

### TEMPORARY USE PERMIT (TUP) APPLICATION

#### **TUP CATEGORY**

Administrative (30 days prior to event) (Less than 500 attendees)	City Commission (90 days prior to event) (500 or more attendees)										
Subject Property Address:	25 03 0190; 4841 25 03 1343; 4841 25 03 1340; 4841 25 03 1080;										
A spring fair with games of chance, food, ente	rtainment, a midway, and a circus.										
TUP IN	NFORMATION										
Attendees at any time: 2500 Start Date: 3-14-25	Duration of the Event: 16 days End Date: 3-30-25										
Start Time: 5pm (M-F) 2pm (Sat, Sun)	End Time: 11pm (Sun-Thur) 1am (Fri, Sat)										
Setup Date(s): 3-3-25 through 3-13-25	Clean-up Date(s): 3-31-25 through 4-7-25										
	AUTHORIZED AGENT INFORMATION										
Name: Joshua Rydell, Esq.	_										
Address: 111 SW 6th Street, Fort Laud											
Phone Number: 954 779 1711	Email Address: jr@rydell.com										



### APPLICANT INFORMATION (IF DIFFERENT THAN THE PROPERTY OWNER)

Name: Hildebrand Amusement

Address: 111 SW 6th Street Fort Lauderdale FL 33301

Phone Number: 954-779-1711 Email Address: jr@jrydell.com

PROPERTY OWNER INFORMATION

Name: City of Margate CRA

Address: 5790 Margate Blvd, Margate FL 33063

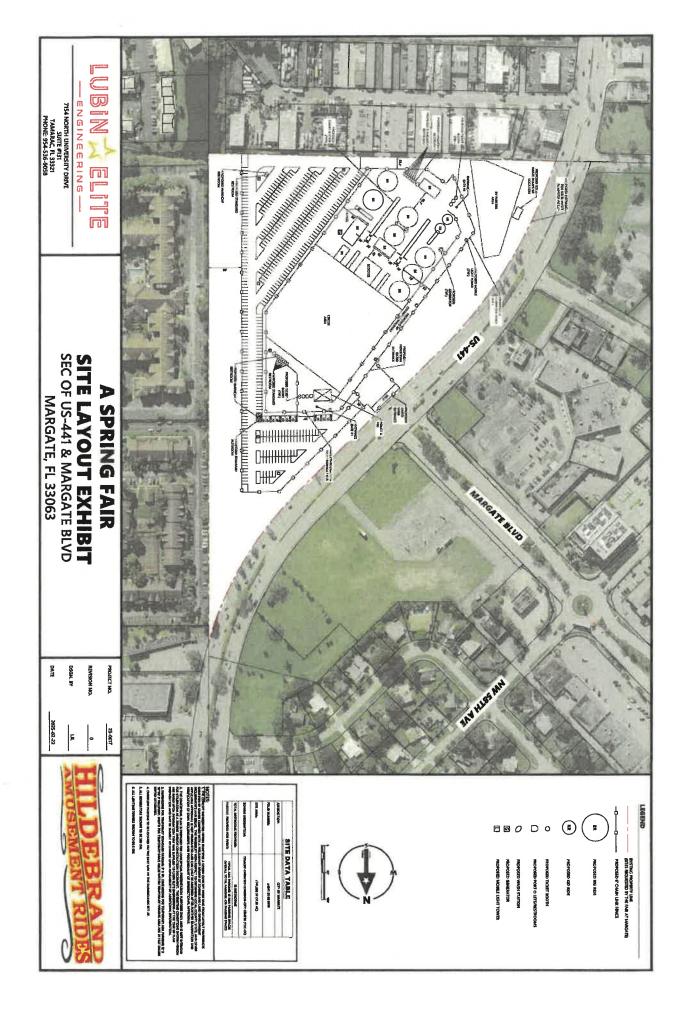
Phone Number: 954-972-6454 Email Address: rrodi@margatefl.com



#### **OWNER'S AUTHORIZATION AFFIDAVIT**

I hereby certify that I am the owner or authorized agent of the property located at

