



SPECIAL EVENT APPLICATION

CITY OF TOMBALL, TEXAS | 401 Market Street | Tomball, TX 77375 | (281) 351-5484

An application to stage an event within the city of Tomball shall be filed with the Marketing & Tourism Team at least 180 days prior to the event. This application is not to be construed as authorizing or agreeing to any event until formally approved by the Tomball City Council.

Date: 10/15/2024 Is this event Co-City sponsored? Yes No

Request for permission to use a public venue for the following type of event (please check one):

Festival Community Event Arts & Crafts Event Music Event Other (specify) X

1. Event title: First Responders Luncheon (Police, Fire, EMS, Public Works)

2. Sponsoring entity: Frost Bank Tomball Financial Center

3. Is this organization based in Tomball: Yes No

4. Is this organization *non-profit* or *for-profit* *Attach 501 (c) (3) tax exemption if applicable

5. Contact: Vicki Clark Phone: 281-825-8331 (cell)

6. Contact address: 14310 Fm 2920 Rd., Tomball, Texas 77377

7. Contact email: Vicki.Clark@frostbank.com

8. Event date: Thursday, October 24, 2024

9. Event times: Start 11:30 am Finish 1:30 pm Set-up 10:00 am Breakdown 1:45 pm

10. Is this event for charity? Yes No

11. If yes, what charity? _____ Tax ID _____

12. If yes, what percentage of net proceeds will be donated to the charity? _____

13. On-site contact: Vicki Clark Mobile #: 281-825-8331

14. Estimated number of attendees: 100 - 150

15. Detailed site map in attached: Yes No

16. Is this event open to the public: Yes No

17. Admission fee: \$ 0.00 Free

18. Time at which event staff will begin to arrive: 10:00 a.m.

19. The applicant will defend and hold harmless the city of Tomball from all claims, demands, actions or causes of action, of whatsoever nature or character, arising out of or by reason of the conduct of the activity authorized by such application including attorney fees and expenses. Initial VM

20. The applicant will provide proof of general liability insurance for the event naming the City of Tomball as additional insured. Initial VM

21. Name of insurance carrier: Frost Insurance Agency, Inc.

22. Are Fireworks included in your event? No Yes (Must submit Fireworks Event Application)

Signature: [Handwritten Signature]

FOR OFFICIAL USE - Fee required: Yes _____ No _____ Amount Due: \$ _____

**First Responders
Appreciation Lunch**
Tomball Depot
October 24, 2024
11:30am - 1:30pm



Fish Fry set up



Tables





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2024

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.

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.

PRODUCER: Frost Insurance Agency, Inc.
INSURED: Cullen Frost Bankers Inc; Frost Bank
CONTACT NAME: Linda Michael
PHONE: 210-220-6429
E-MAIL: Linda.Michael@frostinsurance.com
INSURER(S) AFFORDING COVERAGE: INSURER A: Continental Casualty Company, INSURER B: Valley Forge Insurance Company, INSURER C: Texas Mutual Insurance Co.

COVERAGES CERTIFICATE NUMBER: 504675777 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General Liability includes Financial Services Extension Endorsement CNA75102XX (1-15) which provides:
1. ADDITIONAL INSURED - WHO IS AN INSURED is amended to include as an Insured any person or organization described in A. through K. below whom a Named Insured is required to add as an additional insured under a written contract or written agreement.

CERTIFICATE HOLDER: City of Tomball, Texas
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: [Signature]



ADDITIONAL REMARKS SCHEDULE

AGENCY Frost Insurance Agency, Inc.		NAMED INSURED Cullen Frost Bankers Inc; Frost Bank Frost Insurance Agency, Inc. 111 W Houston St San Antonio TX 78205	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

D. Lessor of Equipment
 E. Lessor of Land
 F. Lessor of Premises
 G. Mortgagee, Assignee or Receiver
 H. State or Governmental Agency or Subdivision or Political Subdivisions – Permits
 I. Trade Show Event Lessor
 J. Vendor
 K. Other Person Or Organization - Any person or organization who is not an additional insured under Paragraphs A. through J. above. Such additional insured is an Insured solely for bodily injury, property damage or personal and advertising injury for which such additional insured is liable because of the Named Insured's acts or omissions.

General Liability Includes Blanket Waiver of Subrogation CNA75008XX (10-16) as required by written contract

Workers Compensation and Employers Liability includes Texas Blanket Waiver of Our right to Recover from Others Endorsement WC 42 03 04 B when required by written contract for All Texas Operations WC 42 03 04 B

Automobile includes Blanket Waiver of Subrogation CA 04 44 (10/13) as Agreed in Written Contract.

