

# SPECIAL EVENT WORKSHEET FOR FESTIVALS & EVENTS

EVENT NAME:COCK .A. DOODLA BREW FAST
SAFETY PROCEDURES: Events may require Aurora Police Department participation to assure public safety. The number of police personnel will be determined by APD.
1) Will you be providing private on-site security?  YES_X_NO
Security Company name: PLC + ASSOCIATES
Security Company contact <u>PATRICK CARROL</u> Cell: <u>3/2-543-3/5-3</u>
Where will security be needed? <u>YES ENTRANES</u>
Time security will be needed: 10:30a 7:20 p
Will Aurora Police Department officers be requested? YES X NO
2) What are your plans for medical assistance? ** CALE OF ** EMERGENCY 91/* If requesting Aurora Fire Department assistance, contact them at (630) 256-4000 for scheduling and fees.
3) Will there be fireworks at your event?  YESNO
Fireworks Company and contact name:  Name and phone of person responsible for clean-up after fireworks:
Contact the Aurora Fire Prevention Bureau at (630) 256-4130 for approval, permitting and consultation. Contact must be at least 30 days before the event.
4) Is this event open to the public?  Contact the Aurora Fire Prevention Bureau at 630-256-4130 for an Operational Permit application.
5) Will you be using or renting tents for your event larger than 10x10? YES NO Contact the Aurora Fire Prevention Bureau for approval and permit depending on the size and type of the tent(s).  6) Are vendors using open-flame cooking equipment or deep fryers? YES NO NO Contact the Aurora Fire Prevention Bureau for a Food Vendor Permit Application.

SET UP / CLEAN UP:			
1) Set-up contact: איים ב	VADOICK	Cell: _	815.922.7108
2) Set-up time: 10/5/17 5g	<u>⊿                                    </u>	kdown time:	10/9/17 12:00
3) Clean-up contact:	N WADDIE	Cell: _	815.722.7108
FEES AND PROCEEDS:			
1) Will admission be charge	d for this event?		YESX NO
If yes, how much: Ac	lult <u>40 - 475</u> Seniors	St St.	udents
	Children 5 & Unde	er <u>~</u> QF	amilies
2) Please indicate vendor fe	es: Food: VALUES ,	<i>∨ PRIC£</i> Mer	chandise: <u>VARIAS IN PRICE</u>
3) Will alcoholic beverages	be sold?		YESNO
If yes, list beverages and proceed of the contacted dram shop insurance at least  4) What does the organizer expenditures?  **Fraction** **Fraction**  **Fra	at (630) 256-3070 reg 60 days prior to the e intend to do with an	vent. y revenue ov w <del>v offser</del>	ver and above the
Please provide a financial rep category and in-kind. (New ev			
5) Previous year's revenue:	\$27 000		
ENTERTAINMENT AND PR A Music Festival Permit is req 1) List names of performers	uired for live music w		e of more than 350 people.
City Clerk must be contacted		garding Music	
2) Describe other entertainm			
3) How will your event be pr			

Posters X Flyers X Facebook X Twitter X Website Cock Record & GLEWFEST, com  Other
PUBLIC PROPERTIES PROCEDURES:
If you are requesting City services please complete the following:
To provide for pedestrian safety, barricades may be required.
1) Will you need barricades?  YESNO
Location of placement: BLOCKING ENTIANCES OF PARKING LOTS
Amount needed: Date barricades needed:
Time of placement: 3 NICL INSTALL Sp
Name of company providing barricades if other than the City:  STREET DEVENTMENT
Contact the Street Department at 630-256-3680 for scheduling and fees.
2) Will you need additional trash bins?  YES X NO
If yes, number requested: Cardboard trash bins: Liners: Liners: Liners: Liners: Bins are \$6.50 each and liners are \$0.50 each. Special Events at (630) 256-3370 for pick-up and payment.
How will you dispose of all trash generated?
If a dumpster is being ordered, provide contact and phone number of company delivering dumpster:
Where will dumpster be placed? Proced 57 Oreget y NEAT to CASING END OF CHOSE SA
When will dumpster be delivered? 10/6/17
When will dumpster be picked up? 10/9/1>
3) A street sweeper may be needed to properly clean City property (street, parking lots, etc.) after the event.
Name of company providing street sweeper if other than the City:
Contact the Street Department at 630-256-3680 for scheduling and fees.
4) Will you have food vendors or animal units?  YESNO If so, the Health Department requires potable water for events with live animals

