

CITY OF SEABROOK  
PARADE, CARNIVAL, SHOW, FESTIVAL,  
SPECIAL OR COMMUNITY EVENT  
APPLICATION

281-256-5109

Pete

Date of Application: 6-27-16 Name of Applicant: BAY AREA RUNNING CLUB

Full Address of Applicant: 2427 BAY AREA BLVD HOUSTON TX 77062

Day Time Phone (281) 480-5388 Night time phone (281) 256-5109

e-mail address: [REDACTED]

Name of Organization, Firm or Corporation on whose behalf this application is made:  
BAY AREA RUNNING CLUB

Address of Organization (if different from above): SAME

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number of Organization (if different from above): SAME ( )

Is the organization recognized as a non-profit organization for tax purposes? YES

Requested Date(s) and Times of the Event: 8-13-16 7:00 AM til 9:00 AM

Location of the Event: OUTRIGGERS SEAFOOD

Will any portion of this event be held on city property? NO If so, where?

**Note: If you will hold the event in a city park or facility, you must also complete an additional application to use city facilities.**

Give a brief description of the event: 5K (3.1 miles) OUT AND BACK  
FOR RUN, TURN-GROUND AT HAMMER AND N. MEYER.  
START AND FINISH AT OUTRIGGERS

Estimated No. of Workers 15 Estimated No. of Attendees 100

Will the event be held in a parking area? NO. If so, how many parking spaces will be temporarily lost? N/A

How many parking spaces are you providing for the event? 100

Will alcohol be served? NO If so, you are required to pay an additional deposit if you wish to serve alcohol on city property. You must also contact the Texas Alcoholic Beverage Commission.

Will admission be charged for this event? NO

Do you want to display temporary signs or banners to advertise this event? NO

Number of signs for this event N/A Complete the sign permit application attached to the packet. **Please note that signs may only be displayed on private property, with the property owners' permission and with a city permit. Signs are not permitted in any street rights-of-way.**

**If this event is a parade, please answer the following additional questions.**

Proposed Route (Attach Map): Bath St. to Todville, to second street, to N. Meyer, Turn-around AT Hammer, Then return.

Estimated number and kind of animals to be used: N/A

Estimated number of parade participants including, animals and riders, bicycle riders, animal-drawn vehicles, floats motor vehicles, motorized displays and marching units or organizations, such as bands, color-guards, and drill teams: FUN RUN, COURSE MAP enclosed.

**THIS SECTION NEEDS TO BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION.**

This application has been reviewed by the Seabrook Police Chief or designee and the signature below verifies that adequate provisions for security have been made by the applicant.

Bryan Brauf  
Print name  
Police Department Representative

6-27-14  
Date Approved

[Signature]  
Signature  
Police Department Representative

Comments: Security & traffic will be handled by S.P.D.

I have enclosed the following items as part of my application and have initialed each relevant item:

1. \_\_\_\_\_ completed applications form including approval by the Seabrook Police Department.
2. \_\_\_\_\_ If the event is to be held on city property, an additional application for the use of city facilities.
3. \_\_\_\_\_ Permit fee in the amount of \$ 50.00. (Non-profit organizations may substitute a letter of request to the City Council requesting a waiver of the permit fee.

- 4.  If event is a parade a deposit fee of 200<sup>00</sup> is included. Deposits are not waived.
- 5.  A certificate of insurance, naming the City of Seabrook as certificate holder. This insurance provides protection of not less than \$100,000 against liability for damages to property and protection of not less than \$100,000 for protection of injury to the death of one person and of not less than \$300,000 for protection against injury to death of two or more persons in a single accident or occurrence. (A sample certificate of insurance is enclosed.)
- 6.  For special events, a site plan is attached as required by the Code of the City of Seabrook, Section 4.07. (See attached excerpt.)
- 7.  For parades, a map showing the parade route is attached.

**NO APPLICATION WILL BE ACCEPTED UNLESS ALL ITEMS LISTED ABOVE ARE PROVIDED.**

As applicant, I certify that all information contained in this application is true and correct to the best of my knowledge. I state that I am fully authorized to act and contract for any persons, organizations, firms or corporations on whose behalf this application is made. As applicant for the above organization, I do contract and agree that they will jointly and severally, indemnify and hold the City of Seabrook harmless against liability for any and all claims for damage to property or injury to or death of persons arising out of or resulting from the issuance of the permit or the conduct of the participants. As applicant, I understand that I may be held liable as principal in place of the organization for the cost of cleaning or repairing city property which may have sustained damage as a result of the special event. I understand that a special events permit may be issued for no more than five consecutive days. If the permit is granted, I, as representative, agree to adhere to all city ordinances regarding the special event.