4000 N.O	4.05.00.0040\
1000 N State Road 7, Margate, (Folio #484	1 25 03 0010) (see Exhibit A)
being the subject property for this Temporary Use Peter to Hildebrand Amusement Rides, Inc. to file an applicate	
same.	$\mathcal{O}$
Cale Curtis, Executive Director	
Print owner's or authorized agent's name	Signature of owner or authorized agent
Owner/Agent Phone Number: (954) 935-5320	_ Email Address: _ccurtis@margatefl.com
Owner/Agent Address: 5790 Margate Boulevard	d, Margate, FL 33063
STATE OF FLORIDA COUNTY OF Broward	
Sworn to (or affirmed) and subscribed before me	
notarization, this 24th day of February 2025	(year), by Fiona Christmas (print
name of person making statement).	From Clery
	(Signature of Notary Public - State of Florida)  FIONA T. CHRISTMAS MY COMMISSION # HH 470336 EXPIRES: December 11, 2027
(Print, Type,	or Stamp Semmissioned Name of Notary Public)
■ Personally Known OR □ Produced Identification	
Type of Identification Produced	





#### TEMPORARY USE HOLD HARMLESS AGREEMENT

Temporary Use Name/Description: Margate	Spring Break Fair
Location: 1000 State Road 7, Margate F	-lorida
Date(s) of the Temporary Use: March 5th, 2	2025 until April 7th, 2025
applicants(s) for the temporary use described	0.630 of the Code of the City of Margate, Florida, the labove do(es) hereby agree to indemnify, defend, and loyees, harmless for any claim or suit arising out of the orary use.
Joshua Rydell	
Print applicant's name	Signature of applicant
Authorized Agent	Hildebrand Amusement
Print applicant's title	Print applicant's organization/company
STATE OF FLORIDA COUNTY OF BROW	ARD
,	e me by means of ■ physical presence or □ online  2025 (year), by Joshua Rydell (print  (print  N WEB  22-2026 (Signature of Notary Public - State of Florida)
(Print,	Type Of the Commissioned Name of Notary Public)
■ Personally Known OR □ Produced Identification	ation
Type of Identification Produced	



DATE (MM/DD/YYYY) 2-28-25

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 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		CONTACT NAME:	Thomas Plouffe		
Specialty Insurance, LTD.		PHONE (A/C, No, Ext):	203-931-7095	FAX (A/C, No): 203-9	31-0682
P.O. Box 16901		E-MAIL ADDRESS:	Certificates@specialtyinsurand	celtd.com	
West Haven, CT 06516			INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A : AC	24856		
INSURED		INSURER B:			
MB Boardwalk Rides, LLC, Hild	debrand Amusement Rides, Inc &	INSURER C :			
Carolina Beach Amusement R	des, Inc.	INSURER D :			
7851 US Highway 301 S.		INSURER E :			
Riverview, FL 33578		INSURER F:			
COVERACES	CEDTIFICATE NUMBED:		DEVISION NUM	MDED:	

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	Y	WVD	CA000049336-02	6/2/24	6/2/25	EACH OCCURRENCE	\$	1,000,000
l '`		CLAIMS-MADE X OCCUR	'					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBER EXCLUDED?	.1 / A					E.L. DISEASE - EA EMPLOYEE	\$	
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

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

City of Margate is added as an additional insured but only with respects to the operations of the named insured during the policy period.

Event dates: Event dates: March 3 – April 7, 2025 (includes set up and tear down). Actual event dates: March 14 – 30, 2025.

CERTIFICATE HOLDER	CANCELLATION
City of Margate 5790 Margate Boulevard Margate, FL 33063	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



DATE (MM/DD/YYYY) 2-28-25

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PRODUCER		CONTACT NAME:	Thomas Plouffe		
Specialty Insurance, LTD.		PHONE (A/C, No, Ext):	203-931-7095	FAX (A/C, No): 203-9	31-0682
P.O. Box 16901		E-MAIL ADDRESS:	Certificates@specialtyinsuran		
West Haven, CT 06516			INSURER(S) AFFORDING COVERAGE	NAIC#	
		INSURER A : AC	dmiral Insurance Company		24856
INSURED		INSURER B:			
MB Boardwalk Rides, LLC, Hild	ebrand Amusement Rides, Inc &	INSURER C :			
Carolina Beach Amusement Ric	des, Inc.	INSURER D :			
7851 US Highway 301 S.		INSURER E :			
Riverview, FL 33578		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	•	REVISION NU	MBER:	

