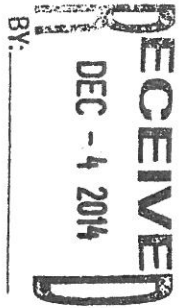




Margate Firefighter's Benevolent Association

P.O. Box 936133, Margate, Florida 33063



Dear Rita Rodi,
CRA Coordinator
Margate Community Redevelopment Agency
5790 Margate Blvd, Margate FL 33063

The Margate Firefighter's Benevolent Association, Inc. is requesting the use of the parcel located at 1000 N. Sr 7 (former Swap Shop) for our first annual Margate Firefighter's Benevolent Carnival. The carnival will be provided and operated by Megerle Shows, Inc. in contract with Margate Firefighter's Benevolent Association, Inc.

The carnival is scheduled to be held from February 5, 2015 through February 15, 2015. The operating hours will be Monday – Thursday 5pm – 10pm, Friday – Sunday Noon – 11pm. ~~These dates include set-up and breakdown.~~ P.P.

Thank you for your assistance and consideration!

Sincerely,

Matthew Whiteshield
President
Margate Firefighter's Benevolent Association Inc.
954-218-8213

APPLICATION FOR MARGATE CRA SPECIAL EVENTS

Please review Margate Community Redevelopment Agency Event Policy prior to completion of this form (copy attached).

Event Name: Margate Fire Fighter Benevolent Carnival

Sponsoring Organization (must be a business, non-profit organization or religious institution located in the City of Margate)

Organization name: Margate Firefighter Benevolent

Organization Address: PO Box 936133 Margate FL 33063

Event Date(s): 2-5-15 - 2-15-15 Hours: Mon-Thurs 5-10pm, Fri-Sun Noon-11,

Location (circle one): 1000 N. State Road 7
Refer to Event Policy for (former Swap Shop)
usage fees.

5701 Margate Blvd.
NW corner of Margate Blvd. &
State Road 7

5700 Margate Blvd.
SW corner of Margate Blvd. &
State Road 7
Chevy Chase Shopping Ctr.

Estimated Attendance: _____

Description of Event: Fire Fighter Festival

Requesting use of the property from 2-1-15 - 2-14-15 which
will include set up & Break down

Check all activities that apply; add any others not shown below:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Food Vendors | <input checked="" type="checkbox"/> Amusement Park Rides | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Arts & Crafts Vendors | <input checked="" type="checkbox"/> Kiddie Rides | <input type="checkbox"/> Religious Event |
| <input type="checkbox"/> Other Product Vendors | <input type="checkbox"/> Bounce House | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Alcoholic Beverages | <input type="checkbox"/> Inflatables | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Live Entertainment | <input type="checkbox"/> Rock Climbing Wall | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Car Show | <input type="checkbox"/> Motorized Sports | <input type="checkbox"/> Other: _____ |

Event sponsor is responsible for ensuring that food vendors meet the State licensing/permitting requirements.

The use of the City of Margate's mobile stage is available at a cost of \$50 per hour plus a charge of \$75 per hour for staff time (stage must be staffed at all times). Stage needed? _____ Yes ☒ No

Utility Requirements: Electric and water are only available on the property at 1000 N. State Road 7. There are two power sources on the property. Arrangements for service are the responsibility of the event sponsor. Water service requires an application be made through the City of Margate at least 48 business hours prior to meter installation. Meter fees and deposits are based on size of meter needed. See attached application form for details.

Contact **Waste Management** at (800) 433-2300/(954) 974-7500 to arrange for trash containment/removal and port-o-lets.

Does Sponsor request sponsorship or consideration from the Margate Community Redevelopment Agency? If so, explain what's needed: _____

A PROPOSED LAYOUT OF THE EVENT IS REQUIRED & MUST BE SUBMITTED WITH THIS FORM

(SEE REVERSE SIDE FOR ADDITIONAL INFORMATION)

INSURANCE REQUIREMENTS

The event sponsor(s) is required to provide General Liability insurance coverage as follows:

Commercial General Liability-Each Occurrence

GENERAL AGGREGATE	\$2,000,000
PRODUCTS-COMP/OP AGG	\$1,000,000
PERSONAL & ADV INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000

The insurance certificate must name the Margate Community Redevelopment Agency as the Certificate Holder; the Margate Community Redevelopment Agency, the City of Margate, and Advanced Asset Management must be named as Additional Insured on the insurance certificate.

