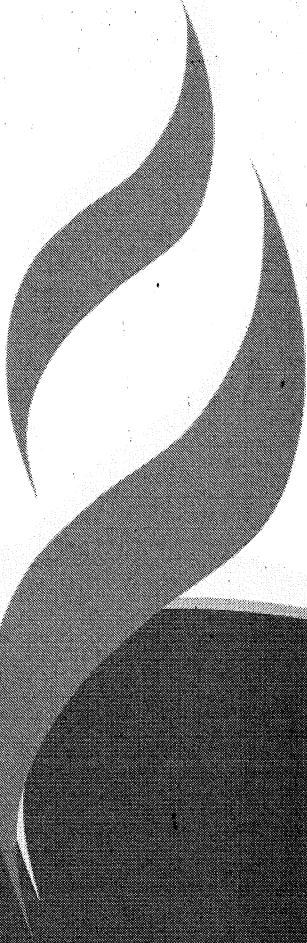




CITY OF CRYSTAL RIVER

Special Event Permit

APPLICATION &
GUIDELINES



City of Crystal River Special Event Application Process

Who needs a special events permit?

All individuals, organizations, or businesses must submit a Special Event Application to the City of Crystal River for approval if:

1. The use of City of Crystal River property is involved
2. There will be sales of alcohol, outside of a currently held liquor license
3. The event involves the closure of City of Crystal River or Citrus County roads
4. Tent sales or any large outdoor sales outside of a currently held business license

Who does not need a special events permit?

Special event permits are not required for:

1. Funeral and wedding processions
2. Groups of students involved in exercising as part of an organized school sports turnout
3. Special events sponsored in whole by the City of Crystal River
4. Gatherings of thirty (30) or fewer people in a city park, unless merchandise or services are offered for sale
5. Parades involving a total of thirty (30) or fewer pedestrians marching along a parade route that is restricted to marching on sidewalks, and crossing streets only at pedestrian crosswalks in accordance with traffic regulations and controls.

Please see Crystal River, FL- Code of Ordinances Part II, Chapter 23 for a list of complete Special Events ordinances.

Events with street closure and/or alcohol sales will require a meeting with City of Crystal River staff a minimum of 120 days prior to the event. Please contact the special events coordinator to schedule a meeting date.

Special Events Contact Person

Leslie Bollin

Special Events Coordinator, City of Crystal River

123 NW Highway 19 Crystal River, FL 34428

352.212.0437 (c) lbollin@crystalriverfl.org

352.795.4216 x 316 352.795.6351 (f)

This completed application must be received by the Special Events Coordinator via e-mail, fax, mail or in person to City Hall a **minimum of 60 days prior to event date**. Submissions received in person at City Hall, 123 NW Highway 19 Crystal River, must be delivered to the **office of the City Clerk**. All permittees will be notified of receipt by the special events coordinator within 5 business days. If your organization is not contacted by the special events coordinator, please inquire to determine if your permit was received.

Special Event Permit Procedures

1. Submit completed special event application along with all required documentation.
2. Application is circulated within city departments (Sheriff, Fire, Community Development, Public Works, Waterfronts Manager, and Special Events Coordinator) for approval.
3. Reviewed application is submitted to City of Crystal River Council for approval.
4. Special events coordinator will notify permittee once event permit is approved by Crystal River City Council and event fee invoice will be issued.
5. Payment is made to the City of Crystal River permit services.
6. Special Events Coordinator issues a Special Event Permit to the permittee after approval from City Council, all documentation is received and payment is made.

Required Supporting Documentation

1. Layout of the event site showing all structures in respect to existing buildings, property lines, roads and walkways.
 - a. Proposed ingress and egress
 - b. Tents, all vendor booths, portable toilets, tables, and rides
 - c. Parking areas, including number and location of handicapped spaces
 - d. Electrical hookups requested from city
 - e. Supporting vehicle locations and number of vehicles
 - f. Signage
 - g. Parade routes
2. Certificate of Liability Insurance
3. 501 (c) 3 determination letter (*if applicable*)
4. Liquor License issued by the State of Florida
5. Signed documentation of contact and approval from businesses and/or residents impacted by event. Letter of consent if event is on private property.
6. Road closure request form
7. Additional private parking location(s) with letters of approval from owner(s)
8. Tent permit, if applicable
9. Special event application fee

Requested event is permitted only if all applicable permits are secured and all supporting documents are obtained. Failure to meet responsibilities can result in permit being denied.

