



City of Margate
DEVELOPMENT REVIEW COMMITTEE
Application for Outdoor Event

5790 Margate Blvd., Margate, FL 33063
954-972-6454

Submittal Date (official use):

12-15-14 P12:10 IN

Project Name FOOD BANK BENEFIT AND CAR SHOW		DRC # 01-15-03
Address 5701 Margate Boulevard Margate, Florida 33063		
Acreage	Folio Number	Paid: N/A
Existing Use		
Legal Description		

☐ Check this box if you would like to rent the City's portable stage for your promotional event.

Petitioners interested in renting the City's portable stage for their promotional event shall be charged \$50/hr with a minimum rental of four hours for the use of the stage, plus labor costs of \$75/hr. Rentals shall be subject to availability. Official rental forms and agreements are available from, and are to be filed with, the Parks and Recreation Department.

Agent/Contact Name Geraldine Versetti/Cokesbury United Methodist Church	
Address 1801 NW 65th Avenue Margate, FL 33063	
Phone Number 954-979-9855	Fax Number 954-972-3466
Email Address versetti@bellsouth.net	

Property Owner Name	
Address	
Phone Number	Fax Number
Email Address	

OWNER'S AFFIDAVIT: I certify that I am the owner of record for the above referenced property and give authorization to file this petition. I understand that I, or a representative on my behalf, must be present at the DRC meeting. I further understand that my petition will be subject to the regulations of Chapter 16 ½ of the Margate City Code.

Property Owner's Signature

Date



Cokesbury United Methodist Church

1801 N.W. 65 AVE., MARGATE, FLORIDA 33063
TELEPHONE (954) 972-3424
FAX (954) 972-3466

Cheryl Jane (CJ) Walter
Pastor

April 29, 2014

Development Review Committee

City of Margate Florida

5790 Margate Boulevard
Margate, FL 33063

To Whom it may concern,

This letter is a request for Cokesbury United Methodist Church to have use of the land located at the Northwest corner of Margate Boulevard and North State Road 7 for the purpose of having a car show and food vendors for the benefit of Cokesbury United Methodist Church's Food Bank. We contribute food to approximately 300 people who need help twice a month.

We are requesting the use of this property for one day, Saturday, February 28, 2015. The operating hours will be from 8 am until 5 pm. We will be providing a final layout of the event and obtaining permits required from the City of Margate.

Parking will be located on the same property site. Lighting will not be necessary because of the daylight hours of operation.

Port-a-potties and hand-washing sinks will be provided.

Respectfully,

COKEBURY UNITED METHODIST CHURCH

Geraldine Versetti
New Ventures Chairperson

GV/lsg

Board Members

Frank Talerico
Chair

Joanne Simone
Vice Chair

Joyce W. Bryan
Board Member

Lesa Peerman
Board Member

Tommy Ruzzano
Board Member

**Staff**

Douglas E. Smith
Executive Director

Rachel Bach
Assistant Director

Kim Vazquez
Project Manager

Rita Rodi
CRA Coordinator

December 2, 2014

Reverend Cheryl Jane Walter
Cokesbury United Methodist Church
1801 N.W. 65th Avenue
Margate, Florida 33063

Reverend Walter:

The purpose of this letter is to confirm that the Margate Community Redevelopment Agency (MCRA) Board approved a request from Cokesbury United Methodist Church for use of MCRA-owned property for a car show event to benefit the food bank. The approval was for use of the property located at the northwest corner of Margate Boulevard and State Road 7 (5701 Margate Boulevard) on Saturday, February 28, 2015 during the hours of 8:00 a.m. and 5:00 p.m.

The MCRA Board approved the request and a waiver of fees for the use of the property at the MCRA meeting held on September 10, 2014. A copy of the approved meeting minutes are attached.

Please do not hesitate to call our office with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rita Rodi". The signature is stylized with a large, sweeping "R" and a cursive "Rod".

Rita Rodi
CRA Coordinator

Attachment

CITY OF MARGATE



HOLD-HARMLESS AGREEMENT

RE: OUTDOOR EVENT

Event Name/Description: FOOD BANK BENEFIT AND CAR SHOW

Event Location: 5701 Margate Boulevard Margate, Florida 33063

Date(s) Of Event: February 28, 2015

Property Legal Description: Empty lot owned by City of Margate

A portion of parcel Z, "MARGATE 3RD ADDITION" According to the plat thereof as recorded in Platbook 44, Page 48 of the public records of Broward County, Florida

Pursuant to the requirements set forth in Section 3.24, 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:

Geraldine Versetti

Petitioner's Printed Name: Geraldine Versetti

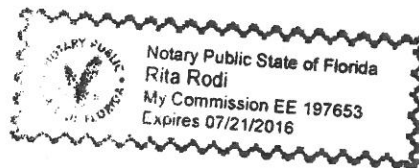
Petitioner's Official Title: New Ventures Chairperson

Organization/Corporation: Cokesbury United Methodist Church

Subscribed and sworn to before me this 14th day of August
20 14.

