

.

Newton Parks, Recreation & Culture Dept *Nicole Banks – Commissioner* 246 Dudley Rd, Newton, MA 02459 Office 617-796-1500 <u>parks@newtonma.gov</u>

Special Event Permit Application

Please complete all data as required

| Organization/Applicant: The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen | | | | | |
|--|----------------|--------|-----------------------------|--|--|
| c/o Event 360, Inc 55 E. Address_Jackson Blvd., Suite 1030 | _City_Chicago | State: | IL Zip 60604 | | |
| Day Phone # 773-247-5360 x197# | _Night Phone # | Same | Email: mparker@event360.com | | |
| Meredith Parker - Event Production Manager Contact Name: for Event 360, Inc. Contact # 773-247-5360 x197# | | | | | |
| CONTACT EMAIL: mparker@even | t360.com | | | | |

Special Event Information

Complete all data as required for event of any size:

| Event Title: 2022 Susan G. Komen New England 3-Day | | | | | |
|--|--|---|--|------|--------|
| Run/Walk <u>√</u> R Wedding Ceremony/F | | | | | |
| Concert/Picnic | | Other (specify): | | | |
| Location Requested: | , , | vton Centre Green on City Hall Grounds | | | |
| Event Date(s): Friday, August 26, 2022 | | Estimated Attendance 1,100 | | | |
| Walking Route Event Times From: | 8:45 | (am)pm | to: | 2:00 | _am,pm |
| <u>Requested SetUp Time:</u> | me: From: See Below am/pm 1.) Newton Centre Green - North 6:30 a.m 9:00 a.m.: Set Up 9:00 a.m 11:30 a.m.: Open to Walkers | | to: See Below am/pm 2.) Newton City Hall Grounds 7:15 a.m 9:45 a.m.: Set Up 9:45 a.m 1:15 p.m.: Open to Walkers | | |
| | 11:30 a.m 2:00 p | | 1:15 p.m 3:45 p.m.: Clean Up | | |

Please attach additional sheets as necessary, including plans, drawings, maps of area etc...... Route Map: ATTACHMENT A Site Maps: ATTACHMENT B

Special Event Permit Details

Please attach additional sheets as necessary, including plans, drawings, maps of area etc.....

Please indicate whether the following items pertain to your event:

| Yes No | | | | | |
|----------|---|--|--|--|--|
| <u> </u> | Food Concession and/or food Preparation Areas if you intend to cook food in the event area | | | | |
| <u>✓</u> | First Aid Facilities and Ambulance (s) Medical Plan: ATTACHMENT C | | | | |
| <u>✓</u> | Will you set up table(s) and or chair(s) How Many? | | | | |
| <u> </u> | Fencing, Barrier(s) and/or Barricades(s) | | | | |
| <u> </u> | Booth(s) Exhibit(s) Display(s) and/or Enclosure(s) | | | | |
| <u>✓</u> | Canopy(s) and/or Tent(s). Please include sketch with dimensions Site Maps: ATTACHMENT B | | | | |
| <u> </u> | Scaffolding, Bleacher(s) Platform(s) Grandstand(s) or related structure(s) | | | | |
| | Dimension(s) | | | | |
| <u> </u> | Portable Toilet (s) if yes, please indicate company providing units with contact Meredith Parker | | | | |
| | Name United Site Services and phone number Company: Contact # 773-247-5360 x197# | | | | |
| V | Entertainments, please describe: (If more than one sheet is needed please add) | | | | |
| <u> </u> | Inflatable device(s), amusement(s) | | | | |
| ✓ | Will alcohol be sold? | | | | |
| <u>✓</u> | Will the Event be advertised? Online How? The3Day.org | | | | |
| <u> </u> | Amplified Sound Start Time End Time | | | | |

Other Permits

Please note that all components of the event are subject to Parks, Recreation & Culture Department approval and may require approval by an /or permits from other City Agencies. Parks, Recreation & Culture Department Approval does not constitute permission from other agencies. Events that impact other city agencies will be referred to those agencies for appropriate permissions and permits. It is the responsibility of the applicant to secure all necessary City of Newton Permits.