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INSR LTR		TYPE OF INSURANCE	ADDL			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS
А	Χ	CLAIMS-MADE X OCCUR	Y	WVD	CA000049336-02	6/2/24	6/2/25	EACH OCCURRENCE \$ 1,000,000  DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
								MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000
	_	PRO- POLICY PRO- PECT LOC						GENERAL AGGREGATE \$ 2,000,000
	X	POLICY JECT LOC OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUT	OMOBILE LIABILITY  ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$
		ALL OWNED X SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
		HIRED AUTOS AUTOS						(Per accident) \$
		UMBRELLA LIAB  EXCESS LIAB  OCCUR  CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	WOR	DED RETENTION \$						\$ PER OTH-
	ANY OFFI	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$
	if yes	Idatory in NH) s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$
		ION OF OPERATIONS / LOCATIONS / VEHIC						

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

Margate Community Redevelopment Agency is added as an additional insured but only with respects to the operations of the named insured during the policy period.

Event dates: March 3 – April 7, 2025 (includes set up and tear down). Actual event dates: March 14 – 30, 2025.

CERTIFICATE HOLDER	CANCELLATION
Margate Community Redevelopment Agency 5790 Margate Boulevard	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Margate, FL 33063	AUTHORIZED REPRESENTATIVE

		CERTIFICAT	E OF LIA	3IL	ITY INS	SURANCE		Date 2/28/2025		
Proc	ducer:	Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691			This Certifica rights upon t	of information only and c This Certificate does not are policies below.				
		(727) 938-5562				erage	NAIC #			
Inci	ıred:	South East Personnel Leasing,	Inc. & Subcidir	arioc	Insurer A:	Lion Insurance Company		11075		
11130	ii cu.	2739 U.S. Highway 19 N.	iric. & Subsidia	21163	Insurer B:					
		Holiday, FL 34691			Insurer C:					
					Insurer D:					
					Insurer E:					
The po	spect to w	surance listed below have been issued to the insured hich this certificate may be issued or may pertain, the have been reduced by paid claims.								
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number		cy Effective (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Limit	s		
		GENERAL LIABILITY					Each Occurrence	\$		
		Commercial General Liability  Claims Made  Occur					Damage to rented premises (EA occurrence)	\$		
		<u> </u>	Į l				Med Exp	\$		
		H	{				Personal Adv Injury	\$		
		General aggregate limit applies per:					General Aggregate	\$		
		Policy Project LOC					Products - Comp/Op Agg	\$		
		AUTOMOBILE LIABILITY					Combined Single Limit	ř		
		AUTOMOBILE LIABILITY					(EA Accident)	\$		
		Any Auto					Bodily Injury			
		All Owned Autos					(Per Person)	\$		
		Scheduled Autos  Hired Autos					Bodily Injury			
		Non-Owned Autos					(Per Accident)	\$		
							Property Damage			
		H					(Per Accident)	\$		
		EXCESS/UMBRELLA LIABILITY					Each Occurrence	ľ		
		Occur Claims Made								
		Deductible Claims Wade					Aggregate			
Α		rs Compensation and yers' Liability	WC 71949	01	/01/2025	01/01/2026	X WC Statu- tory Limits ER	-		
	-	prietor/partner/executive officer/member					E.L. Each Accident	\$1,000,000		
		d? NO					E.L. Disease - Ea Employee	\$1,000,000		
	If Yes, d	escribe under special provisions below.					E.L. Disease - Policy Limits	\$1,000,000		
	Other		Lion Incurs		Compony is A	ated A (Excellent). AM				
Covera Covera A list of	age only age only age does	applies to injuries incurred by South East Personot apply to statutory employee(s) or independent employee(s) in independent employee(s) leased to the Client Company	ersonnel Leasing, Inc Hildebrand onnel Leasing, Inc. & hident contractor(s) o	by Er c. & Sul d Amu & Subsi	ndorsement/S posidiaries that are sement Rides, diaries active em lient Company of	pecial Provisions: e leased to the following "( Inc. ployee(s) , while working r any other entity.	Client ID: Client Company": in: FL.	92-71-697		
	E 02-28-2						Begin D	ate: 1/27/2025		
CER		HOLDER		_	NCELLATION	ve described policies he cance	lled before the expiration date the	eof, the issuing		
		Y OF MARGATE		insu	ırer will endeavor to	o mail 30 days written notice to obligation or liability of any kin	the certificate holder named to the dupon the insurer, its agents or re	e left, but failure to		
		90 MARGATE BOULEVARD RGATE. FL 33063				Donne	60			
	IVIA	NOAIL. IL 33003			Dour Farm					

