



CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT
CRETE'S GREAT PUMPKIN FESTIVAL

Date of Event 10-8-23

Start Time of Event 12:00 PM (SETUP @ 7:00 AM)

Finish Time of Event 5:00 PM

Location of Event _____

DOWNTOWN CRETE AND CITY PARK

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

Streets or Alleys requesting to be closed _____

MAIN AVENUE FROM 13TH TO 9TH ST

LINDEN AVENUE FROM 13TH TO 11TH ST

12TH STREET (NORMAN TO JUMPER STREETS)

11TH STREET (NORMAN TO LINDEN STREETS)

10TH STREET (NORMAN TO LINDEN STREETS)

Special Equipment BARRICADES FOR STREET / ALLEY CLOSURES

12-55 GALLON TRASH CONTAINERS

Organization CRETE CHAMBER OF COMMERCE

Responsible Party JACK COCHAR

Address 1302 LINDEN AVENUE CRETE, NE 68333

Phone 402-641-2821

Jack Cochar 9-1-23
Signature of Responsible Party

DO NOT WRITE IN THIS SPACE

Application # SE23-08

Public Works Review _____

Emergency Services Review _____

Council Meeting Date

9-19-23

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:

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



CRECH-1

OP ID: DB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/06/2018

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

402-826-5141

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

INSURED
Crete Chamber of Commerce
PO Box 465
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 SUBR INSD WVO | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------------------------|---------------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | X | 39997389 | 12/04/2022 | 12/04/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
| | | | | | | MED EXP (Any one person) \$ 10,000 |
| | | | | | | PERSONAL & ADV INJURY \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | OTHER: | | | | | \$ |
| | AUTOMOBILE LIABILITY | | INCL IN GENERAL LIABILITY | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | \$ |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$ |
| | DED | RETENTION \$ | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | 39108118 | 12/04/2022 | 12/04/2023 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | E.L. EACH ACCIDENT \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | 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

CANCELLATION

City of Crete
223 E 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

Crete's Great Pumpkin Festival

Sunday, Oct. 8, 2023

13th Street/Highway 33/103