Rita Rodi

Signature of Notary RITA RODI



Notary's Seal

_____ Personally known to me.

☒ Produced identification: FL DL

Tents N Events
1790 Mears Pkwy.
Margate, FL. 33063
Phone 954-979-7456
Fax 954-979-7847



ESTIMATE

Estimate #	Feb2015
Estimate Date	9/8/2014

Event Date:

Set-Up:

Pick UP:

DELIVER To/ Event Location:

Len Mills
5124 NW 42nd terrace.
Coconut Creek, FL 33073

BILL To (ONLY):

Len Mills
5124 NW 42nd terrace.
Coconut Creek, FL 33073

Customer Phone	954-261-7259	Surface:
Customer Alt. Phone		
Customer Fax		
Customer E-mail	lenmills1@comcast.net	

Qty	Description	Price Each	Total
1	20' x 30' White Top Frame Delivery & Pick Up (During Regular Delivery Hours: EST 9AM - 4PM Mon-Sat, Sunday Closed)	360.00 50.00	360.00T 50.00T

*Deposit paid
\$ 217.30
Len Mills*

SIDEWALLS ARE NOT A WIND BARRIER * EXTRA CHARGE FOR RAIN GUTTERS AND/OR EXTENDED LEGS
TO AVOID ADDITIONAL CHARGES, ALL EQUIPMENT MUST BE KEPT CLEAN ALL CHAIRS MUST BE STACKED NEATLY PRIOR TO PICKUP ALL EQUIPMENT MUST
BE AVAILABLE FOR PICKUP THE DAY AFTER THE EVENT. ALL DECORATIONS MUST BE REMOVED FROM ALL EQUIPMENT. PRICE QUOTE GOOD FOR 60 DAYS. I
hereby accept full responsibility from the time of delivery to the time of pick up. Any permits needed are the responsibility of the renter. Tents 'N' Events will
assist renter in any way, but payment and obtaining permits is the responsibility of the renter. Furthermore, it is understood the Tents 'N' Events is not
responsible for any personal injury or damage caused by the misuse of the equipment. Hold Harmless: You assume all risk inherent in the operation and use of
the Rented Equipment by You and anyone else. You agree to assume the entire responsibility for the defense of, and to pay, indemnify, and hold US Harmless
from, and release US from, any and all claims for damage to property or bodily injury (including death), of for loss of time and inconvenience resulting from the
use operation or possession of Rental Equipment, whether or not it be claimed or found that such damage or injury resulted in whole or part from OUR
negligence, from the defective condition of the Rented Equipment or from any cause. Tents are temporary water-resistant structure. It is also understood that high
wind condition may cause cancellation of this contract. Tents 'N' Events also reserves the right to inspect, on site, any Tents 'N' Events property during the time it
is rented out. If any misuse or damage is being done to our property, this contract is voided, and our property will be removed. Renter will pay for all legal fees
incurred to prematurely remove our property. Renter will also pay for any downtime until damaged merchandise is replaced. Tents 'N' Events is also not
responsible for any damage to underground wire, piping, etc., unless the exact location are pointed out, or a plan or sketch is submitted to our men. Deposits will
be refunded given ample time to re-rent equipment. Tents 'N' Events reserves the right to install on the day of event or three days prior and pick up to three days
after unless noted on the contract. Only Tents 'N' Events employees are allowed to install our tents. Tent sidewalls are designed for privacy, retaining heat and/or
A/C. They are not designed to be used as a window barrier. A SECURITY DEPOSIT (separate bank check or cash) will be due on day of delivery and returned upon
inspection of equipment. BALANCE DUE IN FULL AT TIME OF DELIVERY. CASH, BANK CHECK, OR MONEY ORDER ONLY. NO PERSONAL CHECKS ACCEPTED.