City of Crystal River- Revised 1.5.18

APPLICANT INFORMATION	
ORGANIZATION NAME	Kings Bay Rotary Charitable Foundation
CONTACT PERSON #1	Ed Wilsek
TITLE	Event CO-Chairman
ADDRESS	600 SE Hwy 19 Crystal River - Fl. 34429
PHONE NUMBERS	352-212-2084
E-MAIL ADDRESS	EWilsek3C@AOL.COM
CONTACT PERSON #2	Galen Glynn
TITLE	CO-Chairman
ADDRESS	742 W Barrymore Dr. Beverly Hills, Fl. 34465
PHONE NUMBER	352-363-3333
E-MAIL ADDRESS	gglynn@Tampabayrr.com
ORGANIZATION WEBSITE	Kings Bay Rotary.org
IS ORG 501-C	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, must provide documentation
GROUP LIABILITY INS.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INSURED COMPANY	✓ LEXINGTON INS CO
POLICY NUMBER	✓ 19437
General liability insurance is required naming the City of Crystal River as additional insured. Limits of liability should be no less than \$1,000,000.00 each occurrence combined single limit for bodily injury and property damage. If food is being served, product liability must be included. If the event is approved for alcohol sales, insurance must include an alcohol endorsement.	

EVENT INFORMATION	
NAME OF EVENT	The Stone Crab Jam
TYPE OF EVENT	Music and Food Festival
EVENT DATE(S)	11/6/21
EVENT TIMES	12:00 PM 10:00 PM
EVENT DATE(S)	
EVENT TIMES	
EVENT LOCATION	Citrus Ave, 5th St, Kings Bay Parks.
ADDRESS	Lot Citrus Ave + Hwy 19
DESCRIPTION OF EVENT	Live Music - 3 Stages - Festival #14 Food, Beer, Wine, Assorted Merchandise

# OF PEOPLE EXPECTED	6000-8000			
FEES INVOLVED	ENTRANCE	\$ 15.00	DONATION	\$
	VENDOR	\$ 85,000 Start	BOOTH	\$
	OTHERS	\$		
PROCEEDS BENEFIT	Kings Bay Rotary Charitable Foundation			
OPEN TO THE PUBLIC	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
FOOD SALES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
ALCOHOL SALES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
REQUESTING OPEN CONTAINER WAIVER	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
MERCHANDISE VENDORS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
MUSICIANS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		

EVENT SERVICES			
REQUESTING CITY PROPERTY FOR EVENT	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, list property name and address below
	PROPERTY ADDRESS	Town Square, Citrus Ave, MW 419, Kings Bay Park, 1st St City Lot, City Parking, Lot 1st St 5th, NW 1st St	
REQUESTING ELECTRIC FROM CITY SITES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
LOCATION(S)			
WASTE PLAN			
WASTE HAULER	ADVANCED DISPOSAL		
RESTROOM FACILITIES	<input type="checkbox"/> ON PROPERTY	<input checked="" type="checkbox"/> PORTABLE FACILITIES	
	If portable, Company name	ADVANCED DISPOSAL	
# OF RESTROOMS	20+	# OF HANDICAPPED	3+
SECURITY	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	If alcohol is served, CCSO must be hired
SECURITY COMPANY	CCSO		
# OF PERSONS			
PARKING LOCATION(S)	1. Rural King - Crystal River Mall		
	2. VIP Lot - NW 1st Ave		
	3. Handicapped - 12 spaces - Ernst Woods		
TOTAL SPACES			
HANDICAPPED SPACES	12 - Ernst Woods - Lot NW 1st St		
If parking location is insufficient on site, parking arrangement letter(s) may be obtained from owner(s), renter(s) of additional parking sites. Letter must state permission from owner(s)/renter(s), date(s) of event, and number of handicapped and regular parking spaces provided.			
OTHER SERVICES	Request to move parking Bumpers Citrus Ave.		

APPLICATION CHECKLIST	
SITE PLAN (including) ✓	A layout of the event site showing all structures with respect to existing buildings, property lines, roads, and walkways. A Google earth aerial map or other source will work as a base map.
	Proposed ingress and egress
	Tents, vendor booths; including food and beverage, restrooms, portable toilets, drinking fountains, tables, and rides.
	Parking areas: including number and location of handicapped spaces (must be 1 for every 25 regular spaces)
	Electrical and water hook ups
	Support vehicle locations and number of vehicles
	Signage
	Parade routes
	Barricade Locations
	Certificate of liability insurance, as stated above.
✓	501 (c) 3 Determination letter- <i>if applicable</i>
	Liquor license- Submission with map and approved license when obtained
	Documentation of contact with businesses and/or residents directly impacted by event. Mailings are acceptable; please include a copy of the letter and what properties will receive it.
	Private property letter of consent
✓	Road closure request form
✓	Signage request (<i>outside of code ordinance</i>)
✓	Meeting with City staff if required
	Additional parking location letter(s)
N/A	Tent permit, if applicable (<i>tents over 900 square feet</i>)
	Special event fee, <i>due after approval of event by council</i>

