

September 26, 2024

City of Tomball Mr. David Esquivel 401 Market Street Tomball, TX 77375

RE: Tomball Holiday Parade

Dear Mr. Esquivel,

We are anticipating a fabulous Tomball Holiday Parade at 10 a.m. on Saturday, November 23, 2024 with help from our city, police and fire departments, as well as from numerous volunteers. The popular attraction is a Tomball tradition and is celebrating 59 years. We are looking forward again to the expertise of the Tomball Police Department for crowd control and as visual deterrents from any negative activity.

To insure the safety of the many visitors and Parade participants who will be in Tomball on November 23, we are asking for street closures for the following streets on Saturday morning only from 7:00 a.m. until noon:

- North Elm between Main Street and Hufsmith Rd.
- North Walnut between Main Street and Epps
- 100 & 200 block of Commerce
- 100 & 200 block of Houston
- 100 & 200 block of Oxford
- South Elm between Main Street and Market Street
- South Walnut between Main Street and Fannin
- 100 & 200 block of Market Street
- Parking lot at corner of Main and South Walnut

From 9:15 a.m. until 12:30 p.m.

• FM 2920 from FM 2978 to Business 249

Enclosed is a map for your review. Residents of these streets will still have access to and from their homes.

We appreciate the City of Tomball, its special partnership with the chamber and the assistance always offered for our events. Should you have any questions or concerns, please contact Brandy Beyer or myself at 281-351-7222.

Sincerety

Bruce Hillegeis

President

Encl: Map



SPECIAL EVENT APPLICATION

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

| Tea | application to stage an event within the city of Tomball shall be filed with the Marketing & Tourism m at least 180 days prior to the event. This application is not to be construed as authorizing or eeing to any event until formally approved by the Tomball City Council. | | | | | |
|-----|---|--|--|--|--|--|
| Dat | e: Is this event Co-City sponsored? Yes V No | | | | | |
| Fes | uest for permission to use a public venue for the following type of event (please check one): tival Community Event Arts & Crafts Event Music Event Other (specify) | | | | | |
| | Event title: Tomball Holiday Parade | | | | | |
| 2. | Sponsoring entity: Greater Tomball Area Chamber of Commerce | | | | | |
| 3. | Is this organization based in Tomball: Yes 🚺 No | | | | | |
| 4. | Is this organization non-profit *Attach 501 (c) (3) tax exemption if applicable | | | | | |
| 5. | Contact: Brandy Beyer Phone: 281.351.7222 | | | | | |
| 6. | 20201 Quinn Dd Sto P Tomboll TV 77275 | | | | | |
| 7. | bhayar@tamballahambar ara | | | | | |
| 8. | Event date: November 23, 2024 | | | | | |
| | Event times: Start 10am Finish Noon Set-up 7am Breakdown 12:30pm | | | | | |
| | Is this event for charity? Yes No | | | | | |
| 11. | If yes, what charity? Greater Tomball Area Chamber of Commerce Tax ID 74-1495125 | | | | | |
| | If yes, what percentage of net proceeds will be donated to the charity? $\frac{100\%}{}$ | | | | | |
| 13. | On-site contact: Brandy Beyer Mobile #: 713.594.3449 | | | | | |
| | Estimated number of attendees: 40,000 | | | | | |
| | Detailed site map in attached: Yes No No | | | | | |
| | Is this event open to the public: Yes No No | | | | | |
| 17. | Admission fee: \$ Free | | | | | |
| 18. | Time at which event staff will begin to arrive: 6am | | | | | |
| 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 | | | | | |
| | The applicant will provide proof of general liability insurance for the event naming the City of Tomball as additional insured. Initial Shame of insurance carrier: The Hartford | | | | | |
| 22. | Are Fireworks included in your event? No Yes (Must submit Fireworks Event Application) | | | | | |
| FOR | OFFICIAL USE - Fee required: Yes No Amount Due: \$ | | | | | |