Subtotal \$410.00

Tax (6.0%) \$24.60

Total \$434.60

50% Deposit Required &
Balance Due Upon Set-Up

CUSTOMER SIGNATURE _____ **PLEASE SIGN AND REFAX TO CONFIRM**
CUSTOMER IS RESPONSIBLE FOR ALL PERMITS *NO changes will be made to this contract without communicating with office personal by TELEPHONE and
a signed copy of the revised contract re-faxed to Tents 'n' Events

Subject: RE: CAR SHOW

From: Andy Zettek (azettek@margatefl.com)

To: versetti@bellsouth.net;

Cc: apinney@margatefl.com;

Date: Thursday, October 9, 2014 12:21 PM

Hi Gerry,

After further discussion with you, I don't see a need for a police detail. Please ensure that you have someone organizing the parking for your event and keep the event and parking at the same location. If I can further assist you, please don't hesitate to contact me.

Lt. Andrew J. Zettek
Commander - Platoon III
Field Services Bureau
Margate Police Department
5790 Margate Blvd.
Margate, FL 33063
954.935.5480
azettek@margatefl.com

From: Gerry [versetti@bellsouth.net]
Sent: Thursday, October 09, 2014 11:50
To: Andy Zettek
Subject: Re: CAR SHOW

Here is a copy of our previous email from April....
I am sending another email to you for now October 9, 2014

On Wednesday, April 2, 2014 10:34 AM, Andy Zettek <azettek@margatefl.com> wrote:

Hi Gerry,

I didn't know you were using CRA property for the event. It sounds like you can have the event and parking on the same corner. The CRA would need to place barricades across the opening on the East side of 441 (Old Swap Shop) to ensure no one parks there. There is no crosswalk on the Northeast corner and hazardous for people to cross.

You can contact Sgt. Lee Edstrand ref the Explorers, he's the advisor of the post.

You can contact the 12th Step Fellowship Living Facility or Margate CERT (FD) to see if they want to volunteer to assist with parking cars on the lot.

If the event and parking is held on the NW corner and there are no alcohol sales, then I don't see a need to pay for a police detail, unless you want the added security.

Keep me posted as you get more details and if the event is going to be larger with more vendors then you may consider having a detail officer to oversee parking and unexpected traffic issues (public roadway) that only the PD can handle.

Lt. Andrew J. Zettek
Commander
Investigative Services Bureau
Margate Police Department
5790 Margate Blvd.
Margate, FL 33063
954.935.5409
azettek@margatefl.com

From: Gerry [versetti@bellsouth.net]
Sent: Wednesday, April 02, 2014 10:18 AM
Subject: CAR SHOW

Hi Andy

Thank you for your email. We would appreciate anything you can suggest to help make our benefit for the Food Bank of the Cokesbury United Methodist Church to go smoothly. We feed approximately 300 two times a month and this car show will help give us a boost to our funding. The car show is on February 28, 2015 from 10 a.m. until 5 p.m. The show cars will be arriving soon after 8 a.m. We are expecting approximately 250 cars from various car clubs in the area. Would it be possible to maybe use the Explorers Unit to help with whatever we need like directing traffic or cleanup. I don't know yet because we are still in the planning stages and have to get the city's approval. I am now filling out forms and arranging for vendors. I will keep you updated when everything is official.

Do you have anyone that can help us lay out where the parking for the public could be on the lot. We are planning to use the the northwest corner of Margate Boulevard.

Any input you have is welcome. Thank you
Gerry Versetti

Please Note: The City of Margate is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. All e-mail messages sent and received are captured by our server and retained as public records.

Certificate of Flame Resistance



F-12123



"A tent for every event"



(800) 349-0370

www.tentsnevents.com

This certifies that the tent used by: **Tents 'n' Events**

Tent Size & Color 20' x 30'

Manufactured Date Dec 2011

THIS IS TO CERTIFY THAT THIS MATERIAL IS MANUFACTURED FROM FLAME RETARDANT FABRIC. THIS RETARDANT IS INHERENT AND CANNOT BE REMOVED BY WASHING. APPROVED BY THE STATE FIRE MARSHALL, CALIFORNIA FIRE CODES, AND WE WILL MEET THE N.F.P.A.1, N.F.P.A.101, N.F.P.A.701 AND 50903.2 FEDERAL FIRE FIELD TEST.

FABRIC ALSO MEETS REQUIREMENTS OF MIL-C-43006D CPA1-84.

ALTHOUGH WE HAVE USED THE BEST MATERIAL AVAILABLE AND ERECTED THIS TENT IN A SAFE AND PROPER MANNER, THIS IS A TEMPORARY STRUCTURE AND COULD BECOME UNSAFE UNDER EXTREME WEATHER CONDITION.

