



**OLIVEHURST PUBLIC UTILITY DISTRICT**

Business Office  
1970 9<sup>TH</sup> 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)

<b>Applicant Information</b>	
Organization/Group: <u>Revive Church / Hope point church</u>	Address: <u>600 N. George Washington Blvd</u> <u>Yuba City, CA 95993</u>
Type of group: <input type="checkbox"/> Individual <input type="checkbox"/> Business/Commercial <input checked="" type="checkbox"/> Non-Profit Organization, ID number: <u>23-7373082</u>	
Phone #: <u>530 415-7654</u>	Email Address: <u>Colby@hopepointnaz.org</u>
Person(s) responsible and can make changes or cancel: <u>Colby Middlebrooks</u>	Contact person(s) "on site" day of and phone #: <u>Colby Middlebrooks</u> <u>530-415-7654</u>
Deposit check refund payable to: <u>Hope Point Church</u>	
<b>Event Information:</b>	
Event name: <u>Revive Easter Party</u>	
Event location: <u>Eufay Wood Park 1280 Zanes DR, Plumas LAKE</u>	
Event date: <u>March 23 2024</u>	
Event time: Start: <u>12pm</u> a.m. / <input checked="" type="radio"/> p.m.	End: <u>3pm</u> a.m. / <input checked="" type="radio"/> p.m.
Set up: Date: <u>March 23 2024</u> Time: <u>11am</u>	Clean up: Date: <u>March 23<sup>rd</sup> 2024</u> Time: <u>3:00pm</u>
Clean up completed by: <u>Revive Church</u>	Phone: <u>530-415-7654</u>
Estimate: Number of Participants: <u>250</u>	Spectators: _____ Staff: _____
Description of Event: <u>Easter egg hunt, games, speakers for music, photo booth</u>	
Will there be any fenced areas? Yes _____ No <input checked="" type="checkbox"/> If yes, please describe: _____	
Will there be a tent, canopy, or other temporary structure at your event? Yes _____ No <input checked="" type="checkbox"/> If yes, please describe: _____	
There are no vehicles allowed on turf areas of District property. Must hand cart items onto turf.	

Event Information Continued

What is your cleanup plan after the event? Trash pick up, all items removed, all evidence of event gone.

(Hourly cleaning rates will be deducted from deposit/cleaning fee is extra cleaning is required.)

Entertainment Information

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.: Low music in background, microphone for announcements.

Will your event have a DJ or live music? Yes  No

Please describe any live entertainment staging or dance floor that will be part of your event: N/A

Will you have inflatables at your event? Yes  No  If yes, please describe: \_\_\_\_\_

(No inflatables that utilize or involve water is allowed on any of the grass areas.)

Name of Inflation Vendor: 530 Rentals

Contact Information: ERIC (530) 491-1271

Food / Beverage / Vendor Information

Will there be any vendors or contractors operating a booth, shop, or mobile operation during event? Yes \_\_\_\_\_ No

**(The event organizer is responsible to make sure vendors are following state, county, and local requirements.)**

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 you be charging fees to participants? Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Will your event have Food Vendors? Yes \_\_\_\_\_ No

**(If yes, all proper licensing and permit requirements must be met per Yuba County Code/Ordinance. Please contact Yuba County Health Department for requirements and permit questions.)**

Does your event involve the sale or consumption of alcoholic beverages? Yes \_\_\_\_\_ No

If yes, must provide valid ABC license and provide licensed security information.

**(Security is required when alcohol is being sold or consumed. 1 Guard per every 250 guests present.)**

Food / Beverage / Vendor Information Continued

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Fencing around area where alcohol is being sold and consumed is required.)

Licensed Security Company Name: N/A

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Describe how you will ensure that alcoholic beverages will be consumed only by people 21 years or older: N/A  
\_\_\_\_\_  
\_\_\_\_\_

Alcoholic beverages will be served from \_\_\_\_\_ a.m. / p.m. to \_\_\_\_\_ a.m. / p.m. N/A

Who will be serving the alcoholic beverages? NO

Which type of alcohol will be served? (Please circle):	Beer / Wine	Liquor
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Please provide a plan for the disposal of all wastewater and other liquids including alcohol to keep them from entering the District's storm drains. Dumping on Park turf and down District drains is prohibited.

Liquor Liability Insurance will be required only when alcohol is provided in the amount of \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate and will be included with your General Liability Insurance. (See OPUD Special Event Policy for all requirements).

Health and Safety Information

Will portable toilets and handwashing stations be required? Yes \_\_\_\_\_ No

(If yes, see OPUD Special Events Policy regarding portable toilets.)

