



OLIVEHURST PUBLIC UTILITY DISTRICT

Business Office
1970 9TH Avenue/P.O. Box 670
Olivehurst, CA 95961
Phone (530) 743-4657 Fax (530) 743-3023 www.opud.org

Application must be submitted to Business Office a minimum of 30 business days prior to date of event.

Special Events Application/Permit

(YOU MUST HAVE YOUR COPY OF YOUR PERMIT IN POSSESSION DURING EVENT)

Organization/Group: First 5 Yuba County Contact Person(s): Sarah Kotko

Contact Phone #(s): 530-749-4948 Email: skotko@co.yuba.ca.us

Event Location (name of park/facility): OPUD Youth Center

Name/Type of Event: Dad's Night Out Date(s) of Event: Dec 1, Jan 5, Feb 2

Hours of event: 5:00-7:30 pm am/pm - _____ am/pm (Include set up and clean up time)

Estimate: Number of Participants: 15 Spectators: 0 Staff: 3

Will you be using a public address system or any other type of amplified sound equipment? Yes _____ No x

If yes, provide a detailed plan for all electronics including music, public address systems, etc.: _____

Will there be any vendors or contractors operating a booth, shop, or mobile operation during event? Yes _____ No x

If yes, provide number of vendors _____ and vendor type(s): _____

(Must provide copies of all permits and written approvals from other agencies that may be required prior to conducting event)

Will alcoholic beverages be served or given away? Yes _____ No x If yes, must provide valid ABC license and provide licensed security. (Per OPUD Special Events Policy)

Is this a for-profit or non-profit event: No Will you be charging fees to participants? Yes _____ No x

Will dumpsters be required: Yes _____ No x Will portable toilets be required: Yes _____ No x

(If yes, see OPUD Special Events Policy regarding dumpsters and portable toilets.)

INSURANCE: Applicant must provide Olivehurst Public Utility District a properly worded Certificate of Insurance from an insurance company licensed to do business in the State of California as proof of possession of general liability, owner, landlords and tenants, or general homeowners insurance, providing for personal injury, death and property damage in the amount of not less than \$1,000,000.00. In the case of other than private use, said certificate shall also provide as additionally insured the Olivehurst Public Utility District, its officers, agents, and employees. Such insurance will be primary coverage for any liability arising from applicants' use of the facilities. The certificate must cover all dates and hours of facility use. INITIAL HERE SK.

Any change, alteration or modification of intended use must be approved by Olivehurst Public Utility District. Change can result in cancellation of use. Any misrepresentation of your group or use, or failure to comply with Special Events Policy may result in expulsion from the park. INITIAL HERE SK.

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION SHALL SAVE, KEEP AND HOLD HARMLESS OLIVEHURST PUBLIC UTILITY DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ALL DAMAGES, COSTS OR EXPENSES IN LAW OR EQUITY THAT MAY AT ANY TIME ARISE OR BE SET UP BECAUSE OF DAMAGES TO PROPERTY OR PERSONAL INJURY RECEIVED BY REASON OF OR IN THE COURSE OF USING OR OCCUPYING THE FACILITY. INITIAL HERE SK.

I AND/OR MY ORGANIZATION FURTHER EXPRESSLY CERTIFY THAT I AND/OR MY ORGANIZATION WILL BE RESPONSIBLE FOR ANY DAMAGE OR LOSS SUSTAINED TO THE GROUNDS, BUILDING, OR EQUIPMENT OCCURRING, OR UNUSUAL CLEAN-UP REQUIRED, AS A RESULT OF MY AND/OR MY ORGANIZATION'S USE OF THE FACILITY. AMOUNT OF CLEANING DEPOSIT WILL BE BASED ON TYPE AND SIZE OF EVENT. IT IS UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION WILL CLEAN UP ALL DECORATIONS AND TRASH OR CLEANING DEPOSIT WILL BE FORFEITED. **NO PERSONAL VEHICLES ARE ALLOWED ON PARK GRASS AREAS** AS GRASS AND SPRINKLER HEADS CAN BE DAMAGED. INITIAL HERE SK.