Insurance Requirements

All groups requesting permits <u>MUST</u> provide an updated copy of their <u>Insurance Certificate</u> naming/listing the City of Newton as an <u>additional insured</u>. <u>Please note this is in addition to the City of Newton being the certificate holder</u>. This should not result in any additional fee from your insurance provider. The certificate must be valid for the length of your permit request, or for the entire calendar year.

Affidavit of Applicant

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand, and agree to abide by the policies, rules and regulations listed on this application form as they pertain to the requested usage. By signing this application, the applicant agrees to follow all rules and regulations. The permit if granted is not transferable and is revocable any time at the absolute description of the Parks, Recreation & Culture Department. All programs and facilities of the Newton Parks, Recreation & Culture Department are open to all citizens regardless of race, sex age, color, religion, national origin, or handicap.

| Name of applicant: (please print) | Jennifer Hagan | | | |
|--------------------------------------|----------------|-------|-----------|--|
| (pieuse print) | | | | |
| Signature of applicant: | Jennifer Hagan | Date: | 2/22/2022 | |

Rules and Regulations governing the use of a Parks and Recreation Facility or Area

*Constitutionally restricted discrimination will not be tolerated at public functions

*No elected official or candidate for public office shall be denied access to any event which is described on the permit application as a public event *The City will regard a function as public where exclusive or regular use of public property has been granted unless the licensee clearly conducts its activity as private.

*Indicia of a private event or function include but are not limited to, use of personal rather than general invitations, use of some sort of gate system or its equivalent, non-affiliation with public entities or public events.

*A reasonable administration charge for private use of public facilities and any parks and recreational personnel will be set by the Parks, Recreation & Culture Commissioner

*Police protection, where deemed necessary by the Parks, Recreation & Culture Commissioner, shall be furnished by licensees at their own expense at rates to be established by the Police Chief.

*Licensees are hereby notified that the function of the City Police Officers where present in their capacity and on duty as City Police Officers, at such events, shall be to serve the public peace and safety rather than the private purposes of the group conducting a private event or activity.

*Security or gate monitoring arrangements at private functions, where desired by the licensee, shall be made and provided by private individuals. *Licensees shall reimburse the City for any damage which may be done to the Parks, Recreation & Culture area, or facilities.

*The holder of this permit must conform strictly to the location, time specified and to the Rules and Regulations governing the use of playgrounds in the City of Newton.

*This permit may be revoked by the Parks, Recreation & Culture Commissioner at any time.

*The possession or consumption of alcoholic beverages is prohibited on all playgrounds in the City of Newton unless otherwise noted.

*No fees may be charged for any program without the approval of the Parks, Recreation & Culture Commissioner

*In the event of a duplication of permits, the permit bearing the earliest date is to be honored unless the later permit reads that it takes precedence. *Live music and use of amplifiers are prohibited except by permission of the Parks, Recreation & Culture Commissioner.

Article VI Parks and Public Grounds

Sec. 21-3 Operation of Vehicles

No person unless by permission of the Parks, Recreation & Culture Commissioner, or on playgrounds of the Parks, Recreation & Culture Commission, shall operate a motor vehicle in or upon parks or other public grounds except upon the driveways thereof.

Sec 21-4 Selling Goods and Wares: Amusements, Tents, Booths, Etc.

No person except by permission of the Parks, Recreation & Culture Commissioner or on playgrounds of the Parks, Recreation & Culture Commission, shall expose for sale or sell any good, ware or merchandise in or upon any park or other public grounds nor erect or maintain a booth, stand, tent or apparatus of any kind for the purpose of amusement or show in any park or public grounds.

Sec. 21-5 Nuisances Generally

No person shall commit a nuisance on parks or on other public grounds

Sec. 21-6 Playing Games Etc.

No person except by the permission of the Parks, Recreation & Culture Commissioner, or on playing grounds of the Parks, Recreation & Culture Commission shall engage in a game of ball football, baseball or other athletic sports in or upon any park or public grounds except upon such portions thereof as may be set apart for such purposes.

Sec. 21-7 Throwing Missiles

No person shall throw a stone, snowball, or other missile in or upon any park or public playground.

Sec 21-8 Damaging Property

No person shall pull up break, cut or deface any of the seats, fences or railings upon or around any park or public grounds, nor deface any monument or statue in any park or on public grounds

Sec. 21-9 Climbing, Posting Bills on Trees

No person shall climb a tree on any park or upon other public grounds, nor post a bill nor place a sign upon or around any tree in any park or upon other public grounds of the City.

