

SALIDA COLORADO CHAMBER of COMMERCE

406 W. Hwy. 50 • Salida, CO 81201 • (719) 539-2068 • Fax (719) 539-7844
www.salidachamber.org • email: info@salidachamber.org

August 25, 2020

To: Mayor PT Wood and The Salida City Council
448 E. First St.
Salida, CO 81201

Attn: Erin Kelley
City Clerk
City of Salida

Re: Thank you Picnic
September 18, 2020
3:00 p.m.-5:00 p.m.

Mayor PT Wood and The Salida City Council,

The Salida Chamber of Commerce requests the use of Alpine Park for a local centric picnic called, Take me out to a Picnic, slated for Friday, September 18 from 3:00 p.m. to 5:00 p.m. We are requesting the private use and closure of the North end of Alpine Park from noon until ending at 5:30 p.m. We are not requesting any street closures.

Adhering to social distancing, there will be a variety of reserved seating for hosting two persons per table. Signage will be throughout; Five Commitments to Containment.

Set up at Alpine will begin at noon and the event will begin at 3:00 p.m. We are requesting permission to host food, canned beer and canned wine. The catered food will be prepared at the Chaffee County Fairgrounds, then transported prior to picnic for delivery to tables of two, via gloved and masked staff. We will encircle the reserved park area with metal fencing from City of Salida Public Works, to confine all food and alcohol consumption to the park area only. We will have all elements of the event cleared from the area by 6:00 p.m., and all areas will be cleaned of any debris.

Street Closures & Coned Off Parking Spaces

September 18th: Cone off Parking Spaces along Fourth Street from E to F Streets beginning at noon for unloading of tents, tables, port-a-potties, portable stage, and Salida Circus 20x20 performance rig. Vehicles will exit upon completion of unloading and return at 5p.m. to reload and exit.

Re: Take me out to a Picnic
Page -2-

We will be using the park, except for the playground for seating, with amplified sound for live music (David Tipton playing the Chapman Stick) and emcee speaker from 3:00 p.m. to 5:00 p.m. There will not be music past 5:00 p.m. We will also be using the power box for caterer, as needed.

We will have three port-a-potties (1 ADA unit), with two hand wash stations, along Fourth Street side of park on the sidewalk, enclosed in fencing. As well, we will have mobile sanitize station at entrance and at stage area which will be in the center of the picnic area.

We will have 6 -64-gallon large totes for recycle/trash via Waste Management.

Emergency services will be notified of the event. If required, we will provide security in the park to ensure an orderly event.

If you need anything else from the Chamber, or have any questions regarding this event, please do not hesitate to ask. Please phone us at 539-2068.

Thank you for your time and consideration.

Sincerely,

Lori Roberts
Executive Director
Salida Chamber of Commerce
lori@salidachamber.org
www.salidachamber.org
719.539.2068 o
719.221.3366 c



**City of Salida
Multiple Vendor Event Permit Application**

Date of Application August 25, 2020

Event Name: Take me out to a Picnic

1. Event location(s): Alpine Park

2. Date(s) & times(s) of event: Friday, September 18, 3p - 5p

3. Individual or organization sponsor(s): Heart of the Rockies Chamber of Commerce

Address: 406 W. Highway 50, Salida Colorado 81201

Phone: 719-539-2068 E-mail: lori@salidachamber.org

4. Contact Person: Lori Roberts

Phone: 719-539-2068 E-mail: lori@salidachamber.org

5. List Participating Vendors:

**REQUIREMENT: PROVIDE A COPY OF THE CURRENT STATE LICENSE
FOR EACH VENDOR**

Kalamata Pit Catering is providing food. Will get copy of required documentation.

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

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

Copy of Insurance Attached (Yes or No) Vista Insurance sending copy of confirmaiton of coverage

Required Fees and Checklist:

☒ \$75 Application Fee *(already paid)*

☐ \$20 per participating vendor: Number of Vendors ____ X \$20 = ____

☐ Current Colorado Sales Tax License for each participating vendor

☐ Proof of Insurance

Signed:

Event Sponsor: Heart of the Rockies Chamber of Commerce _____

City of Salida: _____

Date: **8/25/2020**

Date: _____



PARK RESERVATION APPLICATION

Check the park:

☐ Riverside/Band Shell ☐ Chisholm ☐ Centennial

☒ Alpine ☐ Other _____

For Staff Use Only

Park: _____
Date of Event: _____
Receipt # and Date: _____
Entered on Google calendar: _____
Staff Initials: _____
Deposit Refunded Date and staff initials: _____

Contact Person: _____

Please check the appropriate box:

☐ Application A: PRIVATE PARTIES

☒ Application B: EVENTS TO WHICH THE PUBLIC IS INVITED THAT MAY REQUIRE PERMITS FOR: Street Closures, Alcohol, and/or Amplified Sound

☒ Attach Addendum A

☒ This Application must also be accompanied by a cover letter to Salida City Council explaining details of the event. Please also attach an event site plan including venues, street closures, parade/race routes, emergency vehicle access routes, portable toilets placement, vendor booths, etc. Outline on site map where alcohol will be distributed.

