

*In the name of Allah, The Beneficent, The Merciful*

# Masjid Jamaat Al'Mu-mineen

3222 Holiday Springs Blvd. Margate, FL 33063 \* 954-575-3872\* Fax 954-575-3873

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April 25, 2016

City Of Margate  
Margate, FL  
Planning Department

We seek your approval to put a 100x40 feet tent in our parking lot for a Community Bazaar on May 22<sup>nd</sup> 2016.

In the past no additional police detail was needed, but we will send out an email to the Margate Police Department, informing them of the event and also informing them that if they require a Police detail for the event, we will surely get it.

We thank you for your kind consideration and may God Almighty bless you for always supporting and working closely with us.

Sincerely

Yazid Ali  
President

CITY OF MARGATE



HOLD-HARMLESS AGREEMENT

RE: OUTDOOR EVENT

Event Name/Description: MJAM PRE RAMADAN BAZAR

Event Location: 3222 Holiday Springs Blvd, Margate, FL 33063

Date(s) Of Event: MAY 22nd 2016

Property Legal Description: HOLIDAY SPRINGS Village Sec 3 20-25 B

PO R TR 6 Desc AS COMM AT NW COR OF SAID TR, S 571, E 462 N 77,

E 178.14, SWLY 516.99 TO POB, S 200 SWLY 203.06, WLY 165.43 NLY 149.52,  
NELY 145.01 TO POB

Pursuant to the requirements set forth in Section 3.24(c), of Article III, of Appendix A, of the Code of the City of Margate, Florida, the petitioner(s) appearing before the Development Review Committee for the promotional outdoor event described above do(es) hereby agree to indemnify, defend, and hold the City of Margate harmless for any claim or suit arising out of the planning, organizing, or operation of this promotional outdoor event.

Petitioner's Signature: [Handwritten Signature]

Petitioner's Printed Name: YAZID ALI

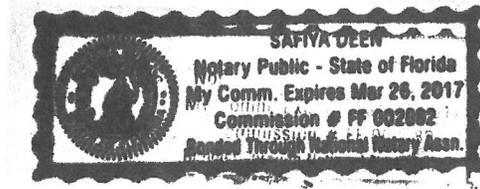
Petitioner's Official Title: PRESIDENT

Organization/Corporation: MJAM INC

Subscribed and sworn to before me this 26 day of APRIL

20 16.

[Handwritten Signature] - 4/26/2016  
Signature of Notary



Notary's Seal

Personally known to me.

Produced identification: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
04/26/16

<b>PRODUCER</b> Global Ins. Und. DBA F & S Agency 1825 Lockeway Drive #205 Alpharetta, GA 30004 Phone (954)572-0299 Fax (954)735-8889	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURED</b> Masjid Jamat Al Mumineen Inc 3222 Holiday Springs Dr Margrate, FL 33063-	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Nova Casualty INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

### COVERAGES

THE POLICIES OF INSURANCE LISTED 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	M 61002 305-04	10/31/15	10/31/16	EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 MED EXP (Any one person) 5,000 PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG 1,000,000
B	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG
D	<input type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE AGGREGATE
E		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
F		<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Special event From 05/22/2016 till 05/23/2016  
 CERTIFICATE HOLDER IS ALSO ENDORSED AS ADDITIONAL INSURED

<b>CERTIFICATE HOLDER</b>  CITY OF MARGATE 901 N.W 66TH AVE. MARGATE, FL 33063	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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