May 30, 2024

City of Tomball 401 MARKET ST TOMBALL TX 77375

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|---|----|----|----|-------|----|---------|----|
| А | CC | ดน | nt | Info | rm | atio | n: |

| | | La Contact US | | |
|-------------------------|---|-----------------------------|--|--|
| Policy Holder Details : | GREATER TOMBALL AREA CHAMBE OF COMMERCE | Need Help? | | |
| | | Chat online or call us at | | |
| | | (866) 467-8730. | | |
| | | We're here Monday - Friday. | | |

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/30/2024

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. 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 SUBROGATIONIS 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 | | CONTACT NAME: | CONTACT NAME: | | | | | | |
|---------------------------------------|--|-----------------------------------|-----------------|-----------------|-------------------------------|---|--------------------------|--|-------------|
| TWFG INSURANCE SERVICES LLC | | | | PHONE (832) | 559-1595 | | FAX | | |
| 61615616 | | | | (A/C, No, Ext): | | | (A/C, No): | | |
| 30310 TOMBALL PARKWAY | | | E-MAIL ADDRESS: | E-MAIL ADDRESS: | | | | | |
| TOMBALL TX 77375 | | | | | INSURER(S) AFFORDING COVERAGE | | | | |
| | | | | | INSURER A: Hartfor | INSURER A: Hartford Lloyd's Insurance Company | | | |
| INSU | JRED |) | | | INSURER B: | INSURER B: | | | |
| | | TER TOMBALL AREA CHAMBI | OF | | INSURER C: | INSURER C: | | | |
| | | ERCE | | | INSURER D : | INSURER D : | | | |
| 1 | - | I QUINN STEB ALL TX 77375 | | | INSURER E : | | | | |
| ' | VID, | ALL TX TYOTO | | | INSURER F: | | | | |
| CO | VFF | RAGES | CERTII | FICATI | E NUMBER: | | REVIS | ION NUMBER: | |
| IN C | 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. | | | | | | | | |
| INSF | | TYPE OF INSURANCE | ADDL INSR | SUBR | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMIT | s |
| LIK | | COMMERCIAL GENERAL LIABILITY | INSK | WVD | | (MM/DD/YYYY) | (MM/DD/Y YYY) | EACH OCCURRENCE | \$1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED | \$300,000 |
| | X General Liability | | | | | | | PREMISES (Ea occurrence) MED EXP (Any one person) | \$10,000 |
| Α | <u> </u> | | - X | | 61 SBA BK0568 | 12/20/2023 | 12/20/2024 | PERSONAL & ADV INJURY | \$1,000,000 |
| | GE | EN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | POLICY PRO- X LOC | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | | OTHER: | | | | | | | |
| | ΑU | JTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | | ANY AUTO | | | | | | BODILY INJURY (Per person) | |
| Α | | ALL OWNED SCHEDULED AUTOS | | | 61 SBA BK0568 | 12/20/2023 | 12/20/2024 | BODILY INJURY (Per acciden | :) |
| | X | HIRED V NON-OWNED | | | | | | PROPERTY DAMAGE | |
| | | AUTOS | | | | | | (Per accident) | |
| | | UMPRELLA LIAR OCCUR | | | | | | EACH OCCURRENCE | |
| | EXCESS LIAB CLAIMS- | | | | | AGGREGATE | | | |
| | - | DED RETENTION \$ | + | | | | | | |
| DED RETENTION \$ WORKERS COMPENSATION | | | | | | PER OTH | _ | | |
| AND EMPLOYERS' LIABILITY | | | | | | STATUTE ER | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | E.L. EACH ACCIDENT | | | |
| OFFICER/MEMBER EXCLUDED? | | | | | | | E.L. DISEASE -EA EMPLOYE | | |
| (Mandatory in NH) | | | | | | | | | |

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

61 SBA BK0568

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

12/20/2023

12/20/2024

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--|
| City of Tomball | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED |
| 401 MARKET ST | BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED |
| TOMBALL TX 77375 | IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |
| | Susan S. Castaneda |

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E.L. DISEASE - POLICY LIMIT

Each Claim Limit

Aggregate Limit

\$5,000

\$5,000

If yes, describe under

LIABILITY

DESCRIPTION OF OPERATIONS below

EMPLOYMENT PRACTICES