SPECIAL EVENT FEE SCHEDULE			
Non-Profit		For-Profit	
Special Event	\$50.00	Special Event	\$150.00
Festival, with road closures and/or alcohol sales	\$250.00	Festival, with road closures and/or alcohol sales	\$500.00
Festival Cleanup*	\$150.00	Festival Cleanup*	\$150.00
Permits received less than 60 days prior to the event will incur an additional \$50.00 charge.			
Permits received less than 30 days prior to the event date will not be accepted.			
<i>Special event fees are due immediately following approval of the event from the City of Crystal River council. Failure to submit payment within 15 days after receipt of invoice may result in cancellation of event.</i>			

**CITY OF CRYSTAL RIVER
SPECIAL EVENT PERMIT
AGREEMENT**

The City of Crystal River issues a Special Event Permit to

Kings Bay Rotary Charitable Foundation
(a ___ person, ___ corporation, ___ partnership), hereinafter called "the Permittee," for a special event, described as

The Stone Crab Jam
to be held on the 6TH day of November, 2021 until the
_____ day of _____, 20_____, during the hours of
12:PM - 10:PM.

The permittee has received the statement of the estimated cost of providing city personnel and equipment. The permittee will prepay these estimated costs for city services and equipment ten (10) days prior to the permitted special event.

The permittee shall be responsible for the property used for the event and will insure that the event area will be properly cleaned and restored and acknowledges that the permittee will be billed for the actual cost by the city for clean up and restoration

The clean-up deposit shall be returned after the event in a timely manner if the area was properly cleaned and restored.

The permittee shall be responsible and answerable to damages for any and all loss, damage or injury, together with the costs and expenses incidental thereto, arising out of or due to the negligence of the permittee, or any of the permittee's agents, employees, or volunteers in providing or failing to provide adequate care during the use of the City's water supply service, or other city property and facilities.

As a permittee, I do understand that a revocation of permit may be required according to section 3.94 of The City of Crystal River Code of Ordinances.

The permittee shall call for an inspection to assure compliance with all permitting conditions prior to opening the special event.

If litigation is necessary to enforce this agreement or to collect money due according to the terms of this agreement, The City of Crystal River shall be entitled to an award of all costs incurred incident to such litigation, including reasonable attorney's fees, both in trial and on appeal.

This agreement shall bind and insure to the benefit of the parties hereto, their respective heirs, personal representatives, successors and assignees.

Witness their hands and seals this day and year.

Date: _____

Permittee: Kings Bay Rotary Charitable Foundation
(Name of Organization)

Signed By: _____
(Contact person)

Print Name: Ed Wilsek / Galen Clymer

Print Title: Event Co-Chairman

City of Crystal River

Signed By: _____
(City Designee)

Print Name: _____

Print Title: _____

IF PERMITTEE IS A CORPORATION OR PARTNERSHIP:

PAYMENT OF ALL SUMS DUE HEREUNDER IS HEREBY PERSONALLY GUARANTEED BY THE UNDERSIGNED.

Signature

Date

Printed Name

Address:

Telephone:

E-mail:

Office Use Only

Date Received: _____ By: _____

Via: ☐ E-mail ☐ Fax ☐ In Person ☐ Mail**Office Use Only****City Staff Approval****Sheriff's Department****Date****Fire Department****Date****Community Planning****Date****Waterfronts Manager****Date****Public Works****Date****Special Events****Date****City Manager/City Clerk****Date****Council Date:** _____**Approved** _____ **Denied** _____

OUTSIDE CODE ORDINANCE SIGNAGE REQUESTS	
Sign #1	Stone Crab June 2021
# Requested	1
Location(s)	Town Square
Size	Appx 7'x4' Standing Oct 2nd
Sign #2	HWY 19 - Directional Signs
# Requested	To Parkway - Rural King, CR Mall
Location(s)	Temporary Sticking Ground
Size	3'x3'
Sign #3	HWY 44 Directional Signs
# Requested	To Parkway - Rural King, CR Mall
Location(s)	Temporary Sticking Ground
Size	
Sign #4	
# Requested	
Location(s)	
Size	
<p>Signage requests must be submitted with special events permits and applies to signs your event is requesting to put up outside the parameters of your event or prior to your event date. Signage used inside your event space during the dates of the event does not need to be included. Event signage may be placed 1 day prior to the event start date within a 1 mile radius of the event location, unless otherwise requested above. Yard signs will be limited to 18"x24" and cannot obstruct the view of traffic in any way. Signage must be removed 1 day following your event.</p>	