Permittees are required to provide portable toilets at locations where no permanent facilities are in place and/or when "total attendance" (including organizers, participants, volunteers, and spectators) exceeds restroom facility capacity. The ratio of users per portable toilet is 100 to 1. OPUD requires that all portable toilets and handwashing stations be placed in the parking lot of the parks for an event. At no time are portable toilets and handwashing stations allowed on park turf or sidewalks.

**(The Americans with Disabilities Act requires that 10% of all portable toilets be ADA accessible.)**

Portable Restroom Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Will Dumpsters be required? Yes \_\_\_\_\_ No

(See OPUD Special Events Policy regarding dumpster requirements.)

(Costs associated with removal of any excessive trash that is left over or additional clean-up from the even that is required will be deducted from the deposit/cleaning fee. Should the deposit/cleaning fee be fully exhausted, an invoice will be charged to the special event permittee.)

Wastewater – Please provide a plan for the disposal of all wastewater and other liquids to keep them from entering the District's storm drains. Dumping wastewater down District drains is prohibited.

Event	Fees
Minor Event	\$125 with application
Major Event	\$250 with application

- A **Minor Event** – This type of event is defined as a public event which requires completion of a Special Event Application and a Special Event Permit. The Special Event Application will go before the Parks Committee for review and approval. Other items may be required depending on the type of special event. Fees and deposit/cleaning fees of \$200 are due at submittal of application.
- A **Major Event** – This type of event is defined as a public event which may include the sales/consumption of alcohol. This type of event requires the completion of a Special Event Application, a Special Event Permit and must go before the Parks Committee for review and then moved to the Board for review and approval. Other items may be required depending on the type of special event. Fees and deposit/cleaning fees of \$500 are due at submittal of application.

### ADA Accessibility

Special Events must be assessable to persons with disabilities. Please visit [www.ada.gov](http://www.ada.gov) for additional information.

ADA Parking: There is ample accessible public parking available on a first come, first serve basis to vehicles displaying a handicap plate or placard.

Emergencies: Should an emergency arise; staff and volunteers will assist in making calls to get assistance. There should be a First Aid box at each Special Event.

Restrooms: If porta-potties are needed to be brought in for a Special Event, the organizer will ensure that at least one or 10% (whichever is greater) will include ADA compliant features.

Service Animals: Yuba County Environmental Health code prohibits animals near the food service areas; however, service animals are allowed. Your event accommodates all participants and visitors, including those with special needs.

Please describe how you will make your event accessible to disabled individuals: There are sidewalks and available space. (Public Park)

### Event Map

An **Event Map** of your event **must be included with your application** identifying the location of all items listed below that apply to the event in order to accept application. Map **must** be a **Google image** type of map. **(No hand drawn maps accepted.)** It is important for OPUD staff to have a clear understanding of the event to permit.

<input checked="" type="checkbox"/>	Entertainment and/or stage locations & sound amplification – location of amplifier and all speakers.
<input checked="" type="checkbox"/>	Electricity, water, and generators
<input type="checkbox"/> N/A	Alcoholic beverage concession area(s) including fencing with entrance and exit (if being sold, a one-day liquor permit is required and must be displayed)
<input type="checkbox"/> N/A	Non-alcoholic beverage, food concession area(s) & Merchandise sales area(s).
<input type="checkbox"/> N/A	Portable toilets (Indicate number of toilets _____).
<input checked="" type="checkbox"/>	Trash container (# of trash cans <u>4</u> ; # of dumpsters _____).
<input checked="" type="checkbox"/>	Emergency response routes

### Insurance Requirements

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 homeowners insurance, providing for personal injury, death and property damage in the amount of not less than \$1,000,000.00 per occurrence and a \$2,000,000.00 aggregate. 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 applicants' use of the facilities. The certificate must cover all dates and hours of facility use. INITIAL HERE CM.

