

## PERMIT SNAPSHOT REPORT EVENT-24-0029 FOR TOWN OF PALM BEACH

Permit Type E	vent	Project:		App Date:	08/27/2024
Nork Class: S	pecial Event	District:	Town of Palm Beach	Exp Date:	NOT AVAILABLE
Status: S	ubmitted - Online	Square Feet	0.00	Completed:	NOT COMPLETED
/aluation: \$	0.00	Assigned To	:	Approval	
P	ark on Thanksgiving morning	/ay's 16th Annual Turkey Trot 5k (Thursday, November 28, 2024 10:00 AM. There's an estimated	). The race setup begins at 5:		
Parcel: 5043	4322000001010 Main	Address: 100 Bradley PI P Palm Beach, FL		Zone: R-B(Zoning Dis	trict)
Applicant Kristen J Perron 44 Cocoanut Rc Palm Beach, FL Business: (561) Mobile: (618) 53	w M201 M201 33480 655-1919				
Permit Custom					
ls the applicant current town res		Location of event	Other	Number of Days Until Event	60 days or greater
Date of event	Nov 28 2024 12:00A	M Total number of event hours	5	Event set up time	5:00 AM
Breakdown Tim	e 10:00 AM	Number of participants	1500	Number of spectators	100
Please Describe	e n/a	Event name	Town of Palm Beach United Way Turkey Trot 5K	Event purpose	n/a
ls this a repeated event Yes in the Town of Palm Beach		lf yes, date of last event	Nov 23 2023 12:00AM	A temporary stage will t utilized , Temporary restrooms will be utilize	
lf animals will b present, please describe		Current Flood Zone Designation		Will traffic, parking, or crowd support be needed	Yes
lf yes, please sj	becify We will need police of and paramedics. The number will be confir by the police departr and fire rescue.	e be used? med	No	If yes, please specify drop-off/pick-up locations	
Where will atter park?	idees Street parking	Any additional information?	The purpose of the 16th Annual Turkey Trot 5K is to raise funds to feed families in Palm Beach County a Thanksgiving meal.		
Attachment File Signature_Kriste		Added On Added By /27/2024 17:00 Perrone, Kristo	Attachment Group	• Notes Uploaded via CSS	
nvoice No.	Fee			Fee Amoun	t Amount Paid
NOT INVOICED		\$500.00	\$0.00		
	Technology Fee	\$110.00	\$0.00		
	Damage Deposit Fe	ees - Other Locations		\$2,500.00	\$0.00
	Event Usage Fees	(Residents)-All		\$2,500.00	\$0.00
		1	Total for Invoice NOT INVOI	CED \$5,610.00	\$0.00

Town of Palm Beach / 360 S County Rd, Palm Beach, FL 33480 / www.townofpalmbeach.com

## PERMIT SNAPSHOT REPORT (EVENT-24-0029)

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Review v.1			
Confirm Submittal Completeness v.1	Generic Action		
Generate Invoice v.1	Generic Action		
Confirm Fees Paid v.1	Generic Action		
Ebix COI Submittal v.1	Generic Action		
Review v.1			
COI Review Complete v.1	Generic Action		
Site Review with Public Works (if needed) v.1	Generic Action		
Event Permit Review v.1	Receive Submittal		
ssue Permit v.1			
Issue Event Permit v.1	Create Report		
Post-Event Ebix v.1	Task		

ACORD

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 8/27/2024

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						
Marsh & McLennan Agency LLC				NAME:   PHONE FAX   (A/C, No, Ext): (A/C, No):						
4400 PGA Blvd, Ste. 1000				<u>(A/C, No,</u> E-MAIL	Ext):		(A/C, No):			
Palm Beach Gardens, FL 33410				E-MAIL ADDRESS: CertificatesACE@MarshMMA.com						
				INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A : Philadelphia Indemnity Insurance Co.				18058 42376	
INSURED TOWNPALM1 Town of Palm Beach United Way, Inc.					INSURER B : Technology Insurance Company, Inc					
44 Cocoanut Row #M-201				INSURE	RC:					
Palm Beach FL 33480-4069				INSURE	RD:					
				INSURE	RE:					
				INSURE	RF:					
COVERAGES CEF	TIFIC	CATE	<b>NUMBER:</b> 1306760856				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	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A X COMMERCIAL GENERAL LIABILITY	Y	Y	PHPK2642625		2/23/2024	2/23/2025	EACH OCCURRENCE \$ 7	,000,00	00	
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$	00,000		
							MED EXP (Any one person) \$5	\$ 5,000		
							PERSONAL & ADV INJURY \$	NAL & ADV INJURY \$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$2,000,		00	
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$2	\$ 2,000,000		
OTHER:							\$			
A AUTOMOBILE LIABILITY			PHPK2642625		2/23/2024	2/23/2025	COMBINED SINGLE LIMIT (Ea accident)	INGLE LIMIT \$1,000,000		
ANY AUTO						BODILY INJURY (Per person) \$				
OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
AUTOS ONLY AUTOS X HIRED X NON-OWNED							PROPERTY DAMAGE			
AUTOS ONLY AUTOS ONLY							(Per accident) \$			
							EACH OCCURRENCE \$			
CLAINIS-MADE	-						AGGREGATE \$			
B WORKERS COMPENSATION			TWO 4 400007		0/45/0004	0/45/0005	PER OTH-			
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			TWC4438027		6/15/2024	6/15/2025	∧   STATUTE   ÉR			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT \$ '	,000,00	00	
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$ 7	,000,00	00	
DESCRIPTION OF OPERATIONS below								,000,00		
A Professional Liability			PHPK2642625		2/23/2024	2/23/2025		1,000,0 2,000,0		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Re: United Turkey Trot, November 28, 202				le, may be	attached if mor	e space is requir	ed)			
Town of Palm Beach, including its agents,	office	rs, pa	ist and present employees,	, elected	officials and	d representati	ves, as Designated Organiza	tion, is	an	
Additional Insured as respects General Lia Additional Insured. All of the above is appli	cable	wher	required by written contra	non-con act subie	ct to the terr	ns. conditions	and exclusions of the polic	.iabiiity /.	in lavor of	
			,			,	,			
CERTIFICATE HOLDER					CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								DBEFORE		
							EREOF, NOTICE WILL BE	DELIV	ERED IN	
Town of Palm Beach					JADANCE W		Y PROVISIONS.			
360 South County Rd.										
Palm Beach, FL 33480					AUTHORIZED REPRESENTATIVE					
Klabe Variabus										
and Vanne										
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