Hold Harmless Agreement must be completed and signed by the event sponsors and organizers. Form must be submitted when application is approved. (A sample form is attached).

Contact Name: Matthew Whitehead
Contact Phone: 954 558 8236
Contact Email: MWhitehead@MargateFL.com

[Signature]
Sponsor (signature of authorized representative)
Paul Phillips
Print name and title

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, this 25th day of November, 2014, personally appeared Paul Phillips who acknowledges that before me he/she freely and voluntarily executed this agreement for the purpose therein expressed.

☒ Personally Known :
☐ Produced Identification; ID Number and Type of ID _____

(seal)



DEBORAH R. DVORA
MY COMMISSION # FF 027470
EXPIRES: August 29, 2017
Bonded Thru Budget Notary Services

Deborah R Dvora
Notary Public, State of Florida
Deborah R Dvora
Print Name

APPROVED BY _____ DATE: _____

APPROVED BY _____ DATE: _____

HOLD HARMLESS AGREEMENT

FOR AND IN CONSIDERATION of the MARGATE Firefighter Benevolent utilizing the property of the Margate Community Redevelopment Agency located at 1000 N SR 7, within the City of Margate, for the purpose of CARNIVAL on Feb 1-19, 2015, the MARGATE Firefighter Benevolent agrees to indemnify and hold harmless the Margate Community Redevelopment Agency, its agents and employees and the City of Margate, Florida, its agents and employees from any and all claims, suits or judgments brought by third persons for bodily injury including wrongful death and for any damage to the property of third persons which is alleged to have arisen out of the above-described property being utilized by Margate Firefighter Benevolent for the above-described use.

Further, MARGATE Firefighter Benevolent hereby agrees to name the Margate Community Redevelopment Agency, its agents and employees and the City of Margate, Florida, its agents and employees as additionally insured, under a policy of insurance, for the above described use.

Dated this 13 day of JANUARY, 2015.

ATTEST:

CITY OF MARGATE, FLORIDA

CRA Coordinator

Chair

Executive Director

Matthew Whiteshield
Petitioner

Muskegon Firefighters Benevolent
Organization

Matthew Whiteshield, President
Print Name and Title

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, this 13 day of JAN, 2015
personally appeared Matthew Whiteshield, who acknowledges
that before me he/she freely and voluntarily executed this Agreement
for the purpose therein expressed.

Personally Known ✓

Produced Identification

Type of I.D.

Susan L. Coyle
Notary Public, State of Florida

(seal)

Susan L. Coyle
Print Name

APPROVED AS TO FORM:

Eugene M. Steinfeld
CRA Board Attorney



SUSAN L. COYLE
MY COMMISSION # EE 174341
EXPIRES: April 18, 2016
Bonded Thru Budget Notary Services

CITY OF MARGATE



HOLD-HARMLESS AGREEMENT

RE: OUTDOOR EVENT


Event Name/Description: Margate Firefighter's Benevolent Carnival

Event Location: 1000 N SR 7, Margate, FL 33330

Date(s) Of Event: Feb 5 - Feb 15, 2015

Property Legal Description:

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.

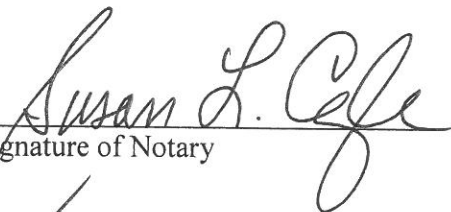
Petitioner's Signature: 

Petitioner's Printed Name: Matthew Whiteshield

Petitioner's Official Title: President

Organization/Corporation: Margate Firefighter's Benevolent Association, Inc.

Subscribed and sworn to before me this 13 day of January
2015.


