

\$300 fee
\$2000 refundable damage dep.

T-23-01750

Received 6/22/23
DOE 2/17/2024



TOWN OF PALMBEACH

Office of the Town Clerk

**NON-REFUNDABLE
APPLICATION FEE
\$300.00**

APPLICATION FOR SPECIAL EVENT PERMIT

Application is due to the Town Clerk's Office no less than 45 days and no more than 9 months for Palm Beach residents and 7 months for non-residents, prior to event date.

APPLICANT INFORMATION		
Name:	Audrey Gruss	
Address:	1574 S. Ocean Blvd, Palm Beach, FL 33480	E-mail: k@plaidfrog.com
Phone Number:	352-259-7553	Cell #: 352-205-1023

ORGANIZATION INFORMATION		
Name:	Hope for Depression Research Foundation	
Address:	Type 40 West 57th Street Suite 1440 New York NY 10019	E-mail: cmcwilliams@hopefordepression.org
Phone Number:	212-446-4205	Cell #: 646-484-8496
*501(c)3 #:	20-4559210	
*Will any fundraising be taking place during this event? Y/N	yes	*If yes, a separate Charitable Solicitation Permit will be required.

601605

CONTACT INFORMATION		
Name:	Karen Donnelly	
Address:	9 Cheswood Ct, Greer, SC 29651	E-mail: k@plaidfrog.com
Phone Number:	352-259-7553	Cell #: 352-205-1023

APPLICATION FOR SPECIAL EVENT PERMIT

EVENT INFORMATION

Name:	Race of Hope	
Address/ Location:	Start Line - Bradley Park, 100 Bradley Pl	
Day and Date	Saturday, February 17, 2024	
Start and End Time Note: 5 hour time limit including set-up and clean-up	<ul style="list-style-type: none"> • 5:00am — Set up & registration • 8:00am — Start time • 10:00am — Finish time 	
Purpose:	Fundraiser for Hope for Depression Research Foundation	
Provide a detailed description of activities – include maps, pictures, and illustrations. Note: No amplified music.		
Attached is the proposed 5k course		
Approximate number of participants:	750	Approximate number of spectators: 75

TRAFFIC/PARKING INFORMATION

<p>Will support facilities or services such as traffic control and crowd control be needed? If yes, please specify: Yes, police will be needed to close streets &/or control traffic for racer safe crossing. An ambulance on site in case of emergencies.</p>	✓
<p>List the different forms of transportation to be used by participants: Walking or running</p>	✓
<p>Where will event attendees park? (Note: Royal Poinciana Plaza parking is not permitted.) Public parking. Parking at Publix & Royal Poincianna Plaza ONLY if granted prior approval as a sponsor.</p>	✓
<p>Provide a reasonable estimate of parking volume generated by the event and the type of parking that will be used: 150 cars. No Valet used.</p>	✓
<p>Note: Temporary valet services require a separate permit unless the location of the special event possesses a current Town annual valet parking services permit. Failure to secure a temporary valet services permit may result in a fine and or shut down of the non-permitted valet services (www.townofpalmbeach.com) (On the Home page, click on “Doing Business”, then go to “Permits and Licenses”).</p>	

APPLICATION FOR SPECIAL EVENT PERMIT

STRUCTURE/TENT INFORMATION

Will a temporary structure/tent be used? If yes, provide the size (a separate permit is required in the Planning, Zoning and Building Department for tents/stages):

Entirety of the event to take place outdoors with our own 10x10 and 10x20 tents without sides used in registration area for sun and rain cover.

checked
PZB
for tent
permit

INSURANCE INFORMATION

Name of
Applicant's
Insurance Company:

Federal Insurance Company

Address:

202B Hall's Mill Rd,
Whitehouse Station, NJ 08889

Phone #:

212-338-2000

Please attach a Certificate of Insurance naming the Town of Palm Beach as an additional insured under your General Liability policy with limits not less than \$1,000,000.00 per occurrence or an amount higher based upon the particular special event proposed. There shall also be a 30-day notice of cancellation. **Confirm that the event name, location, and date is added in the Description of Operations box at the bottom of the proof of insurance form.** ☒ Y / N

expired
need
new
policy

CLEANUP INFORMATION

Outline provisions for immediate cleanup after Special Event:

We rent a dumpster and have them take away garbage.

