



CITY OF CRETE  
APPLICATION FOR SPECIAL EVENT PERMIT

Date of Event 5-8-22

Start Time of Event 12:00 PM

Finish Time of Event 5:00 PM

Location of Event CITY PARK

(CINCO DE MAYO CELEBRATION)

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

Streets or Alleys requesting to be closed \_\_\_\_\_

LINDEN AVENUE BETWEEN 13th & 12th  
12th STREET BETWEEN LINDEN AVE  
AND KINGWOOD.

Special Equipment BARRICADES TO BLOCK OFF STREETS  
AND ALLEYS. TRASH CANS FROM PARK & REC

Organization CRETE CHAMBER OF COMMERCE

Responsible Party JACK COCHNAR EXECUTIVE DIRECTOR / CHAMBER

Address 1302 LINDEN AVE P.O. BOX 465 CRETE, NE 68333

Phone 402-826-2136

[Signature]  
Signature of Responsible Party

DO NOT WRITE IN THIS SPACE

Application # \_\_\_\_\_

Public Works Review \_\_\_\_\_

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

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

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Insurance Certificate Required \_\_\_\_\_

Ins. Cert. Received ☒

Conditions listed on back

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:

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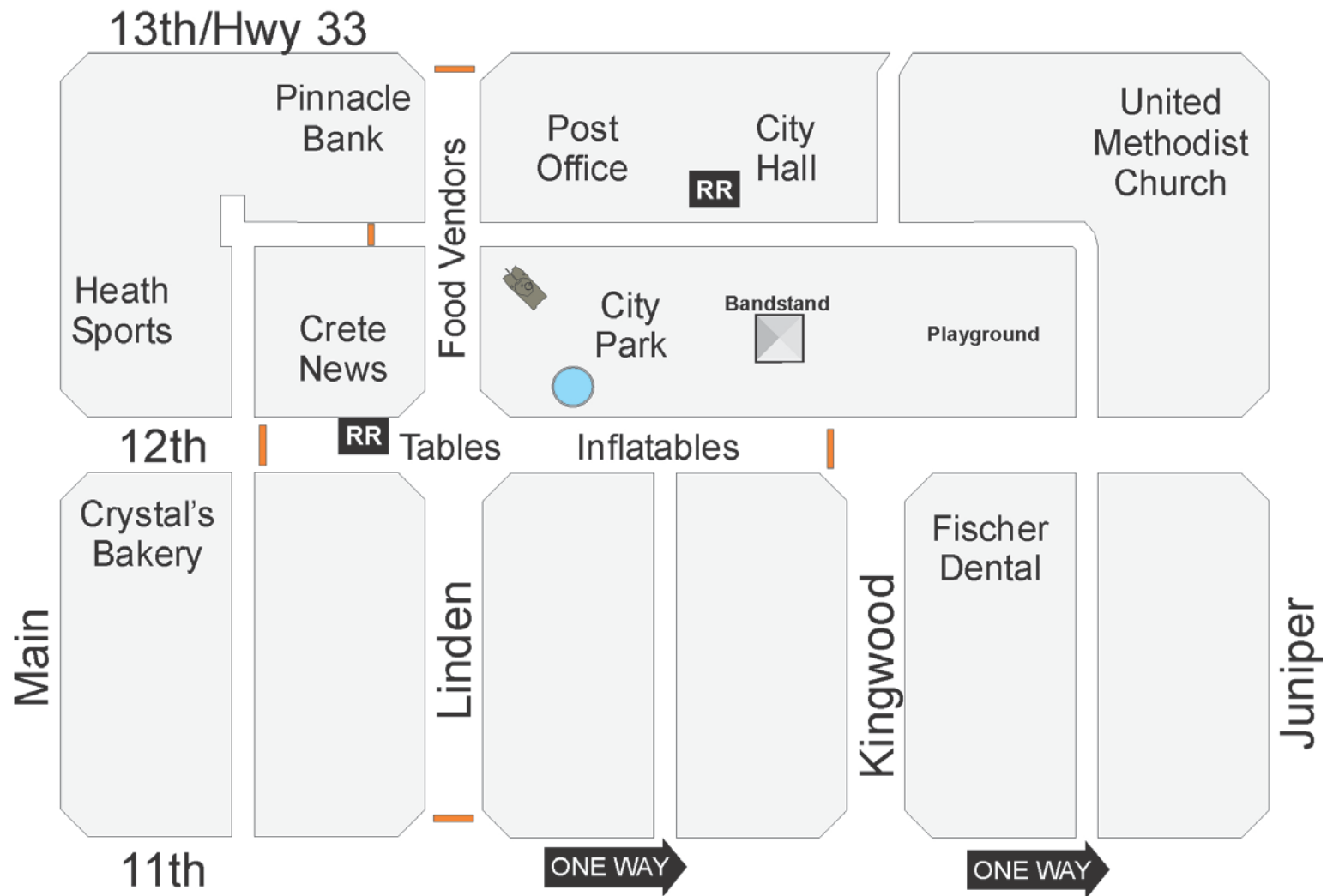
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☐ Copy of insurance covering event with City of Crete as named insured.

# Cinco de Mayo

Sunday, May 8, 2022





## CERTIFICATE OF LIABILITY INSURANCE

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).

<b>PRODUCER</b> Bauer Insurance Inc. 1241 Main P.O. Box 159 Crete, NE 68333 David A Bauer	402-826-5141	<b>CONTACT NAME:</b> David A Bauer <b>PHONE (A/C, No, Ext):</b> 402-826-5141 <b>E-MAIL ADDRESS:</b> daveb@bauerinsuranceinc.com <b>FAX (A/C, No):</b> 402-826-4322
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Auto Owners Insurance <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
		<b>NAIC #</b> 18988

**INSURED**  
Crete Chamber of Commerce  
PO Box 465  
Crete, NE 68333

## 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		39997389	12/04/2021	12/04/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			INCL IN GENERAL LIABILITY			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	39108118	12/04/2021	12/04/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 100,000 E L DISEASE - EA EMPLOYEE \$ 100,000 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)

The City of Crete is listed as an additional insured as required by contract.

## CERTIFICATE HOLDER

City of Crete  
223 E 13th Street  
Crete, NE 68333

## CANCELLATION

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

*David A Bauer*





CRECH-1

OP ID: DB

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PRODUCER 402-826-5141

Bauer Insurance Inc.  
1241 Main P.O. Box 159  
Crete, NE 68333  
David A Bauer

CONTACT NAME: David A Bauer

PHONE (A/C, No, Ext): 402-826-5141

FAX (A/C, No): 402-826-4322

E-MAIL ADDRESS: daveb@bauerinsuranceinc.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Auto Owners Insurance

18988

INSURER B:

INSURER C:

INSURER D:

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	OTHER						\$
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	DED						\$
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E L EACH ACCIDENT \$ 100,000
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