Sec. 21-10 Digging, Carrying Dirt, Etc...

No person, except by permission of the Parks, Recreation & Culture Commissioner, or on playgrounds of the Parks, Recreation & Culture Commission, and for some public use, shall dig or carry away any sward, grave, and, turf or earth from or place or deposit or cause to be placed or deposited any stones, gravel or other substance upon any park, playground or other public grounds.

Sec 21-11 Damaging Flowers

No person shall walk, stand, sit or lie down in or upon, or pull a flower or plant out of a flower bed, in any park or upon public grounds.

Sec 21-12 Walking on Grass

No person shall stand, walk or lie upon the grass in any park or upon public grounds where such walking, standing, or lying has been prohibited, and notice of such prohibition is given to the public by legible notices placed in or upon such park or public grounds.

A SPECIAL EVENT PERMIT IS NOT TRANSFERABLE AND IS SUBJECT TO REVOCATION AT ANY TIME IN THE SOLE DISCRETION OF THE PARKS, RECREATION & CULTURE DEPARTMENT.

Agreement of Applicant

The information that I have provided in this application is correct to the best of my knowledge. By signing this application for a special event permit, I/the applicant agree(s) to comply with the Newton Parks, Recreation & Culture Commission's Special Event Permit Policy as well as any additional rules, regulations, or requirements which may be included in this application as the same may pertain to the special event. I/the applicant further agree(s) to make good or pay for the full amount of any damage, loss or injury to property owned or controlled by the City of Newton which I/the applicant may cause, in whole or in part, either by act or omission, regardless of negligence, during the special event, including preparation for the special event and clean-up following the special event.

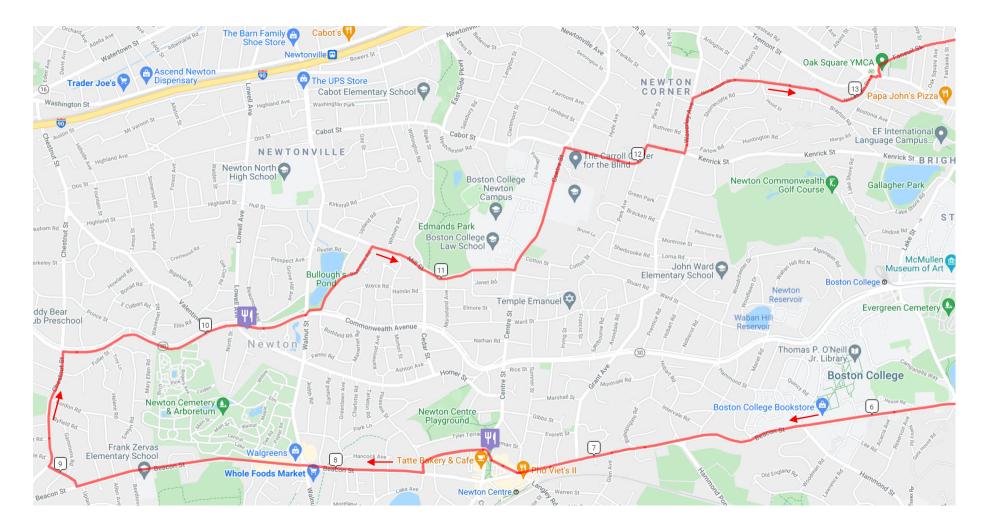
| Name of Applicant | Jennifer Hagan | |
|---|----------------|----------------|
| (please print) | | |
| Signature of Applicant or Applicant's represen | | ate: 2/22/2022 |