NO SMOKING

TNE 2



November 14, 2014

To Whom It May Concern:

Fellowship Living Facilities, Inc. is providing Cokesbury Methodist Church with 8 Parking Security Volunteers to manage parking during the February 28th, 2015 Car Show"

Sincerely,

Rick Riccardi
CEO

Margate

Mens Fellowship Recovery House

451 Banks Road
Margate, Florida 33063

Fellowship Living Facilities

A Non Profit Organization

T • 954 • 972 • 9495

F • 954 • 972 • 9526

www.fellowshipliving.com

Fort Lauderdale

Womens Fellowship Recovery House

1180 SW 26th Ave.
Ft. Lauderdale, Florida 33312

Subject: RE: COKESBURY UMC CAR SHOW

From: Jochen Esser (je@gourmettruckexpo.com)

To: versetti@bellsouth.net;

Date: Saturday, November 1, 2014 12:12 PM

Gerry,

We are excited to be working with you on your car show.

As discussed, we will provide up to 6 food trucks. The trucks will donate 5% of sales back to you at the end of the event.

The trucks will arrive on site at 9AM for setup. They will be ready to serve food at 10AM.

Best Regards,

Jochen Esser



Jochen Esser
je@gourmettruckexpo.com | GourmetTruckExpo.com
t. 561-305-4875 | f. 561-244-3099



From: Gerry [mailto:versetti@bellsouth.net]
Sent: Friday, October 31, 2014 9:44 AM
To: Jochen Esser
Subject: COKESBURY UMC CAR SHOW

Hi Joshen

Please send me verification of our arrangement to furnish six food trucks for our February 28, 2015 car show in Margate. The show will be held on the northwest corner of Margate Boulevard and State Road 7 from 9 a.m. until 5:00 p.m.

When do your trucks set up... is it the night before or early the day of the event?

We will need proof of insurance coverage for that event to submit to the DRC in Margate.

If this is something that cannot be emailed, my mailing address is:

Gerry Versetti-Leone

6770 NW 9 Court

Margate, Florida 33063

Thank you

Gerry

Subject: Found A Great Animal Rescue Org for your Car Show

From: Norma Carol (no.ca@att.net)

To: versetti@bellsouth.net;

Date: Thursday, November 13, 2014 3:51 PM

Gerry, the organization is "Everglades Angels for Dogs" and they rescue dogs dumped in the Everglades! They get the dogs healthy and then adopt them out. I can give you the front page article from "The Pelican". Phone number is !-800-511-3647 or email at info@evergladesangelsdogrescue.

(_/)

(='.'=)

(")_(") Blessings, Norma
954-592-9949

*Norma Carol, B.A. Ministry
Interpreter of Connectional Giving
Staff Parish Relations Committee
God's Creature Keepers Leader
and Red Bird Mission Liaison at
Cokesbury United Methodist Church
Margate, FL 33063*

Cokesbury UMC

1st Annual Car Show

Corner of 441 and Margate Blvd. Margate Florida
Saturday, February 28, 2015

Presented By

ASPHALT ANGELS CAR CLUB
of
Palm Beach, FL

Door Prizes

Food Vendors

Trophies

Fire Department Demonstrations



Family Fun

Tee Shirts

10:00 AM To 4:30 PM

Judging at 3:00 PM

Benefiting The Cokesbury United Methodist Church Food Pantry

Please Bring Non-perishable Food Items For Donation



Cokesbury United Methodist

The Asphalt Angels, Inc. is a Registered 501(c.7) Non-Profit. Proceeds donated to local charities such as PBSO Explorer Scouts, C.R.O.S, the Royal Palm Beach Dept. of Recreation for the Sunshine League. More details at www.asphaltangelsclubinc.com.

We also support the Arthur R. Marshall Foundation for the Everglades for restoration and preservation of Florida's historic River of Grass. Check out the Foundation's website at www.artmarshall.com. For Information contact Sharon @ 561-856-8449



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/06/2015

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 Aon Risk Services, Inc of Florida 7650 Courtney Campbell Causeway Suite 1000 Tampa FL 33607 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED 359816 COKEBURY UMC 1801 NW 65TH AV Margate FL 33063 USA	INSURER A: The Princeton Excess & Surp Lines Ins Co 10786	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 570056526770

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. Limits shown are as requested

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"/> SIR \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			N2-A3-RL-0000017-05 Excess GL SIR applies per policy terms & conditions	12/31/2014	12/31/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <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						COMBINED SINGLE LIMIT (Ea accident) 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						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	N/A				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)

RE: Car Show on February 28, 2015 at the Northwest Corner of Margate Boulevard and North State Road 7 in Margate, Florida.