CHECKLIST

Before you sign and date your special event application, please make sure that the following steps have been completed:

- ☐ Complete all the necessary information
- ☐ Pay application fee, usage fee and refundable damage deposit
- ☐ Attach a site plan
- ☐ Attach a Certificate of Insurance
- ☐ Set up a pre and post inspection meeting with Public Works Staff and Police (if applicable)
- ☐ For events that require tents – please fill out a tent permit application (separate)

APPLICATION FOR SPECIAL EVENT PERMIT

PAYMENT INFORMATION

An application fee is due upon the time of submittal if the application is received at least 45 days in advance. A fee of \$100 will be assessed in the event of a late application.

Any individual or organization that holds an event on Town of Palm Beach property that does not abide by the authorized use, rules and regulations, or that causes additional costs to the Town may lose all or a portion of their damage deposit. **Damage deposit and the applicable usage fees are due upon receipt of the permit. Payments may be made by cash, credit card or by check made payable to the Town of Palm Beach. (see fee table below).**

For office use only:

Date application fee payment received:		Cash	Check No.	Credit Card
Date damage deposit and non-resident usage fee received:		Cash	Check No.	Credit Card

Fee Table for Special Events

	Non-Refundable Application Fee	Late fee if application not received 45 days in advance of event	Refundable Damage Deposit	Non-Resident Usage Fee
Bradley Park (100 Bradley Pl)	\$300	\$100	50 people or less: \$400 51-100 people: \$1,000 Over 100 people: \$2,000 ✓	50 people or less: \$100/hr 51-100 people: \$250/hr Over 100 people: \$400/hr
Phipps South Ocean Park (2185 S Ocean Blvd)	\$300	\$100	50 people or less: \$200 51-100 people: \$400 Over 100 people: \$1,000	50 people or less: \$100/hr 51-100 people: \$250/hr Over 100 people: \$400/hr
Phipps South Ocean Park (Chickee Hut Only) (2185 S Ocean Blvd)	\$300	\$100	\$150	\$100/hr
Public Beaches	\$300	\$100	\$150	\$0
All Other Public Spaces	\$300	\$100	\$150	\$0
Lake Drive Park	This park is no longer available for special events.			
Phipps Plaza Park	Prohibition will sunset 8/14/22			
Memorial Park	This park is no longer available for special events.			

REGULATIONS

The following regulations apply to all Special Events held within the Town as per the attached Section 106.257 of the Town Code of Ordinances:

1. There shall be no more than one Special Event held at the location requested on any given day, without priority for any particular date, to be granted to the first person to submit a completed application designating that day.
2. The maximum total duration of each Special Event including the set-up and clean-up thereof shall be five hours.
3. Any signs, props, or displays used in conjunction with the Special Event must be removed immediately after the time permitted for the Special Event has expired.
4. The use of banners, flags (other than flags of official governmental bodies), streamers, balloons, or any similar devices, in connection with the event, shall be prohibited.
5. The use of decorated vehicles and trailers in connection with the event is prohibited.
6. The granting of a Special Event Permit under this article shall not require the complete blockading of streets or intersections to vehicular traffic, and the Town shall be empowered to apportion such streets and intersections for simultaneous use by Special Event participants and vehicular and pedestrian traffic.
7. The concentration of persons and/or vehicles at the Special Event will not interfere unduly with proper fire and police protection of, or ambulance service to areas contiguous to the assembly area or other areas of Town.
8. There are sufficient parking places near the site of the Special Event to accommodate the approximate number of automobiles reasonably expected to be driven to the Special Event.
9. The event is not otherwise in violation of ordinances or regulations of the Town, state, or federal law.