		CERTIFICAT	E OF LIA	BIL	ITY INS	SURANCE		Date 2/28/2025		
Pro	ducer:	Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691			This Certifica rights upon t	r of information only and c This Certificate does not ar e policies below.				
		(727) 938-5562				erage	NAIC #			
Turas			المام والمام والمام	!	Insurer A:		11075			
11150	ıred:	South East Personnel Leasing, 2739 U.S. Highway 19 N.	inc. & Subsidia	anes	Insurer B:					
		Holiday, FL 34691			Insurer C:					
		Floriday, FE 04001			Insurer D:					
					Insurer E:					
	rages	listed below how have invested to the invested	I a see all also see for the see		aland in diameter d. North	dit a constitue di	tone of the state			
with re	spect to w	isurance listed below have been issued to the insured hich this certificate may be issued or may pertain, the have been reduced by paid claims.								
INSR LTR	ADDL INSRD		Policy Number		cy Effective (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Limit	s		
		GENERAL LIABILITY					Each Occurrence	\$		
		Commercial General Liability  Claims Made  Occur					Damage to rented premises (EA occurrence)	\$		
		F					Med Exp	\$		
		General aggregate limit applies per:					Personal Adv Injury	\$		
		Policy Project LOC					General Aggregate	\$		
							Products - Comp/Op Agg	\$		
		AUTOMOBILE LIABILITY					Combined Single Limit			
		Any Auto					(EA Accident)	\$		
		All Owned Autos					Bodily Injury			
		Scheduled Autos					(Per Person)	\$		
		Hired Autos					Bodily Injury			
		Non-Owned Autos					(Per Accident)	\$		
		<u> </u>					Property Damage			
							(Per Accident)	\$		
		EXCESS/UMBRELLA LIABILITY					Each Occurrence			
		Occur Claims Made Deductible					Aggregate			
Α		ers Compensation and					X WC Statu- OTH	-		
	-	yers' Liability	WC 71949	01	/01/2025	01/01/2026	tory Limits ER	\$1,000,000		
	Any pro exclude	prietor/partner/executive officer/member d? NO					E.L. Each Accident			
		describe under special provisions below.					E.L. Disease - Ea Employee			
	,	· ·					E.L. Disease - Policy Limits	\$1,000,000		
	Other		Lion Insura	ance (	Company is A	.M. Best Company r	ated A (Excellent). AM	B # 12616		
Cover	age only	s of Operations/Locations/Vehicles/E: applies to active employee(s) of South East Pe	ersonnel Leasing, Inc Hildebran	c. & Sul d Amu	osidiaries that are sement Rides,	e leased to the following "  Inc.	Client Company":	92-71-697		
Cover A list	age does	applies to injuries incurred by South East Pers on tapply to statutory employee(s) or independent tive employee(s) leased to the Client Company e:	ndent contractor(s) o	of the C	lient Company o	r any other entity.				
ISSUE	€ 02-28-2	25 (BP)								
	TIE/0:	- HOLDED			NOELL TELEVI		Begin Da	ate: 1/27/2025		
CER		HOLDER	CENCY		NCELLATION ould any of the above	re described policies be cance	elled before the expiration date ther	eof, the issuing		
	MA	ARGATE COMMUNITY REDEVELOPMENT A	JEINU Y	insu	ırer will endeavor to	mail 30 days written notice to	o the certificate holder named to the nd upon the insurer, its agents or re	e left, but failure to		
		90 MARGATE BOULEVARD			8	A	7			
	MA	ARGATE, FL 33063		Down tain						