CERTIFICATE HOLDER

CANCELLATION

The Margate Community Redevelopment Agency Attn: Community Redevelopment Agency 5790 Margate Boulevard Margate FL 33063 USA	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 <i>Aon Risk Services Inc. of Florida</i>

Holder Identifier : 359816

Certificate No : 570056526770



Copy

AON

**FLORIDA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
CERTIFICATE / EVIDENCE OF INSURANCE REQUEST FORM**

Fax To: Aon Risk Services – Aon Client Services **Number of Pages:** 343
Fax Number: 800-363-0105 **E-mail:** ACS.CHICAGO@AON.COM

Date of Request: 04 / 29 / 14

Date Needed By: A S A P / /

Standard (24 Hours) ☐ **End of Day** (7:00CST) ☐ **Rush** ☐ (within 4 Hours)

Requestor Information

Named Insured:	Florida Annual Conference of the United Methodist Church	570000042141
Church Name:	Cokesbury United Methodist Church	GCFA# 359816
Church Address:	1801 NW 65 th Avenue	
City, State, Zip	Margate, FL 33063	
Requestor Name:	Geraldine Versetti	
Telephone #:	954-979-9855	Fax Number: N/A
E-Mail Address		

Certificate Holder Information

Certificate Holder: (Entity requesting proof of insurance)	Jim Nardi – Advanced Asset Management		
Address:	6209 Margate Boulevard		
City, State, Zip Code:	Margate, FL 33063		
Send to Attention of:	Community Redevelopment Agency		
Telephone Number:	954-972-6454/954-935-5211	Fax Number:	
E-Mail Address:	odi@margatefl.com		

Type of Coverage

Coverage	
<input checked="" type="checkbox"/> General Liability	<input type="checkbox"/> Workers Comp & Employers Liability
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Property (value of leased property, equipment etc)

Additional Insured / Interests (Check any that apply)

<input type="checkbox"/> Additional Insured Requested	(You must attach a copy of the contract, agreement or requirements)
<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Mortgagee

Description / Interest (i.e.; Property Location, Event, Leased Equipment, Vehicle Information, Description of Project including project/contract name and/or number, and duration)

Car Show – one day only – Saturday – February 28, 2015 – 8 am – 5 pm – on the northwest corner of Margate Boulevard & North State Road 7 in Margate, Florida, Benefit to raise money for the Cokesbury United Methodist Church Food Bank.

Distribution (Please provide fax number, mailing address and email address in not already included)

Original to:	<input checked="" type="checkbox"/> Certificate holder	<input type="checkbox"/> By Fax	<input checked="" type="checkbox"/> By Email odi@margatefl.com
	<input checked="" type="checkbox"/> Requestor	<input type="checkbox"/> By Fax	<input checked="" type="checkbox"/> By Email cokesbury@bellsouth.net

If you have any questions, please contact Ana Temple in the Ministry Protection Department
1-800-282-8011 Ext. 126 atemple@flumc.org



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/04/2014

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PRODUCER Aon Risk Services, Inc of Florida 7650 Courtney Campbell Causeway Suite 1000 Tampa FL 33607 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
INSURED 359816 COKEBURY UMC 1801 NW 65TH AV Margate FL 33063 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: The Princeton Excess & Surp Lines Ins Co 10786	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 570054010057

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.

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) 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						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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				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)

CERTIFICATE HOLDER**CANCELLATION**

The Margate Community Redevelopment Agency 5790 Margate Boulevard Margate FL 33063 USA	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 <i>Aon Risk Services Inc. of Florida</i>

Holder Identifier : 359816

Certificate No : 570054010057



**FLORIDA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
CERTIFICATE / EVIDENCE OF INSURANCE REQUEST FORM**

Fax To: Aon Risk Services – Aon Client Services **Number of Pages:** 273
Fax Number: 800-363-0105 **E-mail:** ACS.CHICAGO@AON.COM

Date of Request: 04 / 29 / 14

Date Needed By: A S A P / /

Standard (24 Hours) ☐ **End of Day (7:00CST)** ☐ **Rush** ☐ (within 4 Hours)

Requestor Information

Named Insured:	Florida Annual Conference of the United Methodist Church	570000042141
Church Name:	Cokesbury United Methodist Church	GCFA# 359816
Church Address:	1801 NW 65 th Avenue	
City, State, Zip	Margate, FL 33063	
Requestor Name:	Geraldine Versetti	
Telephone #:	954-979-9855	Fax Number: N/A
E-Mail Address		