**I understand that if I am applying to use a city park, community house or other city facility to hold this event, additional applications and fees will be required. I also understand that all required applications, accompanying documents and fees must be submitted to the City Secretary's Office at least 30 days prior to the date of the event, and that the event may not be held without approval of the Seabrook City Council. I have read and have agreed to the above conditions.**

*[Handwritten Signature]*

Signature of Applicant

*Peter Cahill*

Printed Name of Applicant

*6-28-16*

Date Submitted

FOR OFFICE USE ONLY

Reviewed by City Secretary \_\_\_\_\_ Date \_\_\_\_\_

If applicable: Fire Marshal notified \_\_\_\_\_ Building Official Notified \_\_\_\_\_ City Mgr \_\_\_\_\_

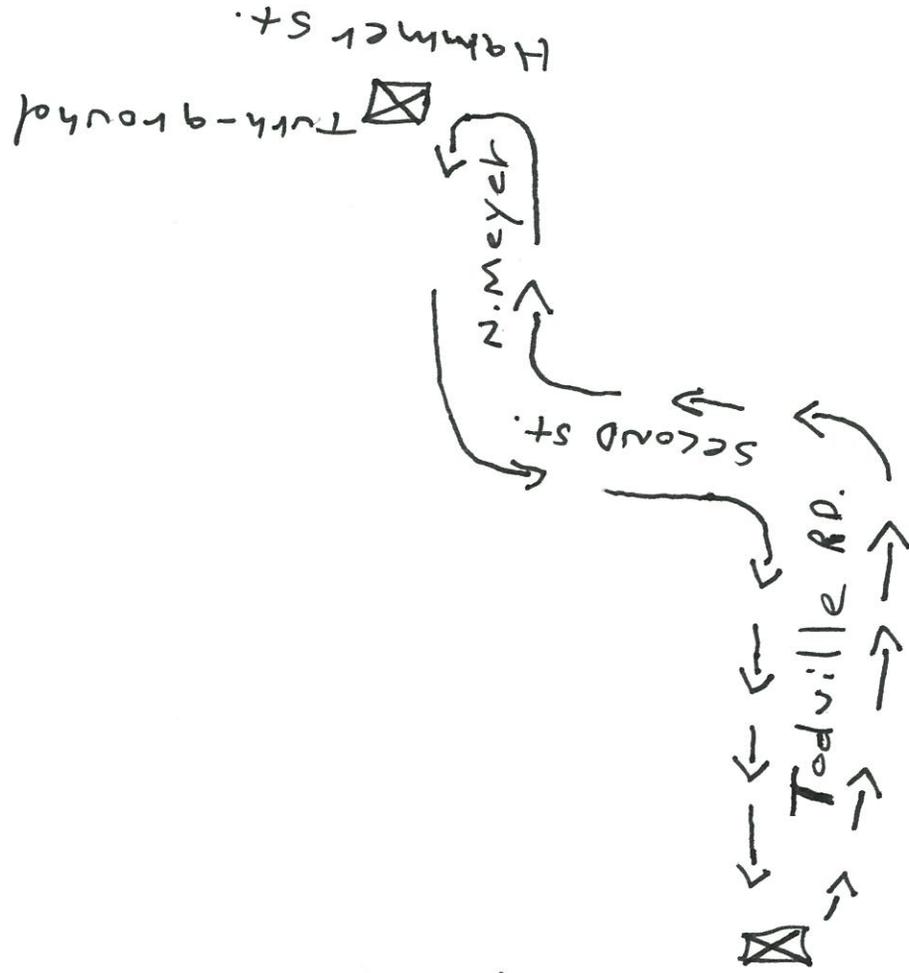
This application has been reviewed by the Seabrook City Council on \_\_\_\_\_ and has been APPROVED DENIED.

The following conditions are placed upon this event: \_\_\_\_\_

START-OUTRIGGERS 5K (OUT AND BACK)

Bath and Todville

Start + Finish





Google earth





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/27/2016

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 STAR Insurance - Fort Wayne Office 2130 East Dupont Road  Fort Wayne IN 46825	CONTACT NAME: Margaret M. Mayers	
	PHONE (A/C, No, Ext): (260) 467-5689 FAX (A/C, No): (260) 467-5691 E-MAIL ADDRESS: margaret.mayers@starfinancial.com	
INSURED Road Runners Club of America/2016 and Its Member Clubs 1501 Lee Highway, Suite 140 Arlington VA 22209	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A National Casualty Company	11991
	INSURER B Nationwide Life Insurance Co.	66869
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES** CERTIFICATE NUMBER: 2016 \$2M A.I. 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		[REDACTED]	12/31/2015 12:01 AM	12/31/2016 12:01 AM	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
	<input checked="" type="checkbox"/> Legal Liability to Participant \$2,000,000	MED EXP (Any one person) \$ 5,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PERSONAL & ADV INJURY \$ 2,000,000				
	OTHER: Abuse & Molestation					GENERAL AGGREGATE \$ Unlimited
			Aggregate \$5,000,000			PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY		[REDACTED]	12/31/2015 12:01 AM	12/31/2016 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<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 checked="" type="checkbox"/> HIRED AUTOS <input checked="" 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 RETENTIONS \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)		[REDACTED]	12/31/2015 12:01 AM	12/31/2016 12:01 AM	Excess Medical \$10,000
		AD & Specific Loss \$2,500				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 08/13/16 Outriggers 5k on the Bay INSURED RRCA CLUB/EVENT MEMBER: Bay Area Running Club, Att'n: Jay Lee, 2427 Bay Area Blvd., Houston, TX 77058

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
08/13/16 City of Seabrook 1700 First Street Seabrook, TX 77586	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
	Terry Diller/MMA <i>Terry R. Diller, CFCU</i>