☐ Application C: POLITICAL RALLIES, MEMORIAL SERVICES, AND SHORT NOTICE EVENTS

☐ Attach Addendum A

Plans for proposed Activity: (include time schedule, venue for events, speeches, entertainment, as applicable)

Take me out to a picnic
3-5 p.m.
Food, canned wine & beer, entertainment

1. Event Location(s): Alpine Park

2. Date and Time of Event: Friday, Sept 18, 2020 3-5 p

3. Estimated number of people: 150

4. Contact Person: LORI ROBERTS Telephone: 714 534 2068
Address: 406 W. Hwy 50 Salida, Co 81061 Email: lori@salidachamber.org

5. Individual or Organization Sponsor(s) if applicable: same
Address: _____ Email: _____
Telephone: _____

6. Will you need electricity? Yes ☒ No ☐ A \$10 fee will be charged for events requiring Electricity. If yes, for what purpose? Food vendor (maybe)

7. Will you need water? Yes X No _____

8. Will there be amplified sound? Yes X No _____
If yes, please fill out the Amplified Sound Permit.

8. Will you be renting portable toilets? Yes X No _____

County Health policy requires 1 toilet per 50 people. Events with over 100 attendees must have additional portable toilets. (Local providers are: CP's Portables (719) 539-4985.)

9. Will you be renting trash/recycling containers? Yes X No _____

Events with 50 or more participants require a professional trash service. You are responsible for trash removal during and after your event. Local trash company: Waste Management (719) 539-6911.

We encourage recycling for all events. Contact Angel of Shavano Recycling at (719) 207-1197 to arrange for recycle bins at your event. If clean-up is not satisfactory, damage deposit may not be refunded.

Fees are to be paid to the company providing services.

Application Fees

Required Fees for Application A, B and C:

Park Fees: 100 \$50/4 hours or \$100/park/day or \$200/park/day if park is used overnight (fencing or tents are kept up) All parks except Chisholm Park

Park Fees: _____ \$25/hour or \$125/day **Chisholm Park Only**. The permit holder must pick up and sign for the Chisholm keys at the Salida Hot Springs Aquatic Center

Damage Deposit: 75 \$75 All parks except Riverside. Damage deposits must be paid by credit card.

Damage Deposit: _____ \$150 Riverside Park/Band Shell. The permit holder must pick up and sign for the band shell key at the Salida Hot Springs Aquatic Center prior to the event. Damage deposits must be paid by credit card.

Additional Fees as applicable:

Electricity Fees: 10 \$10/day

Liquor Permit: 100 Make out one check:
\$100 to the City of Salida (Paid to the Deputy City Clerk)

Multiple Vendors: 75 \$75 to the City of Salida
\$20 per vendor to the City of Salida (Paid to the Deputy City Clerk)

*

Total Fees: 360.00 already paid other than for the one food vendor*
Caterer, Kalamata pit

Park fees may be paid by checks made to the City of Salida

Damage Deposits must be paid by Credit Card

By signing below, I acknowledge that I have read and agree to abide by all Provisions for Park Rentals and Park Rules.

Lori F. Burk
Signature

8 . 25 . 20
Date

Pre-event Checklist

Application A	Application B	Application C
<ul style="list-style-type: none"> ○ Fees Collected <ul style="list-style-type: none"> • Park Fees • Damage Deposit • Electricity ○ Trash Removal arranged ○ Portable Toilets arranged ○ Amplified Sound Permit 	<ul style="list-style-type: none"> ○ Event Insurance: Fax copy to City Hall 719-539-5271 and SHSAC 719-539-7708 ○ Fees Collected <ul style="list-style-type: none"> • Park Fees • Damage Deposit • Electricity • Liquor-City • Liquor-State ○ Trash Removal arranged ○ Portable Toilets arranged ○ Amplified Sound Permit ○ Liquor License ○ Sales Tax License ○ Food Vendor's License ○ Street Closure Petition ○ Pre-event meeting scheduled for: _____ 	<ul style="list-style-type: none"> ○ Fees Collected <ul style="list-style-type: none"> • Park Fees • Damage Deposit • Electricity • Liquor-City • Liquor-State ○ Trash Removal arranged ○ Portable Toilets arranged ○ Amplified Sound Permit ○ Liquor License ○ Sales Tax License ○ Food Vendor's License ○ Street Closure Petition ○ Pre-event meeting scheduled for: _____

