

EVENT/ OPEN AIR/ PARADE APPLICATION

SECURITY (CONTINUED)

WILL ANY ADDITIONAL VEHICLE TRAFFIC CONTROL BE IN PLACE? IF YES, PLEASE EXPLAIN.

PARADE DETAIL

ASSEMBLY TIME:

ASSEMBLY LOCATION:

STARTING POINT:

ENDING POINT:

IS ALL OR ONLY A PORTION OF, THE WIDTH OF THE STREETS, PROPOSED TO BE TRAVERSED? PLEASE EXPLAIN:

NUMBER OF FLOATS/ VEHICLES:

NUMBER AND TYPE OF ANIMALS:

SUPPORTING DOCUMENTATION

CERTIFICATE OF INSURANCE IS ATTACHED: YES N/A
(VILLAGE OF ROUND LAKE MUST BE LISTED AS ADDITIONALLY
INSURED.)

PARADE ROUTE ATTACHED: YES N/A
SITE PLAN ATTACHED: YES N/A

HOLD HARMLESS

TO THE FULLEST EXTENT PERMITTED BY LAW, THE ORGANIZATION HEREBY AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE VILLAGE OF ROUND LAKE, ITS OFFICIALS, AGENTS AND EMPLOYEES, AGAINST ALL INJURIES, DEATHS, LOSS, DAMAGES, CLAIMS, PATENT CLAIMS, SUITS, LIABILITIES, JUDGMENTS, COST AND EXPENSES, WHICH MAY IN ANY WAY ACCRUE AGAINST THE VILLAGE OF ROUND LAKE, ITS OFFICIALS, AGENTS AND EMPLOYEES, ARISING IN WHOLE OR IN PART OR IN CONSEQUENCE OF THE EVENT, AND/OR ITS EMPLOYEES, AND OR SUBCONTRACTORS' PARTICIPATION IN EVENT, OR WHICH MAY IN ANY WAY RESULT THEREFORE. THE ORGANIZATION SHALL, AT ITS OWN EXPENSE, APPEAR, DEFEND AND PAY ALL CHARGES OF ATTORNEYS AND ALL COSTS AND OTHER EXPENSES ARISING THEREFORE OR INCURRED IN CONNECTION THEREWITH, AND, IF ANY JUDGMENT SHALL BE RENDERED AGAINST THE VILLAGE OF ROUND LAKE, ITS OFFICIALS, AGENTS AND EMPLOYEES, IN ANY SUCH ACTION, THE ORGANIZATION SHALL, AT ITS OWN EXPENSE, SATISFY AND DISCHARGE THE SAME.

THE ORGANIZATION EXPRESSLY UNDERSTANDS AND AGREES THAT ANY PERFORMANCE BOND OR INSURANCE POLICIES REQUIRED BY THE VILLAGE OF ROUND LAKE, OR OTHERWISE PROVIDED BY THE ORGANIZATION SHALL IN NO WAY LIMIT THE RESPONSIBILITY TO INDEMNIFY, KEEP AND SAVE HARMLESS AND DEFEND THE VILLAGE OF ROUND LAKE, ITS OFFICIALS, AGENTS AND EMPLOYEES AS HEREIN PROVIDED.

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL CITY CODES AND ORDINANCES, STATE AND FEDERAL LAW, AND THE RESULTS OF ANY INSPECTIONS REQUIRED BY ORDINANCE AT THIS TIME AND ANY FURTHER INSPECTIONS WHILE THIS LICENSE IS IN FORCE. I HAVE READ THIS APPLICATION AND ANSWERED ALL QUESTIONS FULLY. THE INFORMATION I HAVE SUBMITTED IN THIS APPLICATION IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE

POLICE DEPARTMENT	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> COMMENTS ATTACHED
FIRE DISTRICT	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> COMMENTS ATTACHED

SIGNATURE OF VILLAGE REPRESENTATIVE

DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/15/2018

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Vendor / Contractor Name and address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES CERTIFICATE NUMBER: Cert ID 6467 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 (MM/DD/YY)	POLICY E (MM/DD/YY)	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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	12345678	1/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 RENTED (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			987654321	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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	56789	12/31/2017	12/31/2018	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured with respects to General Liability, Auto Liability and Umbrella Liability when required in a signed written contract: Village of Round Lake
General Liability coverage is on a primary and non-contributory basis
Waiver of Subrogation in favor of the additional insured with respects to General Liability and Workers Compensation when required in a signed written contract.

CERTIFICATE HOLDER Village of Round Lake 442 N. Cedar Lake Rd. Round Lake IL 60073	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