APPLICANT AGREEMENT

The applicant from page 1 by endorsement, agrees to the following statement:

I have read the provisions of the Town Code of Ordinances relating to the regulation of Special Events on public property and agree to abide by all provisions set forth therein including the requirement that the Special Event chairperson or other person heading or leading such Special Event shall carry the Special Event Permit upon his/her person during the conduct of the Special Event and shall present at the Special Event.

Any person determined to be in violation of the provisions of the Town Code regulating Special Events on public property, not relating to revocation of the permit, where such a violation also constitutes violation of any law or regulation of the State, such violation shall be punished in the same manner and with the same limits as is provided by law or regulation, it shall be punished by a fine of not more than \$500.00 or a term of imprisonment not in excess of 60 days, or both such fine and imprisonment, in discretion of the court.

SIGNATURES OF APPLICANT AND WITNESS:

Louisa B. Benton

Signature of Applicant

Louisa Benton

Print Name

Karen A. Linde Donnelly

Signature of Witness

Karen A. Linde Donnelly

Print Name of Witness



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2023

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
Hub International Northeast Limited
777 Commerce Drive
Fairfield CT 06825

CONTACT

NAME:

PHONE

(A/C, No, Ext): 203-337-1815

FAX

(A/C, No):

E-MAIL

ADDRESS: salvatore.sorce@hubinternational.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Federal Insurance Company

20281

INSURER B : Federal Insurance Co.- Indiana

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
Hope for Depression Research Foundation
40 West 57th Street, Suite 1440
New York NY 10019

COVERAGES**CERTIFICATE NUMBER:** 947384680**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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	35754950	6/19/2022	6/19/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input checked="" type="checkbox"/> RETENTION \$ 10,000		79799591	6/19/2022	6/19/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	71656210	6/19/2022	6/19/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

RE: Race of Hope Event, February 16-18, 2024

Bradley Park, Palm Beach, FL

Town of Palm Beach is included as additional insured as per the written agreement and subject to the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

Town of Palm Beach
360 S County Road
Palm Beach FL 33480

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

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Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8014863314C-7	06/30/2023	06/30/2028	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

HOPE FOR DEPRESSION RESEARCH
FOUNDATION
40 W 57TH ST STE 1440
NEW YORK NY 10019-4001

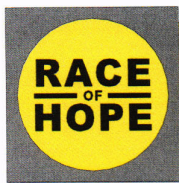
is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

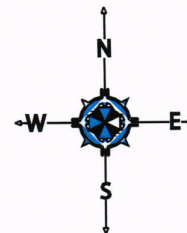
1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



2024 RACE ROUTE PLAN

Palm Beach Race of Hope 5k

[Version: 06/22/2023 ... version 1]



The start and finish are at the same point.

START: The start is on Sunset Ave, west of Bradley Place (the road) in front of the Royal Poinciana South Building at 333 Sunset Ave, Palm Beach, FL 33480. The mark is parallel with the sewer cap in the north sidewalk. 15 feet west of the eastern edge of the buildings driveway.

Mile 1 is on the sidewalk 35 feet north of the gated sidewalk entrance, north of Phipps Estates Rd

Turnaround is on N Lake Way parallel with a storm sewer grate on the east side of the road, in front of the driveway of 644 N Lake Way

Mile 2 is on N Lake Trail 20 feet south of the sewer cap at Tangier Ave and N lake Trail

Mile 3 is North of the dock for Bradley Place (the condo) on North Lake Trail 16 feet south of the light pole and almost parallel with the north edge of the tennis building to the east [Note: look for the white painted stripe on the seawall]