Signature of Notary



SUSAN L. COYLE
MY COMMISSION # EE 174341
EXPIRES: April 18, 2016
Bonded Thru Budget Notary Services

Notary's Seal

☒ Personally known to me.

Produced identification: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/13/2014

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 Allied Specialty Insurance, Inc. 10451 Gulf Boulevard Treasure Island, FL 33706-4814 1-800-237-3355	CONTACT NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
INSURED Margate Firefighters Benevolent Association 1000 North State Rt 7-441 Margate, FL 22061	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : T.H.E. Insurance Company		12866
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		CPP0102548-04	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ Excluded
<input type="checkbox"/>						PERSONAL & ADV INJURY \$ 1,000,000
<input type="checkbox"/>						GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/>						PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
<input type="checkbox"/>	POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC			
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/>	ANY AUTO					BODILY INJURY (Per person) \$
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> 0 N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Event: Margate Firefighters Benevolent Carnival

Event Dates: 02/05/15 - 02/15/15 (Set up date 02/01/15 - 02/05/15 & tear down 02/16/15 to 02/19/15)

Additional Insured: CRA of Margate and The City of Margate as respects to the General Liability operations of the named insured only.

CERTIFICATE HOLDER**CANCELLATION**CRA of Margate
The City of Margate
5790 Margate Blvd.
Margate, FL 22601

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

HOLD HARMLESS AGREEMENT

FOR AND IN CONSIDERATION of the MEGERIE SHOWS utilizing the property of the Margate Community Redevelopment Agency located at 1000 N. STATE RD 7 - 441, within the City of Margate, for the purpose of FIREMANS FESTIVAL on 2-5-15 to 2-6-15, the MEGERIE SHOWS agrees to indemnify and hold harmless the Margate Community Redevelopment Agency, its agents and employees and the City of Margate, Florida, its agents and employees from any and all claims, suits or judgments brought by third persons for bodily injury including wrongful death and for any damage to the property of third persons which is alleged to have arisen out of the above-described property being utilized by MEGERIE SHOWS for the above-described use.

Further, MEGERIE SHOWS hereby agrees to name the Margate Community Redevelopment Agency, its agents and employees and the City of Margate, Florida, its agents and employees as additionally insured, under a policy of insurance, for the above described use.

Dated this 12-6 day of December, 2014

ATTEST:

CITY OF MARGATE, FLORIDA

CRA Coordinator

Chair

Executive Director

Jeff Barker
Meggie Stans
Petitioner

Margate Firemans Festival
Organization

Jeff Barker GM
Print Name and Title

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, this 6 day of Nov, 2014,
personally appeared Jeffrey Barker, who acknowledges
that before me he/she freely and voluntarily executed this Agreement
for the purpose therein expressed.

Personally Known _____

Produced Identification X

Type of I.D. B646-437-68-388-0



(seal)

YASSEL GUERRERO
NOTARY PUBLIC
STATE OF FLORIDA
Comm# PF048488
Expires 8/28/2017

[Signature]
Notary Public, State of Florida

Yassel Guerrero
Print Name

APPROVED AS TO FORM:

Eugene M. Steinfeld
CRA Board Attorney

CITY OF MARGATE



HOLD-HARMLESS AGREEMENT

RE: OUTDOOR EVENT

Event Name/Description: MARGATE FIREMANS FESTIVAL

Event Location: 1000 N ST RD 7 441

Date(s) Of Event: 2-5-15 to 2-15-15

Property Legal Description: CRA PROPERTY

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: Jeff Barker

Petitioner's Printed Name: JEFF BARKER

Petitioner's Official Title: GENERAL MGR.

Organization/Corporation: Megate Stalls

Subscribed and sworn to before me this 06 day of November

20 14.