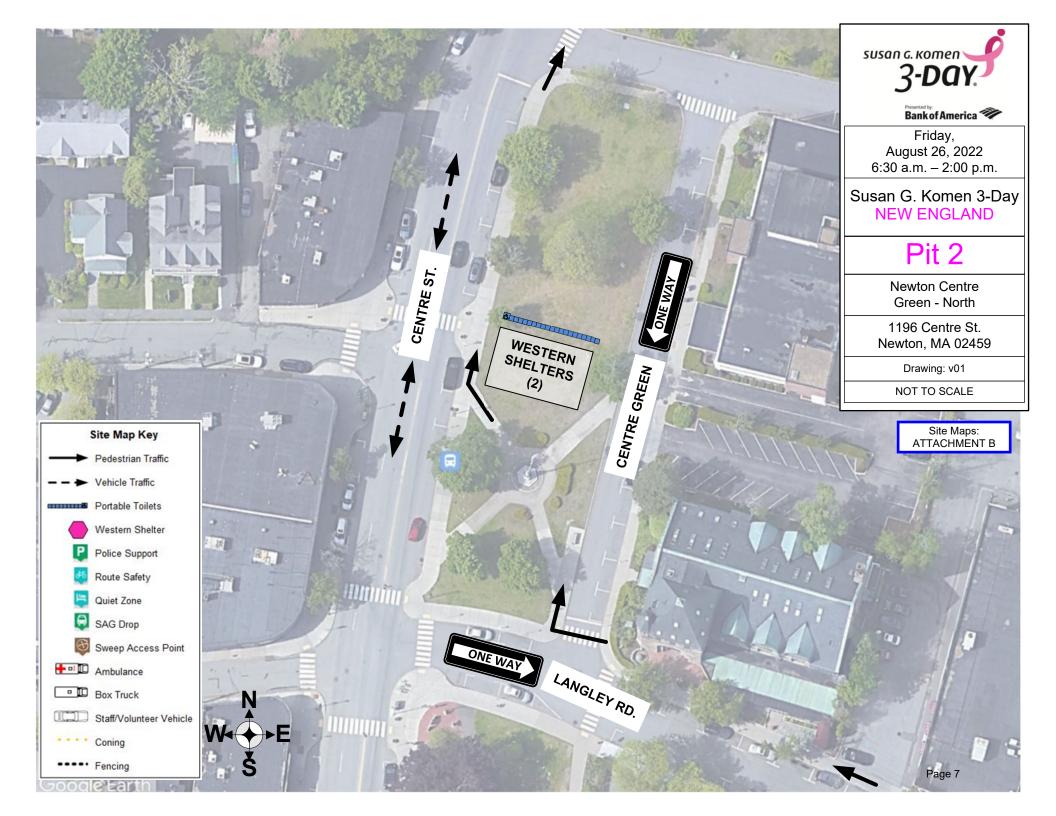
All Programs and Facilities of the Newton Parks Recreation & Culture Department Are open to All Persons Regardless of Race, Color, Sex, Age, Religion, National Origin, Disability or Sexual Orientation.

Compliance with State Guidance: The Reservation Holder shall comply with and strictly adhere to all applicable guidance and minimum requirements for health and safety issued by the Commonwealth of Massachusetts, or any of its agencies in its operation of the event at the Reserved Premises. This includes, but is not limited to, compliance with guidance and minimum requirements for cleaning, sanitizing and disinfecting practices, and state maximum outdoor gathering numbers.

https://www.mass.gov/info-details/safety-standards-and-checklist-indoor-and-outdoor-events#social-distancingand-capacity-limits-









PIT STOP DESCRIPTION

Pit stops are support areas set up along each day's route for the Susan G. Komen 3-Day[®] participants. Each stop is operated by event volunteers and staff and is designed to give the walkers a place to rest, re-hydrate, refuel and take care of basic first aid needs.