Certificate Holder Information

Certificate Holder: (Entity requesting proof of insurance)	The Margate Community Redevelopment Agency		
Address:	5790 Margate Boulevard		
City, State, Zip Code:	Margate, FL 33063		
Send to Attention of:	Community Redevelopment Agency		
Telephone Number:	954-972-6454/954-935-5211	Fax Number:	
E-Mail Address:	odi@margatefl.com		

Type of Coverage

Coverage	
<input checked="" type="checkbox"/> General Liability	<input type="checkbox"/> Workers Comp & Employers Liability
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Property (value of leased property, equipment etc)

Additional Insured / Interests (Check any that apply)

<input type="checkbox"/> Additional Insured Requested	(You must attach a copy of the contract, agreement or requirements)
<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Mortgagee

Description / Interest (i.e.; Property Location, Event, Leased Equipment, Vehicle Information, Description of Project including project/contract name and/or number, and duration)

Car Show – one day only – Saturday – February 28, 2015 – 8 am – 5 pm – on the northwest corner of Margate Boulevard & North State Road 7 in Margate, Florida, Benefit to raise money for the Cokesbury United Methodist Church Food Bank.

Distribution (Please provide fax number, mailing address and email address in not already included)

Original to:	<input checked="" type="checkbox"/> Certificate holder	<input type="checkbox"/> By Fax	<input checked="" type="checkbox"/> By Email odi@margatefl.com
	<input checked="" type="checkbox"/> Requestor	<input type="checkbox"/> By Fax	<input checked="" type="checkbox"/> By Email cokesbury@bellsouth.net

If you have any questions, please contact Ana Temple in the Ministry Protection Department
1-800-282-8011 Ext. 126 atemple@flumc.org



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/01/2014

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
Aon Risk Services, Inc of Florida
7650 Courtney Campbell Causeway
Suite 1000
Tampa FL 33607 USA

CONTACT
NAME:
PHONE
(A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
359816 COKEBURY UMC
1801 NW 65TH AV
Margate FL 33063 USA

INSURER A: The Princeton Excess & Surp Lines Ins Co 10786

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 570053644984

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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	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"/> SIR \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			N2-A3-RL-0000017-04 Excess GL SIR applies per policy terms & conditions	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <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						COMBINED SINGLE LIMIT (Ea accident) 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						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						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)

CERTIFICATE HOLDER

City of Margate
Attn: Community Redevelopment Agency
5790 Margate Boulevard
Margate FL 33063 USA

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

Aon Risk Services Inc. of Florida

Holder Identifier : 359816

Certificate No : 570053644984



**FLORIDA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
CERTIFICATE / EVIDENCE OF INSURANCE REQUEST FORM**

Fax To: Aon Risk Services – Aon Client Services **Number of Pages:** 113
Fax Number: 800-363-0105 **E-mail:** ACS.CHICAGO@AON.COM

Date of Request: 04 / 29 / 2014

Date Needed By: A / S / A / P

Standard (24 Hours) ☐ **End of Day** (7:00CST) ☐ **Rush** ☐ (within 4 Hours)

Requestor Information

Named Insured:	Florida Annual Conference of the United Methodist Church	570000042141
Church Name:	Cokesbury United Methodist Church	GCFA# 359816
Church Address:	1801 NW 65 th Avenue	
City, State, Zip	Margate, FL 33063	
Requestor Name:	Geraldine Versetti	
Telephone #:	954-979-9855	Fax Number: N/A
E-Mail Address		

Certificate Holder Information

Certificate Holder: (Entity requesting proof of insurance)	City of Margate		
Address:	5790 Margate Boulevard		
City, State, Zip Code:	Margate, FL 33063		
Send to Attention of:	Community Redevelopment Agency		
Telephone Number:	954-972-6454/954-935-5211	Fax Number:	
E-Mail Address:	odi@margatefl.com		

Type of Coverage

Coverage	
<input checked="" type="checkbox"/> General Liability	<input type="checkbox"/> Workers Comp & Employers Liability
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Property (value of leased property, equipment etc)

Additional Insured / Interests (Check any that apply)

<input type="checkbox"/> Additional Insured Requested	(You must attach a copy of the contract, agreement or requirements)
<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Mortgagee

Description / Interest (i.e.; Property Location, Event, Leased Equipment, Vehicle Information, Description of Project including project/contract name and/or number, and duration)

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Distribution (Please provide fax number, mailing address and email address in not already included)

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	<input checked="" type="checkbox"/> Requestor	<input type="checkbox"/> By Fax	<input checked="" type="checkbox"/> By Email cokesbury@bellsouth.net

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1-800-282-8011 Ext. 126 atemple@flumc.org