Yassel Guerrero
Signature of Notary



Notary's Seal

____ Personally known to me.

X Produced identification: B620-439-64-3280



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/29/2014

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 **Allied Specialty Insurance, Inc.**
10451 Gulf Boulevard
Treasure Island, FL 33706-4814
1-800-237-3355

CONTACT

NAME:

PHONE:

(A/C, No, Ext):

E-MAIL:

ADDRESS:

FAX:
(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: **T.H.E. Insurance Company****12866**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED **Megerle Shows LLC; Moegerle's Transport, Inc.**
PO Box 310
Gibsonton, FL 33534

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP0103765-01	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP0103765-01	04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		ELP0011468-01	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EFFECTIVE FROM 02-03-15 THROUGH 02-17-15

ADDITIONAL INSURED: MARGATE CRA AND THE CITY OF MARGATE FL 22061

AS RESPECTS TO THE GENERAL LIABILITY PERTAINING TO THE OPERATIONS OF THE NAMED INSURED ONLY

CERTIFICATE HOLDER

MARGATE CRA AND
THE CITY OF MARGATE FL 22061

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/29/2014

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 **Allied Specialty Insurance, Inc.**
10451 Gulf Boulevard
Treasure Island, FL 33706-4814
1-800-237-3355

CONTACT

NAME:

PHONE

(A/C No. Ext.):

FAX
(A/C No.):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: **T.H.E. Insurance Company**

12866

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED **Moegerle Shows LLC; Moegerle's Transport, Inc.**
PO Box 310
Gibsonton, FL 33534

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Each occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Each accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	WC144446			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				WC STATUS: <input checked="" type="checkbox"/> TORY LIMITS <input checked="" type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

EFFECTIVE FROM 02-03-15 THROUGH 02-17-15

ADDITIONAL INSURED: MARGATE CRA AND THE CITY OF MARGATE FL 22061

AS RESPECTS TO THE GENERAL LIABILITY PERTAINING TO THE OPERATIONS OF THE NAMED INSURED ONLY

CERTIFICATE HOLDER

MARGATE CRA AND
THE CITY OF MARGATE FL 22061

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

Carol A Serra



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/29/2014

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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 Allied Specialty Insurance, Inc. 10451 Gulf Boulevard Treasure Island, FL 33706-4814 1-800-237-3355	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Moegerle Shows LLC; Moegerle's Transport, Inc. PO Box 310 Gibsonston, FL 33534	INSURER(S) AFFORDING COVERAGE	
	INSURER A : T.H.E. Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		
NAIC # 12866		

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)
						MED EXP (Any one person)
						PERSONAL & ADV INJURY
						GENERAL AGGREGATE
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)
						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y <input type="checkbox"/> N	WC144446			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

EFFECTIVE FROM 02-03-15 THROUGH 02-17-15

ADDITIONAL INSURED: MARGATE FIREFIGHTERS BENEVOLENT ASSOCIATION

AS RESPECTS TO THE GENERAL LIABILITY PERTAINING TO THE OPERATIONS OF THE NAMED INSURED ONLY

CERTIFICATE HOLDER MARGATE FIREFIGHTERS BENEVOLENT ASSOCIATION 1000 NORTH STATE RT 7-441 MARGATE FL 22061	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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2014

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 Allied Specialty Insurance, Inc. 10451 Gulf Boulevard Treasure Island, FL 33706-4814 1-800-237-3355	CONTACT NAME:	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
INSURED Megerle Shows LLC; Moegerle's Transport, Inc. PO Box 310 Gibsonton, FL 33534	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : T.H.E. Insurance Company	12866
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		CPP0103765-01	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP0103765-01	04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		ELP0011468-01	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

EFFECTIVE FROM 02-03-15 THROUGH 02- 17-15 (INCLUDES SET UP AND TEAR DOWN)