ROAD CLOSURE INFORMATION					
EVENT NAME					
DATES OF CLOSURES					
	From		From		From
TIMES OF CLOSURES					
<i>Include set up and breakdown in dates and times</i>					
REQUESTED ROAD #1					
START					
END					
REQUESTED ROAD #2					
START					
END					
REQUESTED ROAD #3					
START					
END					
REQUESTED ROAD #4					
START					
END					
REQUESTED ROAD #5					
START					
END					

Water Barricades	
<p>Any events with road closures require the use of water barricades for public safety. The organization planning the event is responsible for rental, placement, filling and emptying of barricades and clearing them from the roadway after the event. Each event will be evaluated by CCSO and The City of Crystal River to determine proper placement of the barricades. City of Crystal River Fire Department must be coordinated with to fill water barricades prior to event state time. Draining and removing barricades from the road after the event will be done by event producer.</p>	
BARRICADE COMPANY	
DELIVERY DATE	
DELIVERY LOCATION	
FINAL ROAD CLOSURE TIME	

Water Barricade Placement Costs			
Item	Cost	Amount	Total
Barricade Rental	\$ 400.00	16	\$400.00
Fire Truck	\$ 125.00	1	\$125.00
Water Usage	\$ 30.00	Max 3200 Gallons	\$30.00
			\$555.00
<p>*Based on current inventory of 16 barricades and includes City staff delivering barricades to their placement location (off road). Festival producers must have barricades pushed into place prior to filling of the barricades. If the timing of filling the barricades requires more than one fire truck, extra costs will be incurred. Draining the barricades and pushing them off road at the end of the road closure is the responsibility of the event producer.</p>			

Road Closure map required with this permit

Road closure requests must be submitted with special events permits and are approved when special event permits are approved by The City of Crystal River Council.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2021

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 Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Ali Sulita	FAX (A/C, No): 630-285-4062	
	PHONE (A/C, No, Ext): 1-833-3ROTARY E-MAIL ADDRESS: rotary@ajg.com		
INSURED All Active US Rotary Clubs & Districts ATTN: Risk Management Dept. 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Lexington Insurance Company		19437
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 899307648 **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 <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		015375594	7/1/2020	7/1/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			015375594	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The Certificate holder is included as additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER City of Crystal River 123 Highway 19 Crystal River, FL 34428 Kings Bay Rotary Club-Crystal River, FL #23796 The Stone Crab Jam 11/1/2021-11/8/2021	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
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2021

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INSURED All Active US Rotary Clubs & Districts ATTN: Risk Management Dept. 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Lexington Insurance Company		19437
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 899307648

REVISION NUMBER:

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CERTIFICATE HOLDER

The Stone Crab Jam - Crystal River, FL

Kings Bay Rotary Club-Crystal River, FL #23796
The Stone Crab Jam 11/1/2021-11/8/2021

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

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DATE (MM/DD/YYYY)
06/30/2021

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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 <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		015375594	7/1/2020	7/1/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			015375594	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The Certificate holder is included as additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER

Citrus County School Board Transportation Services Dept.
1007 West Main St Inverness, FL 34450

Kings Bay Rotary Club-Crystal River, FL #23796
The Stone Crab Jam 11/1/2021-11/8/2021

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2021

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 Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Ali Sulita	FAX (A/C, No): 630-285-4062	
	PHONE (A/C, No, Ext): 1-833-3ROTARY E-MAIL ADDRESS: rotary@ajg.com		
INSURED All Active US Rotary Clubs & Districts ATTN: Risk Management Dept. 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Lexington Insurance Company		19437
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 899307648

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 <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		015375594	7/1/2020	7/1/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			015375594	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

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CERTIFICATE HOLDER

Tax parcel #211817-0070-0020
Southern Heritage Inc. N. Citrus Ave

Kings Bay Rotary Club-Crystal River, FL #23796
The Stone Crab Jam 11/1/2021-11/8/2021

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2021

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PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Ali Sulita	FAX (A/C, No): 630-285-4062	
	PHONE (A/C, No, Ext): 1-833-3ROTARY E-MAIL ADDRESS: rotary@ajg.com		
INSURED All Active US Rotary Clubs & Districts ATTN: Risk Management Dept. 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Lexington Insurance Company		19437
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 899307648 **REVISION NUMBER:**