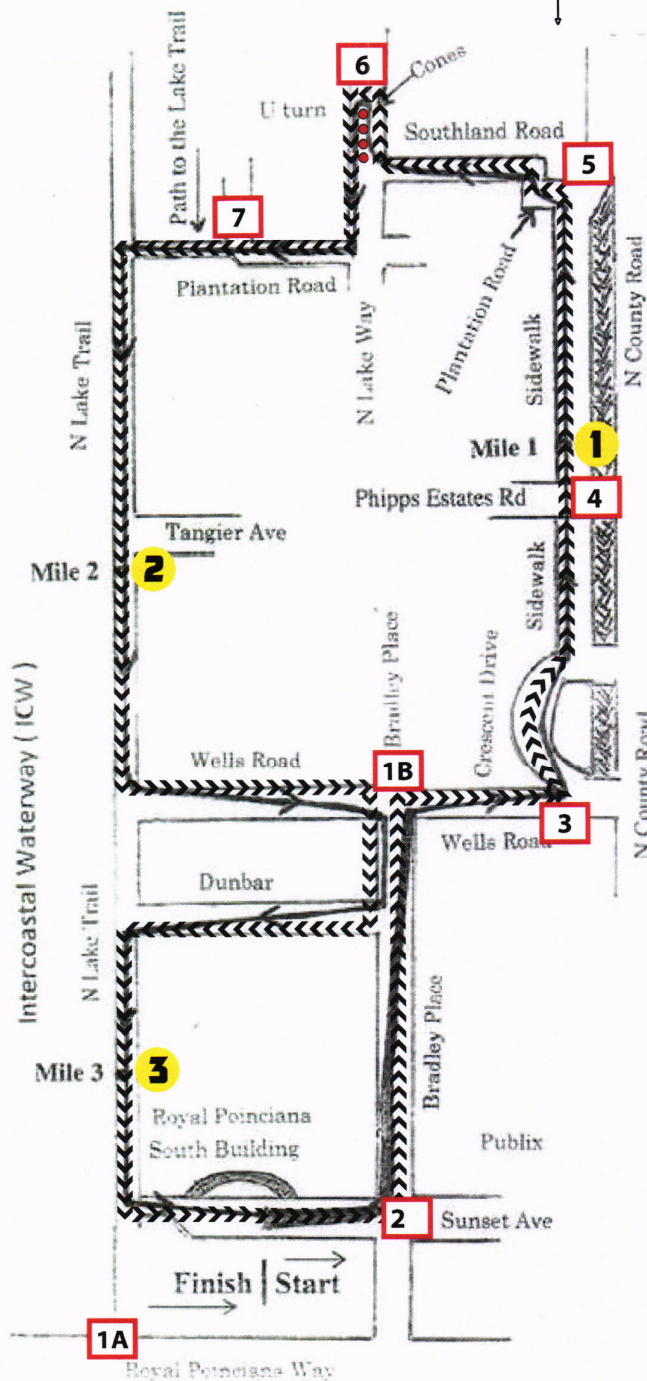
FINISH: The finish is at the same point as the start, see note above for Start.

Route Markers: Nail & Washer sets painted over with white paint.

Course Notes: Runners will be on the sidewalk when running north parallel to the N County Road, N Lake Trail is a windy path along the Inter coastal Waterway, Bradley Place & N Lake Way are the same road, Map is not to scale.

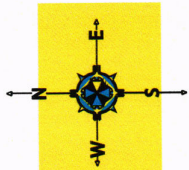
Officers Needed At These Locations & Times

