

City of Margate Parks and Recreation Department Facility Use Permit Application

NAME OF ORGANIZATION: Special Olympics Florida- Broward
CONTACT PERSON: Michelle Leonardo
ADDRESS: 3301 College Ave
CITY: Margate STATE: FL ZIP CODE: 33314
EMAIL: mleonardo@specialolympicsbroward.org
PHONE NUMBER(S): 954-262-2150 / _____

Public Records

Exemption ☐

If yes, attach request for
redaction form.

FACILITY REQUESTED: (Daytime) (Evening)
____ Leonard Weisinger Community Center ____ Leonard Weisinger Meeting Room
____ Charley Katz Community Center
____ Pavilion at (list name of park): _____
☒ Athletic Facility (list name of facility and park): Oriole Park Softball Field
____ Mobile stage (list location) _____

Date(s) Requested: Tues June - Oct Start Time: 6pm End Time: 7:30pm
Purpose for Rental: Softball practice for Special Olympic team
Number of Anticipated Attendees: 15

Please check ALL that apply: ____ RESIDENT ____ ALCOHOL ____ ☒ PRIVATE VENDOR
(\$40 fee) (Insurance required)

I have received a copy of the City of Margate Rental Guidelines:

Renters Signature

Date

(For Office Use Only)

Rental fee amount due \$ _____ Security deposit amount due \$ _____
Alcohol fee amount due \$ _____

Approved _____ Not Approved _____

Michael A. Jones
Director – Parks and Recreation

Record of Payment(s):

DATE	AMOUNT	RECEIPT #	DESCRIPTION	STAFF
			Security Deposit	
			Rental Payment	
			Alcohol Fee	

Should you require additional staff assistance on the date of your rental please call:
Monday-Friday 6pm-10pm Park Security 954-295-6303
Sat & Sun 9am-11pm Park Security 954-295-6303

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY American Specialty Insurance & Risk Services, Inc.		NAMED INSURED Special Olympics, Inc. 1133 19th Street NW	
POLICY NUMBER PHPK1750812		WASHINGTON, DC 20036	
CARRIER Philadelphia Indemnity Insurance Company	NAIC CODE 18058	EFFECTIVE DATE: 12/31/2017	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE - Certificate #1001537160

- Named Insured (cont'd): All Special Olympics Accredited U.S. Programs
- * The Hired Auto Physical Damage limit contains a \$1,000 collision deductible and a \$100 other than collision deductible (for commercially rented vehicles only). Nonowned and Hired Auto (NOHA) liability is excess of any valid and collectible insurance.
- Coverage for property you rent or occupy, property loaned to you and property in the care, custody, or control of the Insured, \$100,000 limit subject to a \$2,500 deductible per loss, excluding watercraft, aircraft, and autos.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/2018

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).

PRODUCER American Specialty Insurance & Risk Services, Inc. 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		CONTACT NAME: PHONE (A/C No., Ext.): 260-969-5203 FAX (A/C No.): 260-969-4729 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company NAIC # 18058 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Special Olympics, Inc. 1133 19th Street NW Washington DC 20036			

COVERAGES

CERTIFICATE NUMBER: 1001537160

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 INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OTHER	Y	PHPK1750812	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK1750812	12/31/2017	12/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ NON-OWNED/HIRED AUTO \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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 OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

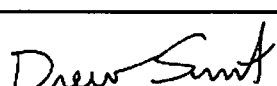
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

- Coverage applies to the following: SPECIAL OLYMPICS FLORIDA, BROWARD COUNTY, 3301 COLLEGE AVENUE, FORT LAUDERDALE, FL 33314.

- The Certificateholder is only an Additional Insured with respect to liability caused by the negligence of the Named Insured as per Form PI-AM-002-Additional Insured-Certificateholders, as respects to the SPECIAL OLYMPICS FLORIDA, BROWARD COUNTY, SCHEDULED TRAINING FOR SOFTBALL SEASON AT ORIOLE PARK, MARGAE, FL from June 01, 2018 through November 30, 2018.

CERTIFICATE HOLDER

CANCELLATION

CITY OF MARGATE 5790 MARGATE BLVD. MARGATE FL	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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