



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: Citywalk Church Contact Person(s): Chris Finchum
 Contact Phone #(s): 863-661-9246 Email: cfinchum@citywalkchurch.com
 Event Location (name of park/facility): First Choice - Eufay Wood, 2nd Choice River Meadows
 Name/Type of Event: Easter Egg Hunt Date(s) of Event: April 1 ~~3:00-5:00~~
 Hours of event: 1:30 ~~3:00~~ am (pm) - ~~5:00~~ 6:00 am (pm) (Include set up and clean up time)
 Estimate: Number of Participants: 500 - 750 Spectators: _____ Staff: 25
 Will you be using a public address system or any other type of amplified sound equipment? Yes X No _____
 If yes, provide a detailed plan for all electronics including music, public address systems, etc.: We will use a sound system to make announcements + play music in the background during the event.
 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: non-profit 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 CF

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 CF

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 CF

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 CF

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

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: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/17/2023

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.

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.

PRODUCER Ministry Advantage Insurance, Insured Citywalk Church, Contact Name, Phone 858-217-1460, Insurer GuideOne Insurance Company, NAIC # 15032

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation.

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

Evidene of Liability Coverage for the Easter Egg Hunt at Eufay Wood Spray Park, River Oaks Blvd., Plumas Lake, CA 95961 on 04/01/2023. Please see CG2026 - Additional Insured Endorsement attached.

CERTIFICATE HOLDER Olivehurst Public Utility District, its officers, agents and employees. 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.

NAMED INSURED: Citywalk Church

POLICY NUMBER: 1452627

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Oliverhurst Public Utility District, its officers, agents, and employees PO Box 670 Olivehurst, CA 95961
Easter Egg Hunt at Eufay Wood Spray Park, River Oaks Blvd., Plumas Lake, CA 95961 on 04/01/2023
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.