- | | | |
|-----|-------------------------------|---|
| 1-A | 6:30 - 7:50a | Royal Poinciana Way: Foot traffic crossing [relocate] |
| 1-B | 7:55 - 9:15a | Bradley Pl/Wells Rd... ahead of 8:00a race start until last racers passes from N. Lake Trail [relocate] |
| 1-A | 9:20 - 10:15a | Pedestrian crossing as racers exit event until |
| 2 | 6:30 - 8:15a
9:00 - 10:15a | Sunset Ave... until racers pass after start
Pedestrian crossing as racers exit event until |
| 3 | 7:45 - 8:20a | Crescent Dr... until racers pass after start |
| 4 | 7:45 - 8:30a | Phillips Estate Rd... until racers pass after start |
| 5 | 7:45 - 8:35a | Southland Rd... until racers pass after start |
| 6 | 7:45 - 8:45a | N Lake Way... until racers pass after start |
| 7 | 7:45 - 8:45a | Plantation Rd... until racers pass after start |





2024 SITE MAP PLAN
Palm Beach Race of Hope 5k
[Version: 06/22/2023 ... version 1]



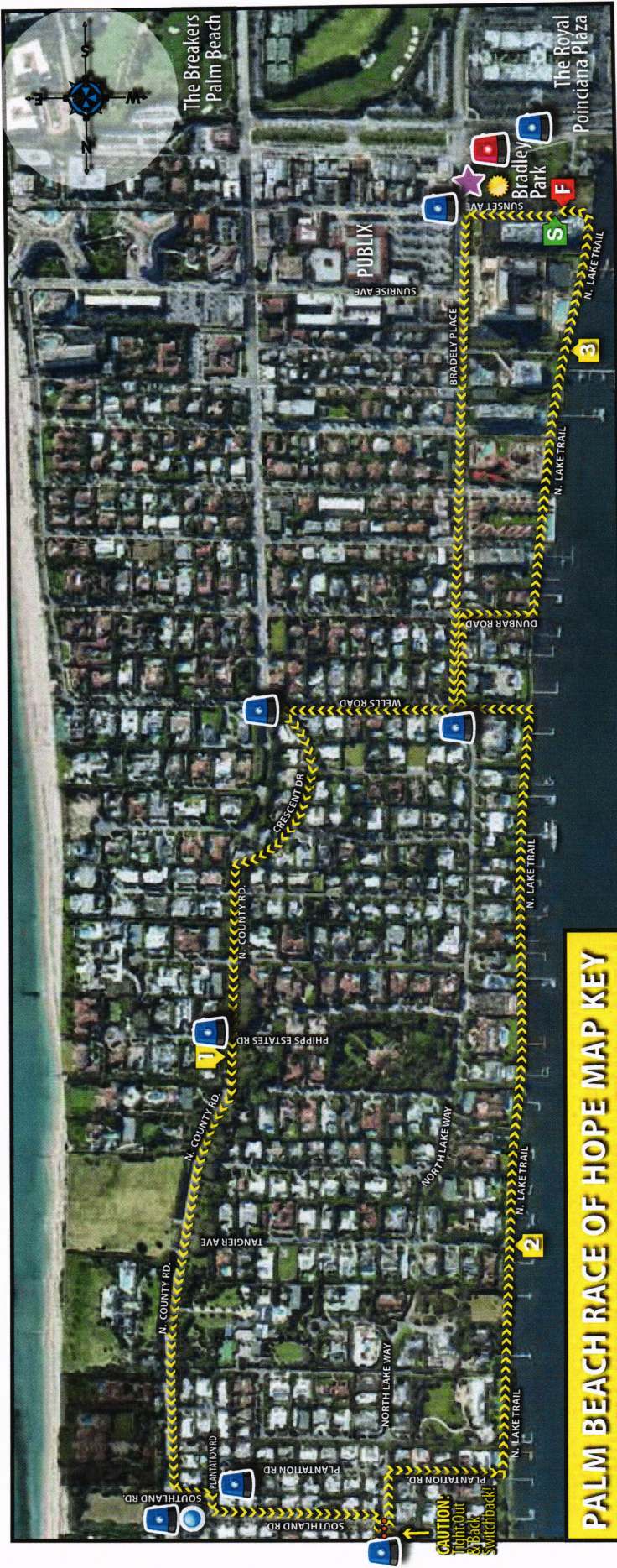
- | | | | |
|----------------------------|------------------------|---------------------|--------------------------------------|
| 1) Start & Finish | 7) Dedication/Donation | 13) Sponsor Tent | 19) Portolets |
| 2) Finish Medal Stand | 8) DJ | 14) Sponsor Tent | 20) Trash |
| 3) Vehicle: Gruss | 9) Stage | 15) Sponsor Tent | 21) Vehicle: PBAU Vans (Load/Unload) |
| 4) Unload & Drop Zone | 10) Sponsor Tent | 16) Refreshments | 22) Vehicle: Barwick |
| 5) Register/Results/Awards | 11) Sponsor Tent | 17) PBAU Volunteers | |
| 6) Packet Pick Up/Gear | 12) Sponsor Tent | 18) Water | |