		innits for porty nue	s, petting zoos or anima	a/
related exhibits. Contact Aurora Fire Prevention Bui	reau at (630)	256-4130 for Asse	mbly and Vendor	
Permits.	(000) 0	NEO 07404		
Contact the Water & Sewer Departm	ent at (630) 2	'56-3710 to schedul	e a hydrant meter.	
5) Will you require electrical serve The City of Aurora does not provide	vice?	YES	220 V NO_X	
	e generators	or nave access to	220 V.	
Generator contact:				_
Sound contrate   Contract				
Sound contact: <u>BEN WIERS</u> Contact the Electrical Department a	at 630-892-14	415 for available ac	cess to power and fee	<u> </u>
6) Will parking considerations be	e needed?	YES	NO	_
Contact Motor Vehicle Parking Re	venue & Coll	ections at (630)256	5-358U TOT INTO.	
Type(s): EXTRA PARKING IN	LOT A			_
Location:	Amount			<del></del>
Date: 10/1/17	Time:			_
Will you require street parking to	be blocked	off prior to the ev	vent? Y N <u>X</u>	
If so, delineate the area to be blo	cked?			-
	<u>-</u>			
If the event requires street closu residencies and businesses app flyer will be provided by the Speorganization are to walk the rout tenant buildings.	roximately o	ne week prior.  A livision.  Represe	copy of the notification	on
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and/or food concessions.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2017

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).

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PRODUCER Stephens Insurance	CONTACT NAME:	Allison Harpole			
111 Center Street, Suite 1400 Little Rock, AR 72201	PHONE (A/C, No. Ext):	501-377-8202	FAX (A/C, No):	501-210-4667	
Little Nock, AIV 12201	E-MAIL ADDRESS: allison.harpole@stephens.com				
	INSURER(S) AFFORDING COVERAGE				
www.stephens.com	INSURER A: Vigilant Insurance Company				
INSURED Alpha Media Holdings LLC	INSURER B: Federal Insurance Company				
I 1211 SW 5th Avenue. Suite 750	INSURER C: Chubb Indemnity Insurance Company			12777	
Portland OR 97204	INSURER D: Great Northern Insurance Company			20303	
	INSURER E :				
	INSURER F:				

COVERAGES

CERTIFICATE NUMBER: 36157532

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 SUB INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	·
Α	✓ COMMERCIAL GENERAL LIABILITY		3603-65-99	4/30/2017	4/30/2018	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE  OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	✓ Incl Liquor Liability					MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER:					Lig -Each Common Caus	ළු	1,000,000
D	AUTOMOBILE LIABILITY		9950-04-74	4/30/2017	4/30/2018	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	✓ ANY AUTO					BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
<u> </u>							\$	
В	✓ UMBRELLA LIAB ✓ OCCUR		7989-46-57	4/30/2017	4/30/2018	EACH OCCURRENCE	\$	1,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	1,000,000
L_	DED RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		(18) 7175-53-78	4/30/2017	4/30/2018	✓ PER OTH-		
	ANYPROPRIETOR/PARTNER/EXECUTIVE -	N/A				E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000
<u> </u>								

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

RE: 2017 Cock-A-Doodle Brew Fest

The General Liability coverage form provides Additional Insured status to any person or organization when required by written contract per attached Form 80-02-2367 (5/07). The "Other Insurance - Primary/Noncontributory Insurance" clause contained in Form 80-02-2367 (5/07) applies only if required by contract to certificate holders qualifying for additional insured status under the terms and conditions of policy and Form 80-02-2367 (5/07).

CERTIFICATE HOLDER	CANCELLATION
City of Aurora 44 E Downer Pl. Aurora IL 60505	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Stan Payne

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## Liability Insurance

#### Endorsement

Policy Period

04/30/2017 TO 04/30/2018

Policy Number

3603-65-99 TUL

Insured

ALPHA MEDIA LLC

Name of Company

VIGILANT INSURANCE COMPANY

This Endorsement applies to the following forms:

GENERAL LIABILITY LIQUOR LIABILITY

Under Who Is An Insured, the following provision is added.

#### Who is An insured

Additional Insured -Scheduled Person Or Organization Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an insured only:

- if and then only to the extent the person or organization is described in the Schedule:
- to the extent such contract or agreement requires the person or organization to be afforded status as an insured;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an insured under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a
  contract or agreement. This limitation does not apply to the liability for damages, loss, cost or
  expense for injury or damage, to which this insurance applies, that the person or organization
  would have in the absence of such contract or agreement.

Liability Insurance

Additional Insured - Scheduled Person Or Organization

continued

Form 80-02-2367 (Rev. 5-07)

Endorsement

Page 1

# **Liability Endorsement**

(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

### **Conditions**

Other Insurance – Primary, Noncontributory Insurance – Scheduled Person Or Organization If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

#### Schedule

"AS REQUIRED BY WRITTEN CONTRACT"

All other terms and conditions remain unchanged.

Authorized Representative