**DATE (MM/DD/YYYY)** 02/28/2025

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	s certificate does not confer rights to the	certi	ficate	e holder in lieu of s			(s).				
PRODUCER Specialty Insurance LTD						CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing					
	alty Insurance LTD OX 16901, WEST HAVEN, CT 06516				PHONE (A/C, No, Ext): 1-800-444-4487 (A/C, No):						
					E-MAIL ADDRESS: progressive.commercial@email.progressive.com						
								ING COVERAGE	<del></del>		NAIC #
					INSUR	FR A : United I	Financial Casu	alty Company			11770
INSU	RED				INSUR		manolal Gaga	any Company			11110
	RTAINMENT LEASING CORP					ER C :					
	V 7th ST, STE 100 , PA 16502				INSUR						
					INSUR						
					INSUR						
COV	ERAGES CERTIFIC	ATE	MIIM	BER: 7229735767309			527	REVISION NUM	RED:		
	IS IS TO CERTIFY THAT THE POLICIES OF I									THE POLIC	CY PERIOD
INI	DICATED. NOTWITHSTANDING ANY REQUIR	EMEN	NT, TE	RM OR CONDITION	OF AN	NY CONTRAC	T OR OTHER	R DOCUMENT WITH	RESPE	CT TO W	HICH THIS
	RTIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH POLICE								3JECT T	O ALL TI	HE TERMS,
INSR			SUBR			POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	rs	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTE PREMISES (Ea occur	<u>:</u> D	\$	
	CLAIMS-MADE OCCUR									\$	
								MED EXP (Any one portion of personal & ADV IN		\$	
								GENERAL AGGREGA		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/		6	
	POLICY JECT LOC							FRODUCTS - COMF/	JF AGG	5	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO									\$1,000,000	)
Α	OWNED AUTOS ONLY X SCHEDULED	Y	Υ	979901777		10/12/2024	04/12/2025	BODILY INJURY (Per		\$	
^	HIRED NON-OWNED AUTOS ONLY	ľ	Y	979901777		10/12/2024	04/12/2025	BODILY INJURY (Per PROPERTY DAMAGE (Per accident)	accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									¢	
	WORKERS COMPENSATION							SFRTUTE	р∏н-	Ψ	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN		\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EI	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$	
	See ACORD 101 for additional coverage details.							\$			
Α		Υ	Υ	979901777		10/12/2024	04/12/2025				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACOR	KD 101,	Additional Remarks Sch	iedule, n	nay be attached	if more space is	required)			
CER	TIFICATE HOLDER				CAN	CELLATION					
								DESCRIBED POLICI IEREOF, NOTICE			
	f Margate							CY PROVISIONS.	****LL	or Deti	IVED 114
	Margate Boulevard ate, FL 33063										
9	, 2000				AUTHO	ORIZED REPRES					
								Mark Part	<b>-</b>		
							4	i vuur jaret	_		

AGENCY CUSTOMER ID:	
LOC #:	



#### **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY		NAMED INSURED
Specialty Insurance LTD		ENTERTAINMENT LEASING CORP
POLICY NUMBER		1 502 W 7th ST, STE 100 L ERIE. PA 16502
979901777		LIVIL, I A 10002
CARRIER	NAIC CODE	
United Financial Casualty Company	11770	EFFECTIVE DATE: 10/12/2024
ADDITIONAL REMARKS		

THIS ADDITIONAL REMARKS FORM IS A SO	HEDULE TO ACORD FORM,	
FORM NUMBER: 25 FORM TITLE:	Certificate of Liability Insurance	
Additional Coverage		
Additional Coverages		
Insurance coverage(s)	Limits	
Uninsured Motorist Bodily Injury	\$15,000/\$30,000 Non-Stacked	
Underinsured Motorist Bodily Injury	\$15,000/\$30,000 Non-Stacked	
Medical Expense	\$5,000 w/o Workers Comp	
Description of Location/Vehicles/S	pecial Items	
Scheduled autos only		
2013 VOLVO VN 4V4NC9TG8DN562185		
2005 FREIGHTLINER CONVENTIONAL 1	FUJA6CKX5LN64240	
2007 CHEVROLET C4500 1GBE4V1217	404900	
2013 VOLVO VN 4V4NC9TH4DN567652		
2030 Non-owned Attached Trailer		
2030 Non-owned Attached Trailer		
2030 Non-owned Attached Trailer		
2005 FREIGHTLINER CONVENTIONAL 1	FUBA5CG45DU77812	
2020 FORD F350 1FD8W3GT9LEE5253		
2007 CHEVROLET C5500 1GBJ5V1287F	415016	

#### **Additional Information**

2019 VOLVO VNR 4V4W19EG8KN907557

2030 Non-owned Attached Trailer

Blanket Waiver of Subrogation in favor of the certificate holder, but only if party to a written waiver agreement executed by the named insured, as required by contract, prior to the occurrence of any loss. The certificate holder is an additional insured if required by written contract executed by the named insured prior to the occurrence of any loss, per blanket AI endorsement.