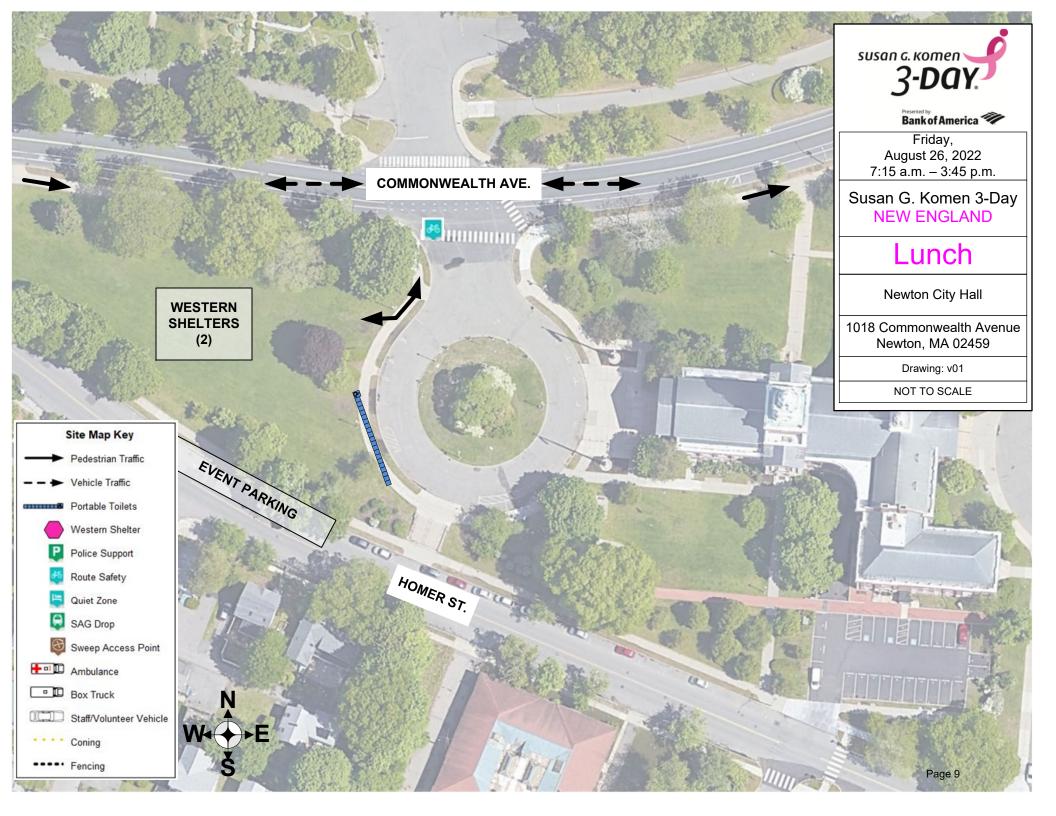
Generally, a pit stop will have two 16' diameter free-standing (non-staked) octagonal tents which will serve water and sports drink, pre-packaged snacks and fresh cut fruit. The pit stop will also host a licensed medical team of volunteers to treat minor ailments.

Portable toilets are also a part of a pit stop and are typically delivered the evening before use and picked up in the evening after the site has officially closed. Supplies (site supplies, equipment, water, snacks and ice) are dropped off the morning of the event and removed when the site is officially closed.

Vehicles ranging from passenger cars, minivans, and a 16' box truck will need access the site and will require on-site parking. Approximately three 12-person passenger van shuttles will need a designated area for the loading and unloading of participants.

List of snacks to be provided:

Bananas (cut in 1/2) Clementines Grapes (pre-packaged) Chex Mix (pre-packaged) Cheez-Its (pre-packaged) Sun Chips (pre-packaged) Oreos (pre-packaged) PBJ graham sandwich (pre-packaged) PBJ graham sandwich (pre-packaged) Peanuts (pre-packaged) Potato chips (pre-packaged) Pretzels (pre-packaged) String cheese (pre-packaged) Danishes/Croissants (individually pre-packaged) – At Pit Stop 1 only if available





LUNCH STOP DESCRIPTION

The lunch stop is a primary support area for Susan G. Komen 3-Day[®] participants and is set up mid-way along the day's route. It is operated by event volunteers and staff and is designed to give the walkers a place to rest, rehydrate, refuel and take care of basic first aid needs.

There will be two 15-foot diameter free-standing (non-staked) tents, which will serve water, sports drink and pre-made boxed lunches, and host a volunteer medical team. There will also be a refrigerated 16-foot truck, which stores the boxed lunches until they are served.

Portable toilets and handwashing stations are also part of the lunch stop and are typically delivered the evening before and picked up the evening after. Supplies, water, snacks and ice are dropped off the morning of the event and removed when the site is officially closed.

Vehicles ranging from passenger cars, minivans and two 15-foot box trucks will need access to the site and will require parking. Approximately five to ten 12-person passenger van shuttles will need a designated area for the loading and unloading of participants.