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 X No _____
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 _____ *clt required*
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? in and around Alpine, downtown
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.
see attached
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. _____

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., _____ (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: Heart of the Rockies Chamber of Commerce

Address: 406 W. Hwy 50, Salida CO 81201

Telephone: 719-539-2068

Individual supervising sound (if different from Permittee): Michael Varum

Activity/event: Take me out to a Picnic

Type of sound amplification equipment authorized (if any): Amplified Sound

Location: Alpine Park

Date(s): Friday, September 18

Hours of operation: 3-5p.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.

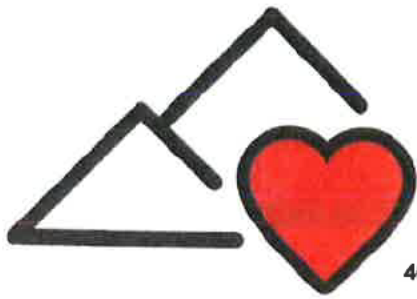
Accepted and agreed to by the Permittee: _____

Date: _____.

Approved by the City Administrator on the ____ day of _____.

City of Salida: _____ (City Administrator)

Copies to: Police ____ Public Works ____ Fire ____ City Clerk ____
July, 2018 Amplified Sound Permit



SALIDA COLORADO CHAMBER of COMMERCE

406 W. Hwy 50, Salida CO • 719-539-2068 • www.salidachamber.org • lori@salidachamber.org

August 25, 2020

As part of the Emergency Action Plan for the September 18th, 'Take Me out to a Picnic' event, we will coordinate with local public authorities in advance of the event to understand their processes, including EMS, Police, and Fire.

Shared documentation will include a map of the venue with seating for 150. Seating will be arranged for two per table, with 6 feet between each table. Those invited are asked to attend with either someone from their household or from their immediate work area. A reservation system will be set up to know who will be attending in advance. The map will include highlights of emergency access routes, port-o-lets and hand wash stations.

Evaluation of possibility of any risks to be reviewed will include:

- Severe weather patterns, thus watching the weather patterns prior to event, notifying attendees in advance to dress appropriately and be prepared for rain showers, high temperatures or strong winds.
- Communications with local authorities if there be any known threat to the event (i.e. attendee or vendor with history of disobedience or possible mental health issues, or party claiming to have COVID, or party having issue around wearing masks while not eating or drinking).
- Chaffee Shuttle and Rocky Mountain Taxi will be informed of event and participants may reach out on their own for rides.

Considering the vulnerabilities of our participants and attendees is crucial. Conversations will be had with our staff delivering food regarding proper coverage, along event staff volunteers recognizing and understanding crowd disposition (unruly or disruptive characters).

Communications plan will include:

- Call tree that outlines who should be contacted in an emergency, in what order to include the head of the Chamber of Commerce, and lead volunteers managing different stations in the park.
- Preparedness for good Wi-Fi hot spots will be secured.
- Lead name(s) will be assigned to handle any media requests if there were to be any security issues, thus keeping messaging concise and calm.
- Identification of lead decision makers for authorizing cancellation of event due to severe weather or unforeseen act will be noted with contact name(s) and numbers.

- In the event evacuation were required and potential shelter needed, conversation will be had prior to event with local authorities regarding such assembly.

Other considerations:

- Volunteers, and staff will be identifiable via lanyards and wristbands.
- Attendees will be identified with wristbands. Parties under the age of 21 will be issued a RED wristband signifying they are not of age to consume alcohol.
- Signage will be throughout park with social distancing reminders.

Suggestions or changes welcome. Our goal is to host a safe and welcoming event.