**DATE (MM/DD/YYYY)** 02/28/2025

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).

	s certificate does not confer rights to the	certi	ficate	e holder in lieu of s			(s).	•			
	DUCER				CONT. NAME	ACT : Progressive C	Commercial Lin	es Customer and		icing	
	ialty Insurance LTD SOX 16901, WEST HAVEN, CT 06516				PHON (A/C. N	E No, Ext): 1-800-4	144-4487		FAX (A/C, No):		
					E BAAL			@email.progress			
					7,227,			ING COVERAGE			NAIC #
					INSUR	ER A: United f	Financial Casu	alty Company			11770
INSU	RED				INSUR		manolal Gaga	aity Company			11770
	ERTAINMENT LEASING CORP					ER C :					
	N 7th ST, STE 100 5, PA 16502				INSUR						
					INSUR						
					INSUR						
COV	/ERAGES CERTIFIC	ΛTE	NIIIM	BER: 7229735767309			1/17	REVISION N	IIIMRED:	1	
	IIS IS TO CERTIFY THAT THE POLICIES OF I									THE POLIC	CY PERIOD
IN	DICATED. NOTWITHSTANDING ANY REQUIR	EMEN	NT, TE	RM OR CONDITION	OF AN	NY CONTRAC	T OR OTHER	R DOCUMENT V	WITH RESPE	ECT TO W	HICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY PERTA CCLUSIONS AND CONDITIONS OF SUCH POLICI								SUBJECT	O ALL TE	HE TERMS,
INSR		ADDL	SUBR			POLICY EFF	POLICY EXP				
LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMI	TS	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RE PREMISES (Ea c	NTED .	\$	
	CLAIMS-MADE OCCUR							MED EXP (Any o		\$	
								PERSONAL & AL		\$	
								GENERAL AGGR		e e	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - CO		\$	
	POLICY JECT LOC OTHER:									¢	
	AUTOMOBILE LIABILITY							COMBINED SING	GLE LIMIT	Φ • 4 000 000	
	ANY AUTO							(Ea accident) BODILY INJURY	(Por poreon)	\$1,000,000	
Α	OWNED X SCHEDULED AUTOS ONLY	Υ	Υ	979901777		10/12/2024	04/12/2025	BODILY INJURY	• •		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAN (Per accident)	MAGE	\$	
	ACTOS CINET							(i oi dooidoiit)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	ENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N							<b>SFR</b> TUTE	ΩŢH-		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCII	DENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - E	EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - F	POLICY LIMIT	\$	
	See ACORD 101 for additional coverage details.							\$			
Α		Υ	Υ	979901777		10/12/2024	04/12/2025				
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ACOR	RD 101.	Additional Remarks Sch	edule. n	nav be attached	if more space is	required)			
		•				•	·	. ,			
CEF	RTIFICATE HOLDER				CANO	CELLATION					
5790	ate Community Redevelopment Agency Margate Boulevard ate, FL 33063				THE	EXPIRATIO	N DATE TH	DESCRIBED PO IEREOF, NOTI CY PROVISION:	CE WILL		
9	,				AUTHO	ORIZED REPRES		Mark fa			

AGENCY CUSTOMER ID:	
LOC #:	



#### **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY		NAMED INSURED
Specialty Insurance LTD		ENTERTAINMENT LEASING CORP
POLICY NUMBER		1 502 W 7th ST, STE 100 L ERIE. PA 16502
979901777		LIVIL, I A 10002
CARRIER	NAIC CODE	
United Financial Casualty Company	11770	EFFECTIVE DATE: 10/12/2024
ADDITIONAL REMARKS		

