



Kelsey 4317

CITY OF CRETE  
APPLICATION FOR PROHIBITED ANIMAL EXCEPTION  
Crete City Code §6-102 and §6-104 (attached)

We usually ride every Wed. till fair

Date of Event May 1, 2022 could be Sat. mornings as well

Start Time of Event Varies 6 pm.

Finish Time of Event 9:30 p.m.

Event Location Arena Tuxedo Park

Description of Event Including List of Animals – Include Number and Type

4H Horse Club Arena practice  
around 20 Horses

Special Equipment No

Organization Wranglers 4H Club

Responsible Party Terri Brown

Address 744 CR 2350

Phone 402-826-0536 email: tb996884@gmail.com

Terri A. Brown 4-20-22

Signature of Responsible Party

Date

DO NOT WRITE IN THIS SPACE

Application # PA22-02

City Admin. Review TO

Emergency Services Review \_\_\_\_\_

Council Meeting Date \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Bond Required N/A

Bond Amount N/A

Insurance Certificate Required  
Yes

Bond/Cert Received ✓

Conditions listed on back

**ATTACHMENTS:**

- ☐ Copy of current vaccinations
- ☒ Copy of Insurance
- ☐ Required Permits, as Applicable

<b>CERTIFICATE OF INSURANCE</b>		DATE 2/4/2022
<b>PRODUCER</b> BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 3835 HOLDREGE LINCOLN NE 68583		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.
<b>INSURERS AFFORDING COVERAGE</b>		
<b>INSURED</b> BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 3835 HOLDREGE LINCOLN NE 68583		INSURER A: Self Insured Trust Agreement INSURER B: INSURER C: INSURER D: INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b>	SELF INSURED TRUST	7/1/2021	7/1/2022	EACH OCCURRENCE \$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)
						PERSONAL & ADV INJURY
						GENERAL AGGREGATE \$3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
A		<b>AUTOMOBILE LIABILITY</b>	SELF INSURED TRUST	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea Occurrence) \$1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (per person)
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (per accident)
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (per accident)
		<input checked="" type="checkbox"/> NON - OWNED AUTOS				
		<b>GARAGE LIABILITY</b>				Auto Only - Ea Accident
		<input type="checkbox"/> ANY AUTO				Other than Auto Only: EA ACC AGG
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE
		<input type="checkbox"/> DEDUCTIBLE				
		RETENTION \$				
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER
		If yes, describe under SPECIAL PROVISIONS below				E. L. EACH ACCIDENT
						E. L. DISEASE-EA EMPLOYEE
						E. L. DISEASE-POLICY LIMIT
		<b>OTHER</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Evidence of coverage for the University of Nebraska

<b>CERTIFICATE HOLDER</b>  City of Crete 243 East 13th Street Crete, NE 68333	<b>CANCELLATION</b> 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: Christopher J. Kabourek
	