PALM BEACH RACE OF HOPE SITE MAP KEY



2024 RACE ROUTE
Palm Beach Race of Hope 5k
[Version: 06/22/2023 ... version 1]



PALM BEACH RACE OF HOPE MAP KEY

	Event Entrance		Race Route		Police
	- Packet Pickup - Registration - Post Race Celebration		Starting Line		EMS
			Finish Line		Water Station
					Volunteer Stations
					Mile Markers



HOPE FOR DEPRESSION
RESEARCH FOUNDATION

FUNDING THE BEST MINDS, TO HEAL MINDS.™

DIRECTORS' RESOLUTION AUTHORIZING FUND-RAISING EVENT

I, David Zislin, Treasurer of the Hope for Depression Research Foundation ("HDRF"), hereby certify that the following resolution was affectively adopted by the Board of Directors on June 15, 2023:
Date

RESOLVED, that HDRF host a fundraising event(s) in Palm Beach, Florida in the first quarter of 2024, with details as to the exact date, size, location, ticket price and invitation list to be made by its Chairman, Mrs. Audrey Gruss, with such assistance from staff, directors, officers and others as she deems necessary.

Signed: David Zislin Date: June 15, 2023



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

March 17, 2023

Refer To: CH25675

HOPE FOR DEPRESSION RESEARCH FOUNDATION
40 W 57TH ST STE 1440
NEW YORK, NY 10019-4001

RE: HOPE FOR DEPRESSION RESEARCH FOUNDATION
REGISTRATION#: CH25675
EXPIRATION DATE: March 20, 2024

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Gloria Meadows
Regulatory Consultant
850-410-3851
Fax: 850-410-3804
E-mail: gloria.meadows@fdacs.gov



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/1/2023

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 Hub International Northeast Limited 777 Commerce Drive Fairfield CT 06825	CONTACT NAME: PHONE (A/C, No, Ext): 203-337-1815 FAX (A/C, No): E-MAIL: salvatore.sorce@hubinternational.com ADDRESS:														
INSURED Hope for Depression Research Foundation 40 West 57th Street, Suite 1440 New York NY 10019	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER B : Federal Insurance Co.- Indiana</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Federal Insurance Company	20281	INSURER B : Federal Insurance Co.- Indiana		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Federal Insurance Company	20281														
INSURER B : Federal Insurance Co.- Indiana															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 692948949

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	35754950	6/19/2023	6/19/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		79799591	6/19/2023	6/19/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	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 <input type="checkbox"/> N / A	71656210	6/19/2023	6/19/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

RE: Race of Hope Event, February 16-18, 2024
Bradley Park, Palm Beach, FL

Town of Palm Beach is included as additional insured as per the written agreement and subject to the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

Town of Palm Beach 360 S County Road Palm Beach FL 33480	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
--	---

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SPECIAL ASSIGNMENT OVERTIME AGREEMENT

PALM BEACH POLICE DEPARTMENT

Training/Personnel Unit - 561-838-5467

FAX #: 561-835-4700 (Monday - Friday 8:30am – 5:00pm)

After hours, FAX to: 561-835-4736



The Palm Beach Police Department provides police services for security and traffic control functions at the request of private persons or organizations within the Town of Palm Beach. Such services are paid for by the private party and must be in the best interest of the Town. Acceptance of the request for Special Assignment (SA) will be at the discretion of the Director of Public Safety or his designee. Please read and sign where indicated below to acknowledge your acceptance of these conditions.