Thank you,

Lori Roberts, Executive Director
Salida Chamber of Commerce

Salida Special Event Emergency Action Plan

I, the undersigned, agree to compile 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. Lori Roberts	719-221-3366		
2. Keith Zoni	719-458-5143		
3. <i>Patrick Post</i>		<i>→ 720 339 8900</i>	
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

1. The manager or designee will communicate the designated evacuation space to participants at the beginning of the event.
2. The Emergency Manager will communicate 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 participant 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

Notify first responder tent. Wait for EMS arrival

Violent incident

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

Severe Weather/Natural incident

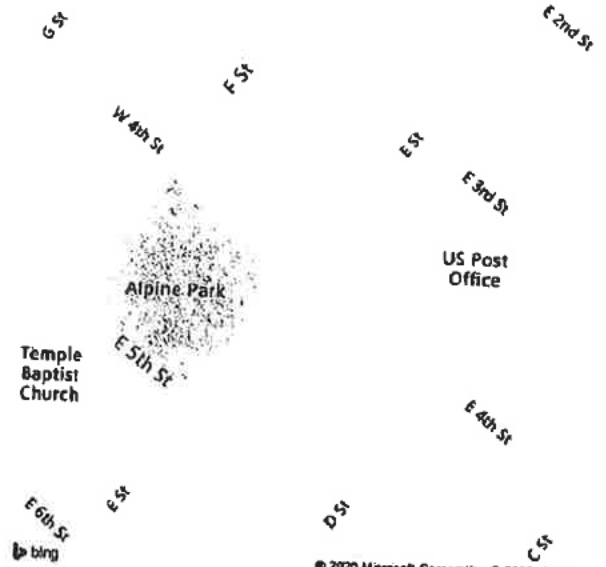
1. Move participants away from threat if possible.
2. Evacuate to a safe place
3. Call 911

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

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

bing maps

Notes



Application for a Special Events Permit

Departmental Use Only

In order to qualify for a Special Events Permit, You Must Be a Qualifying Organization Per 44-5-102 C.R.S. and One of the Following (See back for details.)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Social | <input type="checkbox"/> Athletic | <input type="checkbox"/> Philanthropic Institution |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Chartered Branch, Lodge or Chapter | <input type="checkbox"/> Political Candidate |
| <input type="checkbox"/> Patriotic | <input type="checkbox"/> National Organization or Society | <input type="checkbox"/> Municipality Owned Arts Facilities |
| <input type="checkbox"/> Political | <input type="checkbox"/> Religious Institution | |

LIAB	Type of Special Event Applicant is Applying for:
2110 <input checked="" type="checkbox"/> Malt, Vinous And Spirituous Liquor	\$25.00 Per Day
2170 <input type="checkbox"/> Fermented Malt Beverage	\$10.00 Per Day

DO NOT WRITE IN THIS SPACE
Liquor Permit Number

1. Name of Applicant Organization or Political Candidate HEART OF THE ROCKIES CHAMBER OF COMMERCE	State Sales Tax Number (Required) 84 0312015
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2. Mailing Address of Organization or Political Candidate (Include street, city/town and ZIP) 406 W. Hwy 50 Salida, CO 81201	3. Address of Place to Have Special Event (Include street, city/town and ZIP) ALPINE PARK F & 4th Salida, CO 81201
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4. Authorized Representative of Qualifying Organization or Political Candidate Lori Roberts	Date of Birth	Phone Number 719 221-3366
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5. Event Manager same as above	Date of Birth	Phone Number
Event Manager Home Address (Street, City, State, ZIP)		Email Address of Event Manager lori@salidachamber.org

6. Has Applicant Organization or Political Candidate been issued a Special Event Permit this Calendar Year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes How many days? 1	7. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes License Number
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8. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed? ☒ Yes ☐ No

List Below the Exact Date(s) for Which Application is Being Made for Permit									
Date	Sept 18, 2020	Date		Date		Date		Date	
Hours From	noon	Hours From		Hours From		Hours From		Hours From	
To	6p.	To		To		To		To	
Date		Date		Date		Date		Date	
Hours From		Hours From		Hours From		Hours From		Hours From	
To		To		To		To		To	
Date		Date		Date		Date		Date	
Hours From		Hours From		Hours From		Hours From		Hours From	
To		To		To		To		To	