2022 Susan G. Komen 3-Day Medical Plan

The medical plan for the 3-Day event considers the needs of participants both along the route and at the hotel campsite each night. The medical care provided can range from very minor first aid to IV hydration for the treatment of dehydration.

The entire medical crew team is overseen by the 3-Day's Medical Manager who travels and staffs all (4) events in the series. The medical crew team consists of MD's (one who serves as the medical director of the event), RN's (one who serves as the team captain of the event), LVN's, and EMT's (both basic and paramedic); the overall mix will depend upon the people who volunteer for the team. All medical care providers will be BLS certified and familiar with local 911 access. Medical crew will be available at each of the four (4) pit stops and the lunch stop along the route during the day, as well as at the hotel campsite at night. The medical team will have cell phones with which they can communicate.

Local EMS agency ambulances will be contracted to sweep the route during the day. The amount and types of ambulances available (BLS or ALS) will depend upon what the contracted, local agency is able to provide. These units, or backup units, will provide patient transport to local hospitals as needed.

Medical crew will be on call both Friday and Saturday nights at the hotel campsite. In the event of a lifethreatening emergency, 911 will be contacted. The Support Services crew team will be utilized to transport non-emergency injured participants to/from the hospital or back to the hotel campsite.

The route medical team members will be in place and set up at their assigned pit or lunch stop before the route opens for walkers. As walkers arrive at a pit stop, medical care will be provided as needed. As walkers progress along the route, pit stops are closed, and the route medical team either leapfrogs ahead to support another pit stop or returns to the hotel campsite.

While walkers are on the route, the hotel campsite medical team and ancillary care providers will set up their areas so that they will be available to provide care as walkers arrive back at the hotel. Hotel campsite medical care will be provided from 1:00 pm until approximately 9:00 pm.

Based on past events, the types and quantities of medical supplies needed for each event have been predetermined and there is a comprehensive medical supply manifest. Each medical care area will have its own set of medical supplies as determined by the manifest. The route and hotel campsite medical supplies will be restocked daily.

An automatic external defibrillator (AED) is available at the lunch stop and at the hotel campsite. All medical team members whose BLS certification includes AED training will have use of this device.



Subject: Susan G. Komen 3-Day® Walks

The purpose of this letter is to introduce Event 360, Inc. to you. Event 360 has been contracted by Susan G. Komen® for the past 18 years to provide event production services for the Susan G. Komen 3-Day® event, which is a series of charitable fundraising walks that is held in communities like yours throughout the United States.

The Komen 3-Day raises funds for breast cancer programs and national research, all to help further Komen's vision of a world without breast cancer. The thousands of participants in the 3-Day event walk 60 miles over the course of three days, each raising \$2,300 or more to help in the fight against breast cancer. The funds raised have helped Komen to invest more than \$1 billion in breakthrough research and more than \$2.3 billion to support people and communities most at risk through programs to provide access to screening, treatment assistance, patient navigation and education.

Since its inception in 1982, Komen has funded more breast cancer research than any other non-profit organization. However, there is still work to be done. Breast cancer continues to be the leading cause of cancer deaths in women around the world. Every minute, somewhere in the world, a woman dies from breast cancer – that's more than 1,400 women every day. For further information about Komen, breast health or breast cancer, please visit komen.org or call 1 877 GO KOMEN. For more information about the 3-Day, please visit The3Day.org.

I am asking on behalf of Komen for your support as Event 360 works to develop a walking route in your community for the 3-Day. Komen and Event 360 are committed to operating a safe and successful event that will reflect positively on your community while raising funds for this worthy cause.

If you would like further information or have questions, please contact Komen's 3-Day Director, Stephanie Myers at 972-701-2134 or smyers@komen.org.

Thank you for your support and cooperation.

Lephoniel

Stephanie Myers Director, Susan G. Komen 3-Day

This letter is evidence of organization's tax exempt status only. For more information, call 800-996-3DAY (800-996-3329).