I have read and understand the attached OPUD Special Events Policy INITIAL HERE SK.

Signature of Individual/Representative [Signature]

FOR OFFICIAL USE ONLY: Application/Permit Fee \$ _____ Amount Refundable \$ _____ Cash Check # _____

Insurance: Yes No Food Sale/Use _____ Alcohol Sale/Use _____ Law Enforcement Notified _____

Permits/Written Approvals: _____ ABC License: _____ Licensed Security: _____

Approved: Disapproved: Remarks: _____ Cleaning Deposit \$ _____

Processed by: _____ Date: _____

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| GSRMA-539 | CO | CERTIFICATE OF COVERAGE | 06/29/2022 |
|-----------|----|--------------------------------|------------|

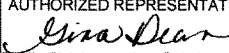
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| Public Risk Innovation, Solutions, and Management C/O ALLIANT INSURANCE SERVICES, INC. 18100 VON KARMAN AVENUE, 10TH FLOOR IRVINE, CA 92612 PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE #0C36861 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |
| MEMBER: Golden State Risk Management Authority P.O. Box 706 Willows, CA 95988-0706 | IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage/Policies must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). |
| GSRMA MEMBER: FIRST 5 YUBA COUNTY | COVERAGE AFFORDED BY A - See attached schedule of insurers |

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| COVERAGE AFFORDED BY B - Public Risk Innovation, Solutions, and Management |
| COVERAGE AFFORDED BY C - National Union Fire Insurance Company of Pittsburgh, PA (AIG) Berkley Insurance Company |

Coverages
 THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE/POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS/POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS AND POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| ENT LTR | TYPE OF COVERAGE | MEMORANDUM # /POLICIES | COVERAGE EFFECTIVE DATE | COVERAGE EXPIRATION DATE | MEMBER'S SELF-INSURED RETENTION/ DEDUCTIBLE | LIMITS |
|---------|--|----------------------------------|-------------------------|--------------------------|---|--|
| | WORKERS' COMPENSATION <input checked="" type="checkbox"/> N/A | | | | | |
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> EXCESS GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE | PRISM PE 22 EL-63 | 07/01/2022 | 07/01/2023 | \$ 250,000 | Difference between \$1,000,000 and the Member's Self-Insured Retention |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY | PRISM PE 22 EL-63 | 07/01/2022 | 07/01/2023 | \$ 250,000 | Difference between \$1,000,000 and the Member's Self-Insured Retention |
| B | CRIME <input checked="" type="checkbox"/> EXCESS GOVERNMENTAL CRIME POLICY | 01-468-30-06 BGOV-45003949-22 | 06/30/2022 | 06/30/2023 | \$25,000 | \$10,000,000 Per Occurrence limit Subject to member deductible \$5,000,000 Per Occurrence Limit \$1,000,000 Sublimit Applies To Faithful Performance |
| A | PROPERTY <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> FLOOD <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE (ONLY IF SCHEDULED) <input checked="" type="checkbox"/> BOILER AND MACHINERY <input checked="" type="checkbox"/> TERRORISM TERRORISM LIMIT IS SHARED BY ALL MEMBERS IN ALL TOWERS ALL OTHER LIMITS ARE SHARED PER TOWER | PRISMPR 22-23 | 03/31/2022 | 03/31/2023 | \$ 5,000 Per Policy \$10,000 PER POLICY \$ 5,000 | \$25,000,000 PER OCC ALL RISK \$25,000,000 PER OCC ANNUAL AGG. LIMIT APPLIES TO FLOOD AUTO PHYS. DAMAGE DED. \$25,000,000 PER ACCIDENT BOILER & MACHINERY LIMIT |

Description of Operations/Locations/Vehicles/Special Items:
 AS RESPECTS EVIDENCE OF COVERAGE ONLY.

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| Certificate Holder CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MS 7206 P.O. BOX 997377 SACRAMENTO, CA 95899-7377 | Cancellation SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES/POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  Public Risk Innovation, Solutions, and Management |