- * The charge for SA is **\$80.00 per hour** effective October 1, 2022. **New Year's Eve, New Year's Day, Super Bowl Sunday, Easter, Independence Day, Halloween, Thanksgiving Day, After Thanksgiving Day, Christmas Eve and Christmas Day** will be considered **Premium Days Special Assignments** and will be paid at a rate of **\$110 per hour**.
- Invoices are issued on a bi-weekly basis and are due upon receipt. If payment is NOT received within 30 days, a 10% per month penalty will apply.
- **A minimum of 3 hours is required for an SA detail.** SA Details located on main thoroughfares, or other locations as deemed necessary by police staff, may require a minimum of 2 sworn members. SA details will be scheduled to begin on the hour or half hour. SA details that go over the contracted time will be charged in 1/2 increments until the detail is complete.
- SA **traffic only details** may be filled with a police officer or a Parking or Code Enforcement officer.
- Additionally charges may be incurred if the officer deems it necessary to extend the detail for safety reasons such as but not limited to, traffic mitigation.
- **SA** details cancelled with less than 48 hours notice prior to the beginning of the detail shall be charged 2 hours for each assigned member.
- **SA** details cancelled after the beginning of the detail will be charged for the originally scheduled hours of the day of cancellation. In cases involving 24-hour-a-day details, the remaining shift at cancellation and one subsequent shift will be charged in full. The remaining 48 hours (if applicable) from the time of cancellation will be charged 2 hours for each assigned member.
- **SA** details must be requested by signed agreement at least 5 days prior to the detail. All requests are subject to the availability of staff.
- **SA HOLIDAY details must be requested by signed agreement at least 14 days prior to the detail. All requests are subject to the availability of staff.**
- In the event that a sworn officer is not available, the requesting party will be advised of that fact by phone or email at least 48 hours prior to the detail.

The detail you have requested is as follows:

Location: Bradley Park

Contact: Catherine McWilliams C: 646-484-8496

Louisa Benton O: (212) 676-3203

Detail: Traffic Assistance

Contract #: SD24003

Officer (s): 8 - Uniformed Officers

Fax/E-mail of client:

cmcwilliams@hopefordepression.org

lb@hopefordepression.org

Day/Date	Time	# Officer(s)	Event Details
Saturday February 18, 2024	7:00AM-10:00AM	8	Traffic Assistance for Hope for Depression 5K

Bill to: 330 Ratzer Rd, Suite A4, Wayne NJ 07470

I have read the above Special Assignment Overtime Agreement and understand the charges and restrictions that are involved. The details of the request above are correct. I accept responsibility for all charges incurred.

Louisa Benton		09 / 14 / 2023
Name (printed)	Signature	Date

THIS AGREEMENT MUST BE SIGNED AND FAXED TO 561-835-4700 or 561-835-4736 (after business hours.) BEFORE ANY OFFICERS WILL BE ASSIGNED.

Signature Certificate

Reference number: NUGXE-N9I9Q-SN2RJ-VXAQW

Signer

Timestamp

Signature

Louisa Benton

Email: cmcwilliams@hopefordepression.com

Shared via link

Sent:

14 Sep 2023 13:14:53 UTC

Viewed:

14 Sep 2023 13:39:58 UTC

Signed:

14 Sep 2023 13:40:53 UTC

Louisa Benton

IP address: 208.185.240.179

Location: New York, United States

Document completed by all parties on:

14 Sep 2023 13:40:53 UTC

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