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/01/2014

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PRODUCER Aon Risk Services, Inc of Florida 7650 Courtney Campbell Causeway Suite 1000 Tampa FL 33607 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED 359816 COKESBURY UMC 1801 NW 65TH AV Margate FL 33063 USA	INSURER A: The Princeton Excess & Surp Lines Ins Co 10786	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 570053644991**REVISION NUMBER:**

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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"/> SIR \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			N2-A3-RL-0000017-04 Excess GL SIR applies per policy terms & conditions	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						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						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)

CERTIFICATE HOLDER**CANCELLATION**

Jim Nardi - Advanced Asset Management Attn: Community Redevelopment Agency 6209 Margate Boulevard Margate FL 33063 USA	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 <i>Aon Risk Services Inc. of Florida</i>

Holder Identifier : 359816

Certificate No : 570053644991

Subject: FW: Certificate for the City of Margate

From: Cokesbury (cokesbury@bellsouth.net)

To: versetti@bellsouth.net;

Date: Wednesday, August 13, 2014 11:35 AM

From: Ana Temple [mailto:atemple@flumc.org]
Sent: Wednesday, August 13, 2014 11:08 AM
To: 'Cokesbury'
Subject: Certificate for the City of Margate

Hi,

We receive your request for a certificate but then notice that the wording that you want to add is for 2015. The policy renews on 12/31/2014 we will not be able to add that wording until the policy renews. Maybe around December 20, 2014 when those certificates are issued. Please resend us the request in December 2014.

If you have any questions please let me know.

Thank you,

Ana Temple

Insurance Specialist

Ministry Protection

Florida Conference of the United Methodist Church

Phone : 1-800-282-8011 Ext. 126

Fax: 863-686-7363

atemple@flumc.org

Cokesbury United Methodist Church
1801 NW 65th Ave
Margate FL 33063
Phone: 954-972-3424
Fax: 954-972-3466

Cokesbury UMC

Fax

To: Anna Temple From: Deida Guenke
Fax: 863-686-7363 Pages: 7
Phone: Date: 08/12/14
Re: Revision of Certs of Ins. CC:
☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● Comments:

① Anna, per our telecon... on Cert of Ins.
may we add under Description of Ops
on all 3?

② Please note, on COI Request Form
we have now checked ☒ Additional
Insured/Interests

If you ~~have~~ ^{have} any questions
or comments, please let us know...

Deida



**FLORIDA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
CERTIFICATE / EVIDENCE OF INSURANCE REQUEST FORM**

Fax To: Aon Risk Services – Aon Client Services **Number of Pages:** 143
Fax Number: 800-363-0105 **E-mail:** ACS.CHICAGO@AON.COM

Date of Request: 04 / 29 / 2014 **Date Needed By:** A / S / A / P

Standard (24 Hours) ☐ **End of Day** (7:00CST) ☐ **Rush** ☐ (within 4 Hours)

Requestor Information

Named Insured:	Florida Annual Conference of the United Methodist Church	570000042141
Church Name:	Cokesbury United Methodist Church	GCFA# 359816
Church Address:	1801 NW 65 th Avenue	
City, State, Zip	Margate, FL 33063	
Requestor Name:	Geraldine Versetti	
Telephone #:	954-979-9855	Fax Number: N/A
E-Mail Address		

Certificate Holder Information

Certificate Holder: (Entity requesting proof of insurance)	City of Margate		
Address:	5790 Margate Boulevard		
City, State, Zip Code:	Margate, FL 33063		
Send to Attention of:	Community Redevelopment Agency		
Telephone Number:	954-972-6454/954-935-5211	Fax Number:	
E-Mail Address:	odi@margatefl.com		

Type of Coverage

Coverage	
<input checked="" type="checkbox"/> General Liability	<input type="checkbox"/> Workers Comp & Employers Liability
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Property (value of leased property, equipment etc)

Additional Insured / Interests (Check any that apply)

<input checked="" type="checkbox"/> Additional Insured Requested	(You must attach a copy of the contract, agreement or requirements)
<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Mortgagee

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Original to:	<input checked="" type="checkbox"/> Certificate holder	<input type="checkbox"/> By Fax	<input checked="" type="checkbox"/> By Email odi@margatefl.com
	<input checked="" type="checkbox"/> Requestor	<input type="checkbox"/> By Fax	<input checked="" type="checkbox"/> By Email cokesbury@bellsouth.net

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1-800-282-8011 Ext. 126 atemple@flumc.org