CINCINNATI OH 45999-0038

In reply refer to: 0248188030 Nov. 19, 2018 LTR 4167C 0 75-1835298 000000 00 00014268 BODC: TE

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SUSAN G KOMEN BREAST CANCER FOUNDATION SUSAN G KOMEN FOR THE CURE % ROBERT GREEN 5005 LBJ FREEWAY 526 DALLAS TX 75244

012879

Employer identification number: 75-1835298 Group exemption number: 7164

Dear Taxpayer:

This is in response to your request dated Nov. 08, 2018, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in June 1992, and you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognized the subordinates on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0248188030 Nov. 19, 2018 LTR 4167C 0 75-1835298 000000 00 00014269

SUSAN G KOMEN BREAST CANCER FOUNDATION SUSAN G KOMEN FOR THE CURE % ROBERT GREEN 5005 LBJ FREEWAY 526 DALLAS TX 75244

Sincerely yours,

Bluff

Kim A. Billups, Operations Manager Accounts Management Operations 1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2021

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| 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 | CONTAG | | , | | | | |
| Arthur J. Gallagher Risk Management Services, Inc. | NAME: PHONE | , Ext): 425-58 | | FAX (A/C, No): ' | 125-45 | 1-3716 | |
| 777 108th Ave NE, Suite 200 | F-MAII | | | (A/C, NO): * | 120-40 | 1-07 10 | |
| Bellevue WA 98004 | | ADDRESS: gail_scott@ajg.com INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| | | INSURER(S) AFFORDING COVERAGE | | | | | |
| INSURED SUSAGKI | 0.01 | INSURER A : Great Divide Insurance Company | | | | | |
| The Susan G. Komen Breast Cancer Foundation | INSURE | INSURER B : Tri-State Insurance Company of Minnesota 3100 | | | | | |
| 13770 Noel Road, Suite 801889 | | INSURER C : | | | | | |
| Dallas, TX 75380 | INSURE | | | | | | |
| | INSURE | | | | | | |
| | INSURE | RF: | | | | | |
| COVERAGES CERTIFICATE NUMBER: 18804947 | - | | | REVISION NUMBER: | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFC EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H/ INSR | ION OF ANY ORDED BY | CONTRACT | OR OTHER I S DESCRIBEI PAID CLAIMS. | DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO | т то ۱ | WHICH THIS | |
| LTR TYPE OF INSURANCE INSD WVD POLICY NUMBE | R | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | 8 | | |
| A X COMMERCIAL GENERAL LIABILITY CPA750300513 | | 7/1/2021 | 7/1/2022 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000 \$ 1,000 | | |
| | | | | MED EXP (Any one person) | | | |
| | | | | PERSONAL & ADV INJURY | \$ 1,000 | ,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | GENERAL AGGREGATE | \$ 2,000 | ,000 | |
| X POLICY PRO- JECT LOC | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | |
| OTHER: | | | | | \$ | | |
| A AUTOMOBILE LIABILITY CPA750300513 | | 7/1/2021 | 7/1/2022 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | |
| ANY AUTO | | | | BODILY INJURY (Per person) | \$ | | |
| OWNED SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | \$ | | |
| X HIRED AUTOS ONLY X AUTOS ONLY | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | \$ | | |
| UMBRELLA LIAB OCCUR | | | | EACH OCCURRENCE | \$ | | |
| EXCESS LIAB CLAIMS-MADE | | | | AGGREGATE | \$ | | |
| DED RETENTION \$ | | | | | \$ | | |
| B WORKERS COMPENSATION WCA750303624 | | 7/1/2021 | 7/1/2022 | X PER OTH- STATUTE ER | Ψ | | |
| AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | E.L. EACH ACCIDENT | \$ 1,000 | 000 | |
| OFFICER/MEMBER EXCLUDED? | | | | | A EMPLOYEE \$1,000,000 | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | |
| DESCRIPTION OF OPERATIONS below | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000 | ,000 | |
| | | | | | | | |
| | hodulo merchi | attached !f | | pd) | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sci Evidence of Insurance. Re: Susan G. Komen 3-Day Events. | nequie, may be | e attached if moi | e space is require | ea) | | | |
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| | | | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | |
| Event 360, Inc. 55 E. Jackson Blvd., Suite 1030 | THE ACC | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| Chicago IL 60604 | AUTHO | AUTHORIZED REPRESENTATIVE | | | | | |
| | de | | | | | | |
| | | | | | | | |
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

As required by any Municipality, by agreement with any Governmental Entity, or as required by Written Contract executed prior to a loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or

2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

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2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

CG 20 26 04 13

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