DENVER CO 80261-0013

Must collect
taxes for:

SALES TAX LICENSE

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION
IN A CONSPICUOUS PLACE: MICHELLE MILLER-WEISSENBE
110 E MAIN ST FLORENCE CO 81226-1529



ESSENTIAL BLUE
PO BOX 156
FLORENCE CO 81226-0156

STATE
COLORADO

COUNTY
FREMONT

CITY
Florence

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION					ISSUE DATE			LICENSE VALID TO DECEMBER 31
	county	city	industry	type	liability data	month	dy	year	
95421220-0000	14-0022-006	I	080122	Sep	23	22			2023

THIS LICENSE IS NOT
TRANSFERABLE

Executive Director
Department of Revenue



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/22/2023

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 FL Dean Ryan Kelleher 12800 UNIVERSITY DR STE 125 FORT MYERS, FL 33907-5335	CONTACT NAME:	
	PHONE (A/C, No, Ext): 8007452409	FAX (A/C, No):
	E-MAIL ADDRESS: Ryan.Kelleher@fdean.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Great American Insurance Company	NAIC # 16691
	INSURER B:	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Peak to Peak Pickleball Club PO BOX 4802 BUENA VISTA, CO 81211	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: GAP105913

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/YYYY)	LIMITS	
A	GENERAL LIABILITY			PAC 4725034	02/23/2023 12:00 AM	02/23/2024 12:01 AM	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$10,000
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	
	DED	RETENTION \$						
A	Professional Liability	X	X	PAC 4725034	02/23/2023 12:00 AM	02/23/2024 12:01 AM	EACH OCCURRENCE	\$1,000,000
							AGGREGATE LIMIT	\$1,000,000
A	Accident/Medical Coverage			BSR-E883377-00	02/23/2023 12:00 AM	02/23/2024 12:01 AM	AD&D	\$5,000
							MAXIMUM MEDICAL	\$25,000
							DEDUCTIBLE	\$100

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

Covered Activities: Pickleball

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period. Waiver of Subrogation applies.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

City of Salida
448 East First Street
Salida, CO 80201

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

Francis L. Dean

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

Policy Number: PAC 4725034 / GAP105913
Insured: Peak to Peak Pickleball Club

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

City of Salida
448 East First Street
Salida, CO 80201

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

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



AMARINC-01

HONEILL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/1/2023

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.

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PRODUCER MDP - Erwin, LLC 6260 Dupont Station Court, Suite B Jacksonville, FL 32217	CONTACT NAME:	
	PHONE (A/C, No, Ext): (410) 685-4625	FAX (A/C, No): (410) 685-3071
INSURED Amari Inc. PO Box 270622 Louisville, CO 80027	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Evanston Insurance Company	
	INSURER B: Liberty Mutual Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
NAIC #		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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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
A	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		MKLV7PLS000332	3/13/2023	3/13/2024	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						
	EXCESS LIAB						EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Property			BFS (21) 60 57 53 61	3/13/2023	3/13/2024	Bus Pers Prop 30,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Peak to Peak Pickleball Club is listed as an additional insured

CERTIFICATE HOLDER

CANCELLATION

Peak to Peak Pickleball Club
P.O. Box 4802
Buena Vista, CO 81211

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09-30-2022

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 Liberty Mutual Insurance PO Box 188065 Fairfield OH 45018		CONTACT NAME: PHONE (A/C, No, Ext): 800-962-7132 FAX (A/C, No): 800-845-3666 E-MAIL ADDRESS: BusinessService@LibertyMutual.com	
INSURED Essential Blue Llc 115 W Main St Florence CO 81226		INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 24082	

COVERAGES **CERTIFICATE NUMBER:** 0271821982 **REVISION NUMBER:** 2016-03

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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	BKS65284525	09-30-2022	09-30-2023	EACH OCCURRENCE \$ 1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00						
	MED EXP (Any one person) \$ 15,000.00						
	PERSONAL & ADV INJURY \$ 1,000,000.00						
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE \$ 2,000,000.00
							PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	AUTOMOBILE LIABILITY <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 (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER \$
							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)

Proof of Insurance

CERTIFICATE HOLDER

Essential Blue Llc
115 W Main St

Florence CO 81226

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

Curtis Luken



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/27/2023

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 BIBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME: PHONE (A/C, No, Ext): 844-472-0967 E-MAIL ADDRESS: customerservice@biBERK.com FAX (A/C, No): 203-654-3613
INSURED Gnarcissist Inc 106 Hazelnut Ln Cullowhee, NC 28723-6989	INSURER(S) AFFORDING COVERAGE INSURER A : Berkshire Hathaway Direct Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 10391

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:			N9BP026733	04/23/2023	04/23/2024	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ Included				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$
	AUTOMOBILE LIABILITY <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 (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E L EACH ACCIDENT \$
							E L DISEASE - EA EMPLOYEE \$
							E L DISEASE - POLICY LIMIT \$
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/ Aggregate

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

CERTIFICATE HOLDER Gnarcissist Inc 106 Hazelnut Ln Cullowhee, NC 28723-6989	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 
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