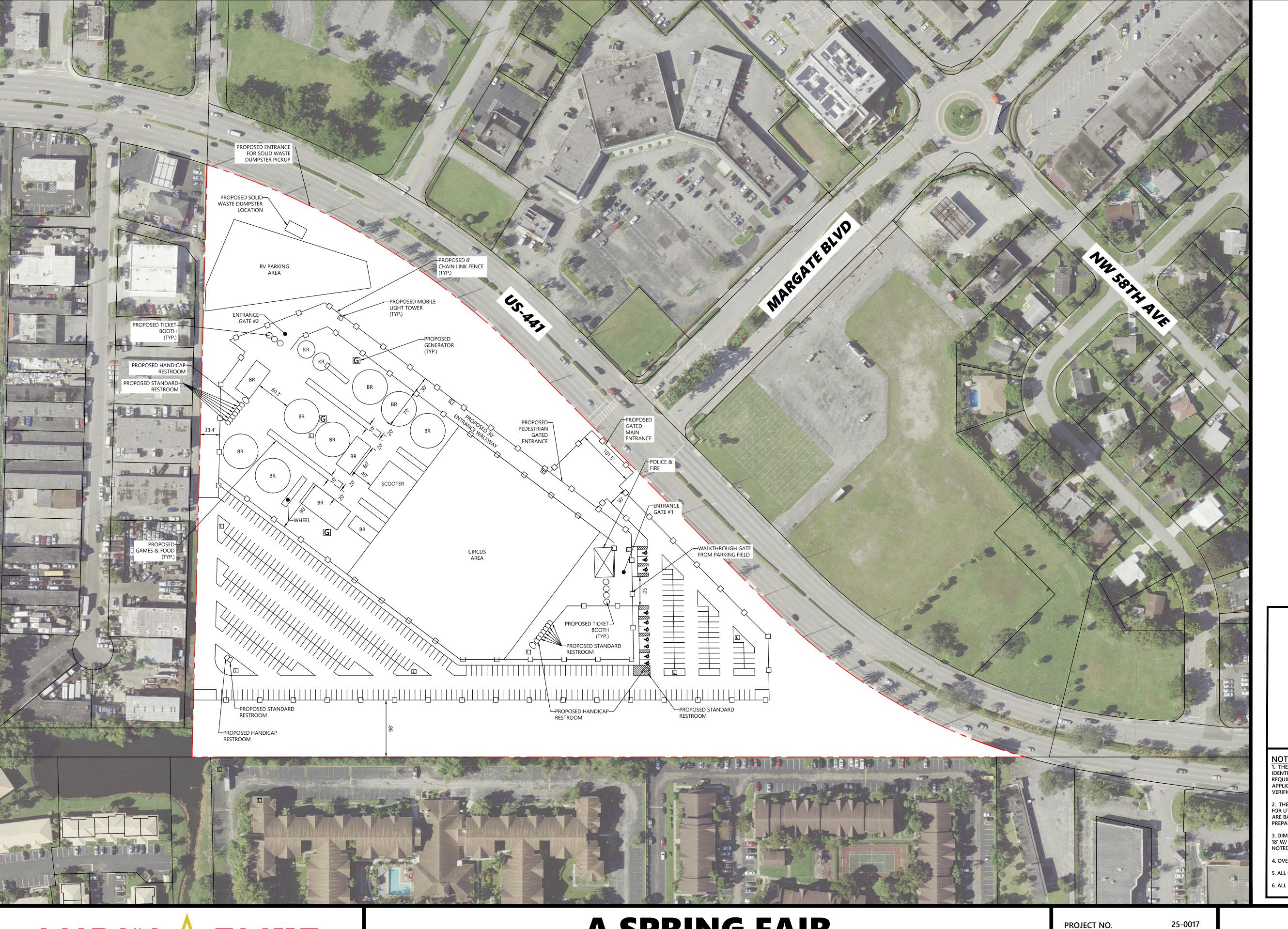
THIS ADDITIONAL REMARKS FORM IS A SO	HEDULE TO ACORD FORM,	
FORM NUMBER: 25 FORM TITLE:	Certificate of Liability Insurance	
Additional Coverage		
Additional Coverages		
Insurance coverage(s)	Limits	
Uninsured Motorist Bodily Injury	\$15,000/\$30,000 Non-Stacked	
Underinsured Motorist Bodily Injury	\$15,000/\$30,000 Non-Stacked	
Medical Expense	\$5,000 w/o Workers Comp	
Description of Location/Vehicles/S	pecial Items	
Scheduled autos only		
2013 VOLVO VN 4V4NC9TG8DN562185		
2005 FREIGHTLINER CONVENTIONAL 1	FUJA6CKX5LN64240	
2007 CHEVROLET C4500 1GBE4V1217	404900	
2013 VOLVO VN 4V4NC9TH4DN567652		
2030 Non-owned Attached Trailer		
2030 Non-owned Attached Trailer		
2030 Non-owned Attached Trailer		
2005 FREIGHTLINER CONVENTIONAL 1	FUBA5CG45DU77812	
2020 FORD F350 1FD8W3GT9LEE5253		
2007 CHEVROLET C5500 1GBJ5V1287F	415016	

