OLIVEHURST PUBLIC UTILITY DISTRICT
Business Office
1970 9th Avenue/P.O. Box 670
Olivehurst, CA 95961
Phone (530) 743-4657 Fax (530) 743-3023 www.opud.org

Application must be submitted to Business Office a minimum of 30 business days prior to date of event.

Special Events Application/Permit
(YOU MUST HAVE YOUR COPY OF YOUR PERMIT IN POSSESSION DURING EVENT)

Organization/Group: First 5 Yuba County
Contact Person(s): Sarah Kotko
Contact Phone #: 530-749-4948

Event Location (name of park/facility): OPUD Youth Center
Name/Type of Event: Dad's Night Out
Date(s) of Event: Dec 1, Jan 5, Feb 2
Hours of event: 5:00-7:30 pm am /pm - am/pm (include set up and clean up time)

Estimate: Number of Participants: 15
Spectators: 0 Staff: 3
Will you be using a public address system or any other type of amplified sound equipment? Yes ___ No ___
If yes, provide a detailed plan for all electronics including music, public address systems, etc.: __________________________________________________________________________
________________________________________________________________________
Will there be any vendors or contractors operating a booth, shop, or mobile operation during event? Yes ___ No ___
If yes, provide number of vendors _______ and vendor type(s): __________________________

(Must provide copies of all permits and written approvals from other agencies that may be required prior to conducting event)
Will alcoholic beverages be served or given away? Yes ___ No ___ If yes, must provide valid ABC license and provide licensed security. (Per OPUD Special Events Policy)
Is this a for-profit or non-profit event: ___ No ___ Will you be charging fees to participants? ___ Yes ___ No ___
Will dumpsters be required: ___ Yes ___ No ___ Will portable toilets be required: ___ Yes ___ No ___
(If yes, see OPUD Special Events Policy regarding dumpsters and portable toilets.)

INSURANCE: Applicant must provide Olivehurst Public Utility District a properly worded Certificate of Insurance from an insurance company licensed to do business in the State of California as proof of possession of general liability, owner, landlords and tenants, or general home owners insurance, providing for personal injury, death and property damage in the amount of not less than $1,000,000.00.
In the case of other than private use, said certificate shall also provide as additionally insured the Olivehurst Public Utility District, its officers, agents, and employees. Such insurance will be primary coverage for any liability arising from the applicant's use of the facilities. The certificate must cover all dates and hours of facility use. INITIAL HERE SK __________________________

Any change, alteration or modification of intended use must be approved by Olivehurst Public Utility District. Change can result in cancellation of use. Any misrepresentation of your group or use, or failure to comply with Special Events Policy may result in expulsion from the park. INITIAL HERE SK __________________________

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT APPLICANT/Organization SHALL SAVE, KEEP AND HOLD HARMLESS OLIVEHURST PUBLIC UTILITY DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ALL DAMAGES, COSTS OR EXPENSES IN LAW OR EQUITY THAT MAY AT ANY TIME ARISE OR BE SET UP BECAUSE OF DAMAGES TO PROPERTY OR PERSONAL INJURY RECEIVED BY REASON OF OR IN THE COURSE OF USING OR OCCUPYING THE FACILITY. INITIAL HERE SK __________________________
I AND/OR MY ORGANIZATION FURTHER EXPRESSLY CERTIFY THAT I AND/OR MY ORGANIZATION WILL BE RESPONSIBLE FOR ANY DAMAGE OR LOSS SUSTAINED TO THE GROUNDS, BUILDING, OR EQUIPMENT OCCURRING, OR UNUSUAL CLEAN-UP REQUIRED, AS A RESULT OF MY AND/OR MY ORGANIZATION'S USE OF THE FACILITY. AMOUNT OF CLEANING DEPOSIT WILL BE BASED ON TYPE AND SIZE OF EVENT. IT IS UNDERSTOOD AND AGREED THAT APPLICANT/Organization WILL CLEAN UP ALL DECORATIONS AND TRASH OR CLEANING DEPOSIT WILL BE FORFEITED. NO PERSONAL VEHICLES ARE ALLOWED ON PARK GRASS AREAS AS GRASS AND SPRINKLER HEADS CAN BE DAMAGED. INITIAL HERE SK __________________________
I have read and understand the attached OPUD Special Events Policy. INITIAL HERE SK __________________________

