



CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT

Event Title: 4-H and Open Archery Contest

Date of Event 8.11.2024

Start Time of Event 7:30 a.m.

Finish Time of Event 4:00 p.m.

Location of Event Tuxedo Park
(North and East of the
Livestock Barns and Softball
Diamonds)

☐ This request is for temporary occupation of the street or sidewalk right-of-way.

Streets or Alleys requesting to be closed N/A

DO NOT WRITE IN THIS SPACE

Application # SE24-04

City Admin. Review _____

Public Works Review _____

Emergency Services Review _____

Parks & Recreation Review _____

Council Meeting Date _____

Approved _____

Denied _____

Insurance Certificate
Required _____

Ins. Cert. Received _____

Special Equipment Bow and Arrows will be used under the supervision of certified instructors.

Various types and sizes of targets are furnished by 4-H.

Organization Nebaska Extension - Saline County

Responsible Party Maddie Werner, Saline County 4-H Assistant

Address 308 W 3rd. St, PO Box 978, Wilber, NE 68465

Phone Office: (402) 821.2151 Cell: (402) 269.0666

(COMPLETE REVERSE SIDE)

By signing this application, Applicant agrees to indemnify and hold the City of Crete and all of its officers and employees harmless from and against any and all claims made by any person or any loss or damage sustained by any person as a direct result of the acts or omissions of the Applicant, its employees, agents, invitees, or guests or as a direct result of the event set forth in the application and any activities related thereto (the "Event"). Applicant agrees to abide by all applicable laws, rules, and regulations pertaining to Applicant's event, including those relating to copyright and intellectual property. Applicant shall bear the sole responsibility for securing any necessary licenses, including music licenses, prior to the event and shall indemnify and hold the City of Crete and all of its officers and employees harmless from and against any and all claims made by any person alleging intellectual property infringement or other claims related to licensure or lack thereof.

Madelin G. Werner

Signature of Responsible Party

REQUIRED ATTACHMENTS:

- ☐ Diagram or print of location of event.
- ☐ If alcoholic liquor will be served, copy of SDL.
- ☐ If alcoholic liquor will be served, description of barricades, devices, security measures, etc. to ensure compliance with The Nebraska Liquor Control Act:

- ☐ Copy of insurance covering event with City of Crete as named insured.



Policy Number:

Date Entered: 7/2/2024

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/2/2024

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 NIRMA 8040 Eiger Drive P.O. Box 85210 Lincoln, NE 68516	CONTACT NAME: PHONE (A/C, Ho, Ext): (402) 742-9220 E-MAIL ADDRESS: larry@nirma.info FAX (A/C, No): (402) 742-9230
	INSURER(S) AFFORDING COVERAGE INSURER A: NE Intergovernmental Risk Mgmt. Assn. NAIC # 53750
INSURED Saline County Ag Society 1600 Tuxedo Park Road Crete, NE 68333	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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 INSD	SUBR 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			N-2425-22S	7/1/2024	7/1/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			

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

The coverage represented on this COI complies with the terms of provision 12. Insurance of the Lease of Tuxedo Park Agreement between designated Certificate Holder/City of Crete and the referenced insured.

CERTIFICATE HOLDER

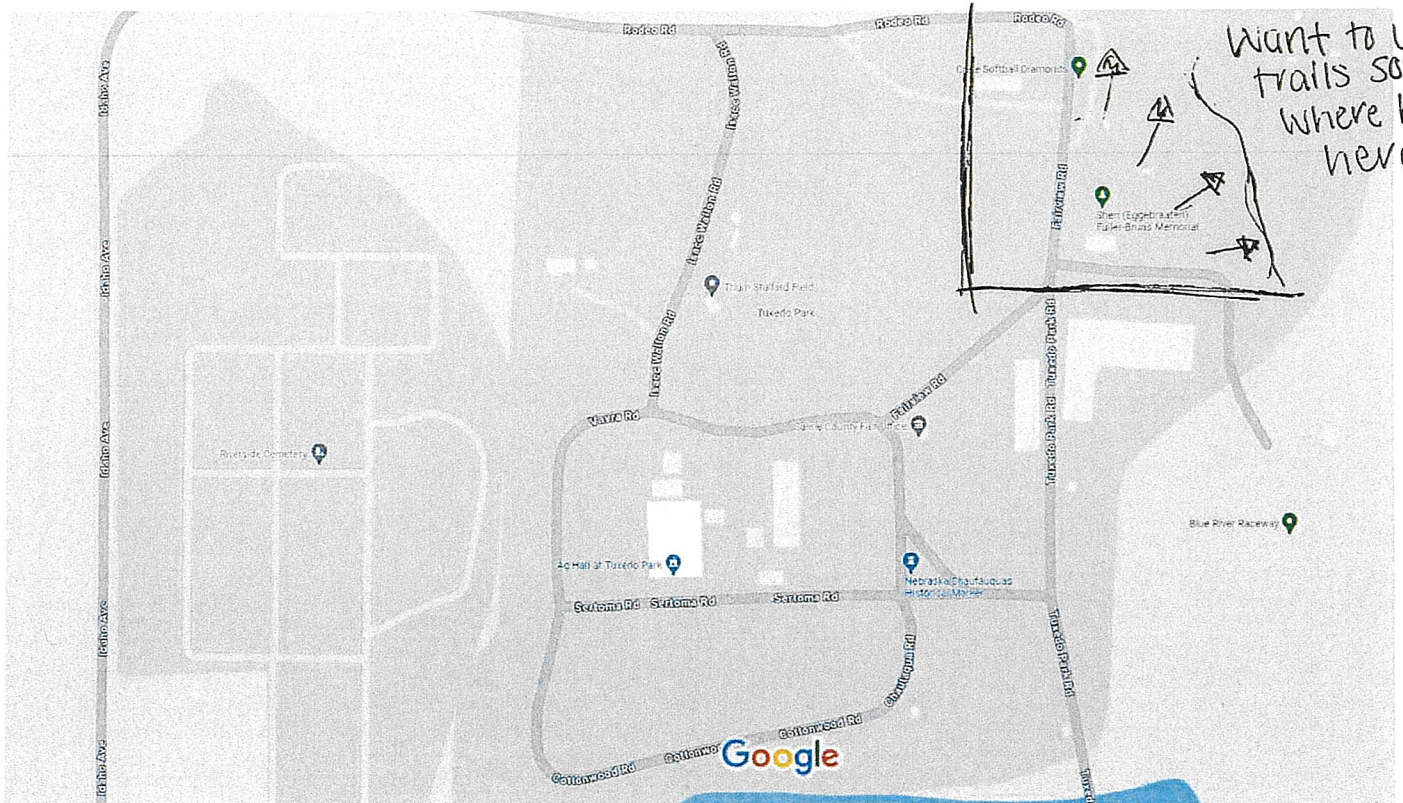
CANCELLATION

City of Crete - Nebraska Anna Burge - City Attorney City Hall 243 East 13th Street Crete, NE 68333	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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Google Maps

Archers will shoot to the north & east



Map data ©2024 100 ft