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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			015375594	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	NOT APPLICABLE			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

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CERTIFICATE HOLDER

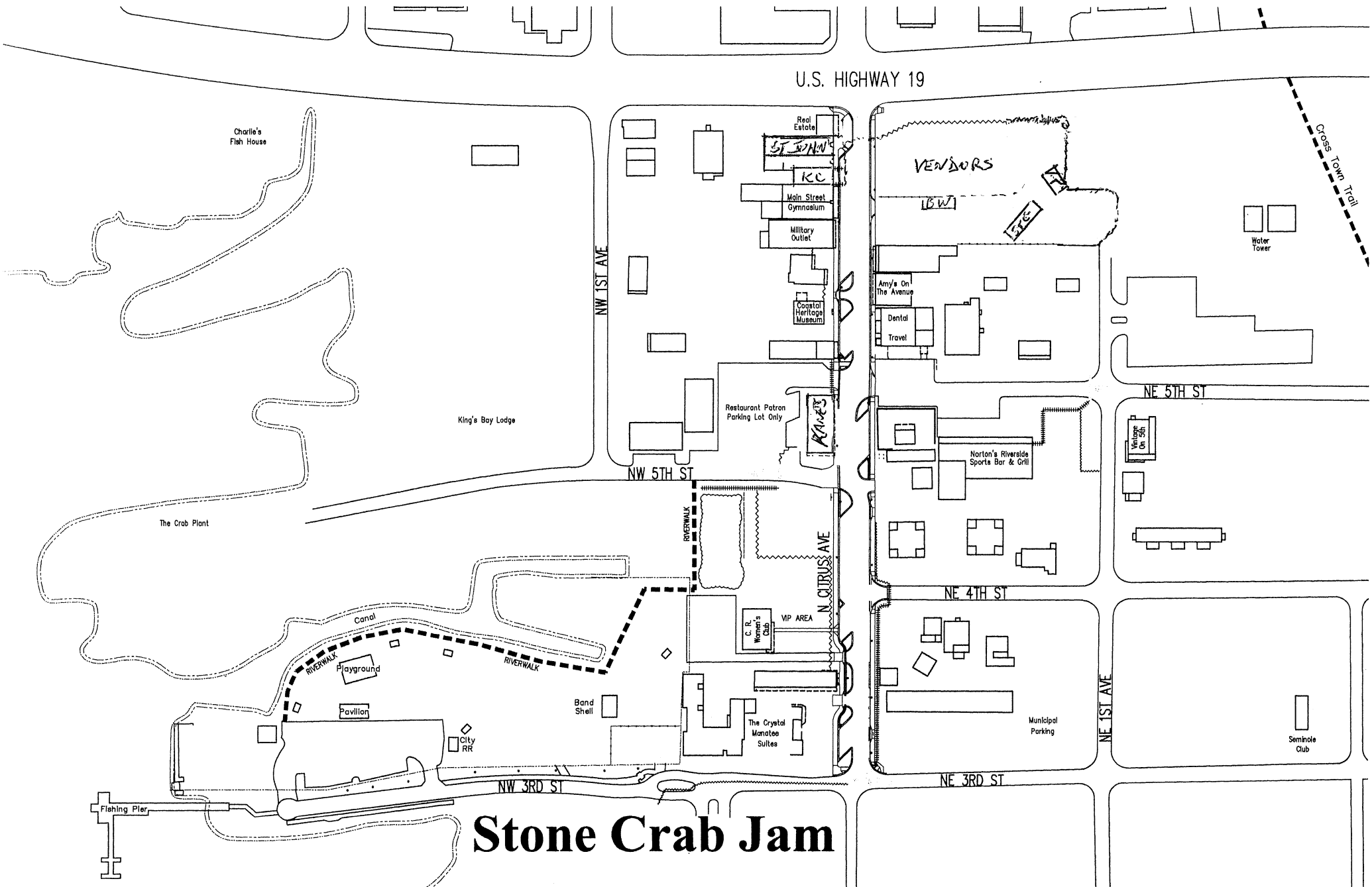
Crystal River Mall 1801 NW US Hwy 19
Crystal River, FL 34428

Kings Bay Rotary Club-Crystal River, FL #23796
The Stone Crab Jam 11/1/2021-11/8/2021

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



U.S. HIGHWAY 19

Cross Town Trail

Water Tower

NE 5TH ST

Vendors on 5th

NE 4TH ST

NE 1ST AVE

NE 3RD ST

NW 1ST AVE

NW 5TH ST

N CURTIS AVE

NW 3RD ST

Stone Crab Jam