Signature of Individual/Representative __________________________

FOR OFFICIAL USE ONLY: Application/Permit Fee $ ________ Amount Refundable $ ________ Cash ________ Check # ________
Insurance: ________ Yes ________ No Food Sale/Use ________ Alcohol Sale/Use ________ Law Enforcement Notified ________
Permits/Written Approvals: ________ ABC License ________ Licensed Security ________
Approved: ________ Disapproved: ________ Remarks: ________ Cleaning Deposit $ ________
Processed by: ________ Date: ________
**CERTIFICATE OF COVERAGE**

**Public Risk Innovation, Solutions, and Management**

C/O ALLIANT INSURANCE SERVICES, INC.  
18100 VON KARMAN AVENUE, 10TH FLOOR  
IRVINE, CA 92612  
PHONE (949) 756-0271 / FAX (619) 699-0901  
LICENSE #0C36861

**MEMBER:**  
Golden State Risk Management Authority  
P.O. Box 706  
Willows, CA 95988-0706  
GSRMA MEMBER:  
FIRST 5 YUBA COUNTY

**ENT LTR** | **TYPE OF COVERAGE** | **MEMORANDUM #/POLICIES** | **COVERAGE EFFECTIVE DATE** | **COVERAGE EXPIRATION DATE** | **MEMBER'S SELF-INSURED RETENTION/DEDUCTIBLE** | **LIMITS**  
--- | --- | --- | --- | --- | --- | ---  
| X | WORKERS' COMPENSATION | N/A | | | |  
| X | GENERAL LIABILITY | PRISM PE 22 EL-63 | 07/01/2022 | 07/01/2023 | $250,000 | Difference between $1,000,000 and the Member's Self-Insured Retention  
| X | EXCESS GENERAL LIABILITY | CLAIMS MADE | OCCURRENCE | | |  
| A | AUTOMOBILE LIABILITY | PRISM PE 22 EL-63 | 07/01/2022 | 07/01/2023 | $250,000 | Difference between $1,000,000 and the Member's Self-Insured Retention  
| X | ANY AUTO | | | | |  
| X | HIRED AUTO | | | | |  
| X | NON-OWNED AUTO | | | | |  
| X | GARAGE LIABILITY | | | | |  
| B | CRIME | 01-468-30-06 | 06/30/2022 | 06/30/2032 | $25,000 | $10,000,000 Per Occurrence limit Subject to member deductible  
| X | EXCESS GOVERNMENTAL CRIME POLICY | BGOV-45003949-22 | 06/30/2022 | 06/30/2032 | | $5,000,000 Per Occurrence limit Subject to $1,000,000 Sublimit Applies To Faithful Performance  
| A | PROPERTY | PRISMPR 22-23 | 03/31/2022 | 03/31/2023 | $5,000 | $25,000,000 PER OCC ALL RISK  
| X | ALL RISK | | | | |  
| X | FLOOD | | | | |  
| X | AUTO PHYSICAL DAMAGE (ONLY IF SCHEDULED) | | | | |  
| X | BOILER AND MACHINERY | | | | |  
| X | TERRORISM | | | | |  
| | TERRORISM LIMIT IS SHARED BY ALL MEMBERS IN ALL TOWERS  
| | ALL OTHER LIMITS ARE SHARED PER TOWER |

**Description of Operations/Locations/Vehicles/Special Items:**  
AS RESPECTS EVIDENCE OF COVERAGE ONLY.

**Certificate Holder**  
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
MS 7206  
P.O. BOX 997377  
SACRAMENTO, CA 95899-7377

**Cancellation**  
SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGE/POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.

**AUTHORIZED REPRESENTATIVE**  
[Signature]

Public Risk Innovation, Solutions, and Management