**FLORIDA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
CERTIFICATE / EVIDENCE OF INSURANCE REQUEST FORM**

Fax To: Aon Risk Services – Aon Client Services **Number of Pages:** 273
Fax Number: 800-363-0105 **E-mail:** ACS.CHICAGO@AON.COM

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City, State, Zip	Margate, FL 33063	
Requestor Name:	Geraldine Versetti	
Telephone #:	954-979-9855	Fax Number: N/A
E-Mail Address		

Certificate Holder Information

Certificate Holder: (Entity requesting proof of insurance)	The Margate Community Redevelopment Agency		
Address:	5790 Margate Boulevard		
City, State, Zip Code:	Margate, FL 33063		
Send to Attention of:	Community Redevelopment Agency		
Telephone Number:	954-972-6454/954-935-5211	Fax Number:	
E-Mail Address:	odi@margatefl.com		

Type of Coverage

Coverage	
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<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Property (value of leased property, equipment etc)

Additional Insured / Interests (Check any that apply)

<input checked="" type="checkbox"/> Additional Insured Requested	(You must attach a copy of the contract, agreement or requirements)
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**FLORIDA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
CERTIFICATE / EVIDENCE OF INSURANCE REQUEST FORM**

Fax To: Aon Risk Services – Aon Client Services **Number of Pages:** 343
Fax Number: 800-363-0105 **E-mail:** ACS.CHICAGO@AON.COM

Date of Request: 04 / 29 / 14 **Date Needed By:** A S A P / /

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Church Name:	Cokesbury United Methodist Church	GCFA# 359816
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Requestor Name:	Geraldine Versetti	
Telephone #:	954-979-9855	Fax Number: N/A
E-Mail Address		

Certificate Holder Information

Certificate Holder: (Entity requesting proof of insurance)	Jim Nardi – Advanced Asset Management		
Address:	6209 Margate Boulevard		
City, State, Zip Code:	Margate, FL 33063		
Send to Attention of:	Community Redevelopment Agency		
Telephone Number:	954-972-6454/954-935-5211	Fax Number:	
E-Mail Address:	odi@margatefl.com		

Type of Coverage

Coverage	
<input checked="" type="checkbox"/> General Liability	<input type="checkbox"/> Workers Comp & Employers Liability
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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Aon Risk Services, Inc of Florida 7650 Courtney Campbell Causeway Suite 1000 Tampa FL 33607 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
INSURED 359816 COKEBURY UMC 1801 NW 65TH AV Margate FL 33063 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: The Princeton Excess & Surp Lines Ins Co 10786	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570053644991 **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. **Limits shown are as requested**

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"/> SIR \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			N2-A3-RL-0000017-04 Excess GL SIR applies per policy terms & conditions	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) 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						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	N/A				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)

CERTIFICATE HOLDER**CANCELLATION**

Jim Nardi - Advanced Asset Management Attn: Community Redevelopment Agency 6209 Margate Boulevard Margate FL 33063 USA	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 <i>Aon Risk Services Inc. of Florida</i>

Holder Identifier : 359816

Certificate No : 570053644991



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/04/2014

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 Aon Risk Services, Inc of Florida 7650 Courtney Campbell Causeway Suite 1000 Tampa FL 33607 USA	CONTACT NAME:	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
	E-MAIL ADDRESS:		
INSURED 359816 COKESBURY UMC 1801 NW 65TH AV Margate FL 33063 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: The Princeton Excess & Surp Lines Ins Co		10786
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 570054010057**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.

Limits shown are as requested

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"/> SIR \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			N2-A3-RL-0000017-04 Excess GL SIR applies per policy terms & conditions	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) 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						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	N/A				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)

CERTIFICATE HOLDER**CANCELLATION**

The Margate Community Redevelopment Agency 5790 Margate Boulevard Margate FL 33063 USA	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 <i>Aon Risk Services Inc. of Florida</i>

Holder Identifier : 359816

Certificate No : 570054010057



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/01/2014

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.

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PRODUCER
Aon Risk Services, Inc of Florida
7650 Courtney Campbell Causeway
Suite 1000
Tampa FL 33607 USA

CONTACT
NAME:
PHONE
(A/C. No. Ext): (866) 283-7122 FAX
(A/C. No.): 800-363-0105
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
359816 COKESBURY UMC
1801 NW 65TH AV
Margate FL 33063 USA

INSURER A: The Princeton Excess & Surp Lines Ins Co 10786

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 570053644984

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. Limits shown are as requested

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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of Margate
Attn: Community Redevelopment Agency
5790 Margate Boulevard
Margate FL 33063 USA

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

Aon Risk Services Inc. of Florida

Holder Identifier : 359816

Certificate No : 570053644984