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature Lori Roberts	Title Executive Director	Date 8-20-18
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Report and Approval of Local Licensing Authority (City or County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 44, Article 5, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County)	<input type="checkbox"/> City <input type="checkbox"/> County	Telephone Number of City/County Clerk
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Signature	Title	Date
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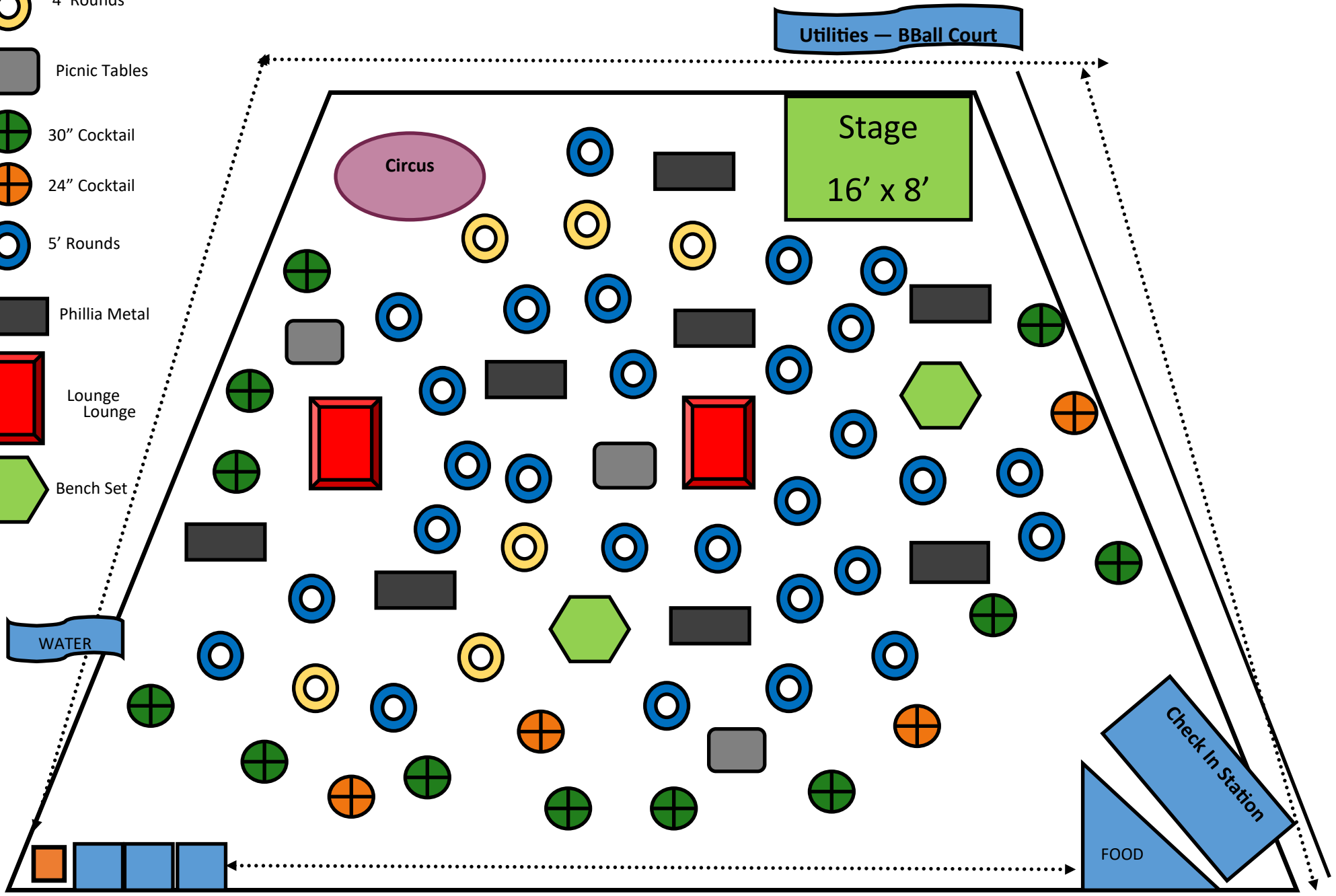
DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

Liability Information

License Account Number	Liability Date	State	Total
		-750 (999)	\$.

(Instructions on Reverse Side)

-  4' Rounds
-  Picnic Tables
-  30" Cocktail
-  24" Cocktail
-  5' Rounds
-  Phillia Metal
-  Lounge Lounge
-  Bench Set



Settings and Food Unload Zone





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/25/2020

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 The Ahbe Group/Vista Insurance 7167 S Alton Way/1548 G St Unit 1 Centennial/Salida CO 80112-8120	CONTACT NAME: Sherry Turner PHONE (A/C, No, Ext): (719) 207-4301 FAX (A/C, No): (719) 207-4303 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Secura Insurance, NAIC # 22543 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Heart Of The Rockies Chamber of Commerce: The Vaqueros 406 W Rainbow Blvd Salida CO 81201	

COVERAGES**CERTIFICATE NUMBER:** CL2082515117**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 <input checked="" type="checkbox"/> Owners & Contractors Protective GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CP3205054	04/08/2020	04/08/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG @PM02 \$ 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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	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 \$

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

Thank You Picnic at Alpine Park Sept. 18, 2020

CERTIFICATE HOLDER**CANCELLATION**

City of Salida 448 E 1st St Ste 112 Salida CO 81201	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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