Automobile includes Additional Insured Primary and Non-Contributory CNA71527XX (10/12) as Required by Written Contract

Automobile Includes Extended Coverage Endorsement SCA 23500D (10/11) Who is an Insured - Any person or organization that you are obligated to provide Insurance where required by a written contract or agreement is an insured, but only with respect to legal responsibility for acts or omissions of a person for whom Liability Coverage is afforded and Automobile Hired Physical Damage Limit of \$75,000 with \$500 Comprehensive and Collision Deductibles for Light Trucks up to 10,000 pounds G.V.W

Automobile Includes Blanket Additional Insureds includes Designated Insured Endorsement CA 20 48 (10/13)- Any person or organization that the named insured is obligated to provide insurance where required by a written contract or agreement is an Insured, but only with respect to legal responsibility for acts or omissions of a person/organization for whom liability coverage is afforded under this policy

Umbrella is on Follow Form Basis

Lunch in appreciation of First Responders on Thursday, October 24 from 11:30am-1:30pm.



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DATE (MM/DD/YYYY)

10/15/2024

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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 Marsh & McLennan Agency LLC 131 Interpark Blvd. San Antonio TX 78216	CONTACT NAME: Margie Newsom PHONE (A/C, No, Ext): 210-249-2367 E-MAIL ADDRESS: FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE INSURER A : Cincinnati Indemnity Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 23280
INSURED The CE Group, Inc. 200 E. Grayson, st Ste. 114 San Antonio TX 78215	CEGROUP	

COVERAGES

CERTIFICATE NUMBER: 829357359

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 INSP	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"/> non contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			EPP0387596	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> ANY AUTO <input checked="" 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			EPP0367596	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Phys dam-Comp/coll \$ 1000 ded
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0367596	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	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"/>	EWC046675606	1/1/2024	1/1/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Additional Insured, Waiver of subrogation and Primary & Non-Contributory form # GA 472 0520 applies to the General Liability policy.

Additional Insured & Primary and Noncontributory form AA4171 0620 and AA4171 1105 applies to the Automobile Liability policy.

Waiver of subrogation form WC 4203 04B applies to the Workers Compensation policy.

Waiver of Subrogation form AA4172 0909 applies to the Automobile policy.

See Attached...

CERTIFICATE HOLDER
 City of Tomball, Texas
 401 Market Street
 Tomball TX 77375
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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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED The CE Group, Inc. 200 E. Grayson, st Ste. 114 San Antonio TX 78215	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

The General Liability policy includes a blanket additional insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and NonContributory" wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The General Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Automobile Liability policy contains language that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The Automobile liability policy includes waiver of subrogation wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Worker's Compensation policy includes a waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

Certificate Holder Includes: City of Tomball, Texas.



CERTIFICATE OF LIABILITY INSURANCE

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10/15/2024

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PRODUCER Hylant Group Inc 811 Madison Ave Toledo OH 43604		CONTACT NAME: Crystal Gleason PHONE (A/C, No, Ext): 419-259-2710 E-MAIL ADDRESS:		FAX (A/C, No): 419-255-7557	
Insured All Active US Rotary Clubs & Districts Rotary Club of Tomball Attn: Risk Management Dept. 1560 Sherman Avenue Evanston, IL 60201-3698		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A : Westchester Surplus Lines Insurance Company		10172	
		INSURER B :			
		INSURER C :			
		INSURER D :			
		INSURER E :			

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		G73578917003	7/1/2024	7/1/2025	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	AUTOMOBILE LIABILITY <input 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	Y		G73578917003	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							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 DED <input type="checkbox"/> RETENTION \$			Not applicable			EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Not applicable			PER STATUTE	OTHER
							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)
 The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is cause in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER City of Tomball, Texas 401 Market Street Tomball, Texas 77375		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 <i>Judy K. Wilson</i>	
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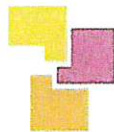
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Your Temporary Event Application has been approved!

From: noreply@phs.hctx.net

To: mclark20@sbcglobal.net

Date: Monday, October 7, 2024 at 07:34 AM CDT



Harris County
Public Health
ENVIRONMENTAL PUBLIC HEALTH

Good Morning,

RE: Mark Clark- Tomball First Responders Appreciation

Your application for an Event with Harris County Public Health has been approved for the Tomball First Responders Appreciation.

Your Event ID number is T0006118.

Please inform all food vendors that a Harris County Temporary Food Permit is required. Each vendor is required to obtain a permit and should be purchased no later than two business days prior to the event to avoid a late fee. If a vendor has more than one booth, each booth will need a separate temporary food permit. Any vendor that does not purchase their permit within that timeframe will incur a cost of twice the regular temporary permit fee. If this event is an approved Farmers' Market, then visit [Farmers' Market Requirements](#) for permit information.

Harris County Fire Marshal's Office (HCFMO) permits and inspects temporary events in unincorporated Harris County. Please call 713-274-1730 or 281-436-8030 or visit www.hcfmo.net for application and requirements. Your Temporary Event must meet all HCFMO requirements.

On the day of your event, an Investigator may contact you should any issues arise on site.

If you have any questions, please call us at 713-274-6300 or email us at foodpermits@phs.hctx.net

Thank You,