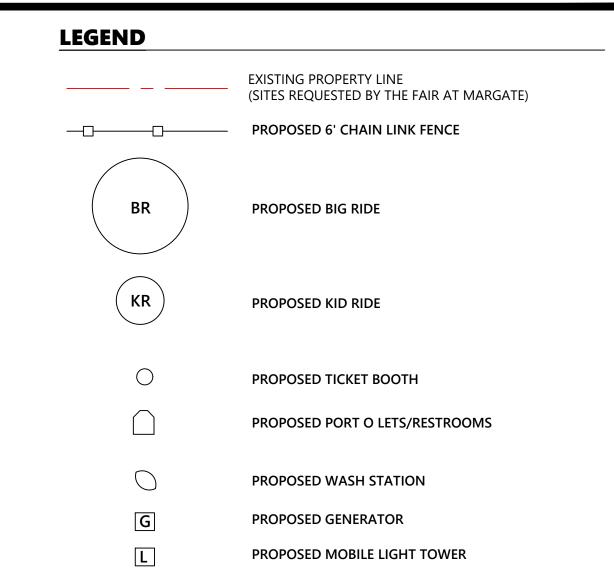
#### **Additional Information**

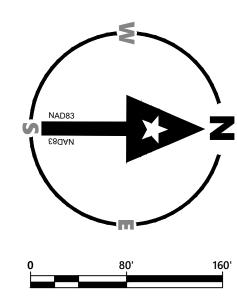
2019 VOLVO VNR 4V4W19EG8KN907557

2030 Non-owned Attached Trailer

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SITE DATA TABLE			
JURISDICTION:	CITY OF MARGATE		
FOLIO NUMBER:	±4841 25 03 0010		
SITE AREA:	±741,050 SF (17.01 AC)		
ZONING DESIGNATION:	TRANSIT-ORIENTED CORRIDOR-CITY CENTER (TOC-CC)		
TOTAL RESTROOMS PROVIDED:	18 RESTROOMS		
PARKING PROVIDED FOR EVENT:	TOTAL ADA PARKING: 10 ADA PARKING SPACES OVERALL TOTAL PARKING: 436 PARKING SPACES		

NOTES:

1. THE CONCEPT REPRESENTED HEREIN IDENTIFIES A DESIGN CONCEPT RESULTING FROM LAYOUT PREFERENCES IDENTIFIED BY OWNER COUPLED WITH A PRELIMINARY REVIEW OF ZONING AND LAND DEVELOPMENT REQUIREMENTS AND ISSUES. THE FEASIBILITY WITH RESPECT TO OBTAINING LOCAL, COUNTY, STATE, AND OTHER ADDRESSES ASSESSED AFTER FURTHER EXAMINATION AND APPLICABLE APPROVALS IS NOT WARRANTED AND CAN ONLY BE ASSESSED AFTER FURTHER EXAMINATION AND VERIFICATION OF SAME REQUIREMENTS AND PROCUREMENT OF JURISDICTIONAL APPROVALS.

## LUBINTELITE — ENGINEERING —

7154 NORTH UNIVERSITY DRIVE **SUITE** #131 TAMARAC, FL 33321 PHONE: 954-536-9058

# A SPRING FAIR SITE LAYOUT EXHIBIT

SEC OF US-441 & MARGATE BLVD MARGATE, FL 33063

**REVISION NO.** DSGN. BY 2025-02-22