ADDITIONAL INSURED: MARGATE FIREFIGHTERS BENEVOLENT ASSOCIATION

AS RESPECTS TO THE GENERAL LIABILITY PERTAINING TO THE OPERATIONS OF THE NAMED INSURED ONLY

CERTIFICATE HOLDER

CANCELLATION

MARGATE FIREFIGHTERS BENEVOLENT ASSOCIATION
1000 NORTH STATE RT 7-441
MARGATE FL 22061

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

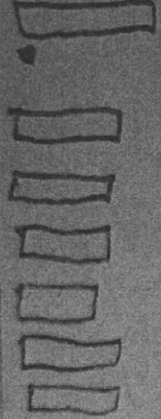
Carol A. Serra

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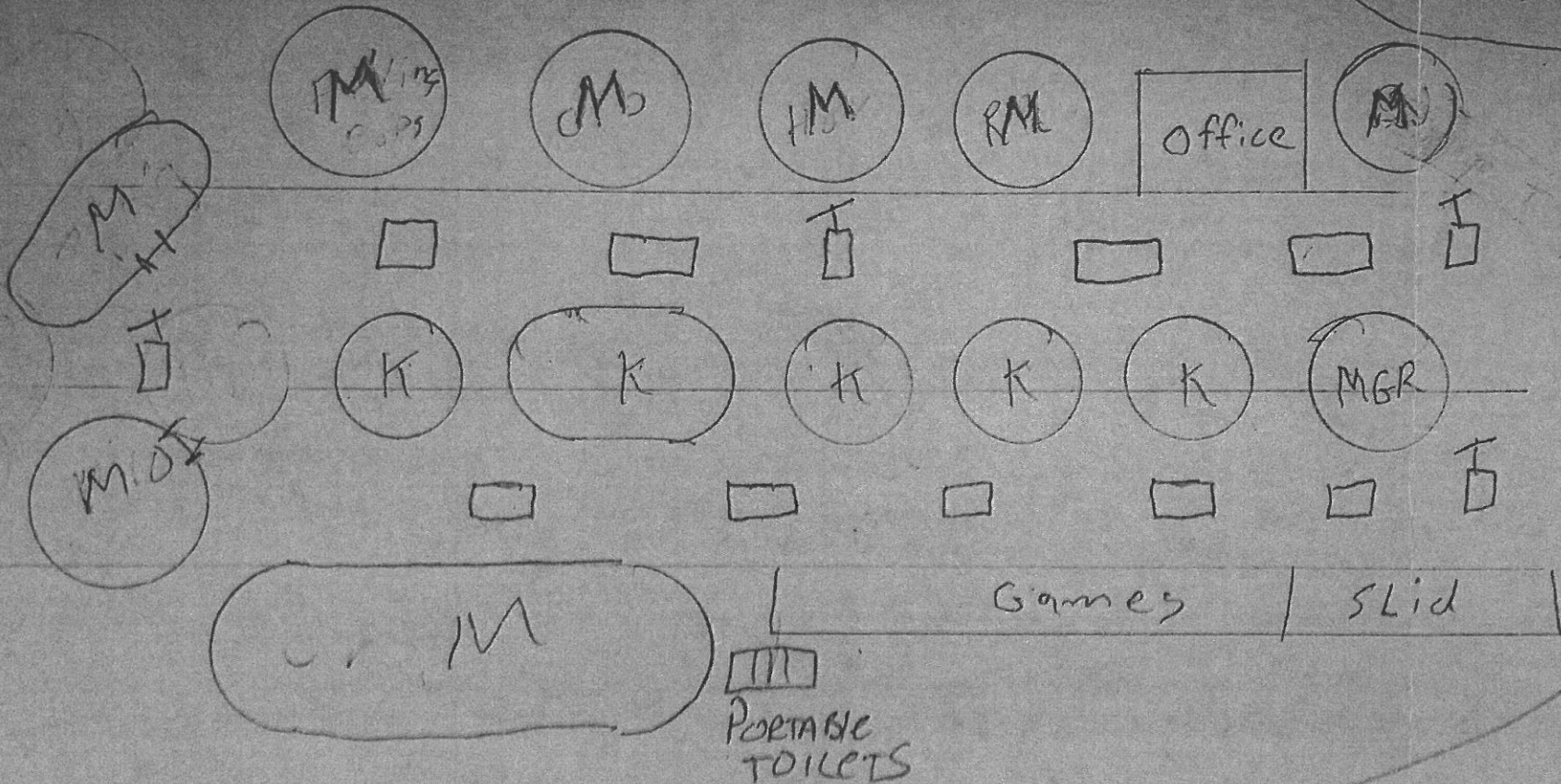
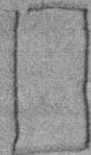
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SR 7

EMPRIES



DUMPSTER
↓



Parking

Parking

K Hider
M Big Rio