Changes and Cancellation Policy	
Should you, for any reason, need to cancel your event, you must first notify the Board Clerk/Executive Assistant. All cancellations are required to be in writing by the person who signed the contract. Written cancellations can be emailed, mailed, or hand delivered. The Special Event Application/Permit fee is non-refundable and non-transferrable. <b>INITIAL HERE</b> _____.	
Indemnification	
Event sponsor agrees to indemnify and hold harmless the Olivehurst Public Utility District, its officers, agents, employees, and volunteers from and against injury, damage, claims, actions or suits arising out of the special event, including those caused by the passive negligence of the parties being indemnified and/or any dangerous condition of property of the parties being indemnified, and further agrees to defend and indemnify the Olivehurst Public Utility District from and against any injury, damage, claims, actions or suits arising out of or connected with the special event.	
Please read each statement. Initialing next to each statement indicates your understanding and agreement with the statement. Failure to comply with the terms and conditions of the Special Event Permit may result in cancellation or early termination of the special event and forfeiture of the deposit.	
<u>CM</u>	Event sponsor agrees to abide by the Olivehurst Public Utility District Insurance Requirements attached hereto on page 4.
<u>CM</u>	Event sponsor agrees, upon request, to pay the refundable deposit/cleaning fee.
<u>CM</u>	Event sponsor agrees to pay the Olivehurst Public Utility District all costs the District may incur as a result of any failure to fully comply with all of these conditions.
<u>CM</u>	Event sponsor agrees to abide by all of the terms and conditions contained in this application, and any permit(s) issued in connection with the special event. Including ADA requirements.
<u>CM</u>	Applicant declares under penalty of perjury of the laws of the State of California that the information provided in this special event application is true and correct to the best of applicant's knowledge. Applicant further acknowledges that the special event may be cancelled if this application contains any intentional misrepresentations.
<u>CM</u>	Issuance of a Special Event Permit does not absolve the applicant from obtaining local, state, or federal approvals or permits.
<u>CM</u>	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, buildings, or equipment occurring, or unusual clean-up required, as a result of my and/or my organization's use of the facility. It is understood and agreed that applicant/organization will clean up all decorations and trash or cleaning deposit will be forfeited. <b>No personal vehicles are allowed on park grass areas</b> as grass and sprinkler heads can be damaged.
<u>CM</u>	I have read and understand the attached OPUD Special Events Policy
<u>CM</u>	Applicants signature below signifies that applicant has read and understands ALL the rules and regulations.
In accordance with Section 313 of the California Corporations Code, any document executed by a corporation requires a signature from at least one person from each of the following two groups:	
<u><b>Group One</b></u> Chairman of the Board President or Vice President	<u><b>Group Two</b></u> CEO Secretary or Treasurer

If an officer holds a title in each of the above groups (dual title), that officer may sign for each of the groups by two separate signatures with the appropriate title listed with his or her signature.

BY: Stefanie Miller Date: 01/17/2024

Print Name: Stefanie Miller Title: Finance Director

BY: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Agreement and Signature**

I, the undersigned representative, have read the rules and regulations with reference to this application. The information contained herein is complete and accurate.

Name (Printed): Colby Middlebrooks

Signature:  Date: 02/08/24

**FOR OFFICIAL USE ONLY:**

Application Received on: 2/14/24 Fees Submitted: 2/14/24

Application/Permit Fee \$ 125.- Deposit/Cleaning Fee \$ 200- Amount Refundable: \$ 200-

Paid for:  Cash  Check # 145374 / 145375

Insurance Provided:  Yes  No Food Sale/Use:  Yes  No Alcohol Sale/Use:  Yes  No  
Law Enforcement Notified:  Yes  No Permits/Written Approvals:  Yes  No ABC License:  Yes  No  
Licensed Security:  Yes  No Restrooms Provided:  Yes  No Dumpster Provided:  Yes  No

Remarks: \_\_\_\_\_

Additional Documents Needed: \_\_\_\_\_

Parks Committee:  
Approved:  Disapproved:

OPUD Board :  
Approved:  Disapproved:

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

This Liability Coverage Endorsement is subject to the **terms** of the applicable Commercial Liability Coverage Form (GL-100) and the Liability and Medical Coverage Form (BGL-11). Only one liability coverage will apply to an **occurrence** and any **related loss**. This endorsement is attached to and made part of the policy.

**THIS INSURANCE ENDORSEMENT FORMS PART OF YOUR POLICY CONTRACT.  
PLEASE READ IT CAREFULLY.**

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## MINISTRY OPERATIONS

### COMMERCIAL LIABILITY COVERAGE PROVISION MODIFICATION

#### DESIGNATED ADDITIONAL INSURED(S)

##### AGREEMENT

**We** provide the modified coverage described in this endorsement (BGL-150), but only if it is properly designated in the **declarations**, and only with respect to the Additional Insured(s) designated on the schedule(s) attached to this endorsement.

any liability coverage or any medical coverage if any person has impaired **our** right to recover.

**Waiver of Subrogation Rights** – An **insured** may waive **our** right to recover against an Additional Insured named in an endorsement properly designated in the **declarations**.

##### PROVISION MODIFICATION

With respect to the Additional Insured(s) and the Applicable Coverages designated on any schedule attached to this endorsement, Condition 7 of the Conditions section of the Commercial Liability Coverage Form (GL-100) and Condition 11 of the Conditions section of the Liability and Medical Coverage Form (BGL-11) are deleted and replaced by the following:

- 7 **Subrogation Rights** – If **we** make payment under any liability coverage or any medical coverage, **we** reserve the right to require from all applicable **insureds**, and from anyone to whom or on whose behalf **we** pay, an assignment of their right of recovery. Upon **our** request, such person or entity must transfer to **us** their right of recovery against any party responsible for the injury, and must assist **us** in **our** attempt to recover any amounts **we** have paid under the liability coverage or the medical coverage. **We** are not liable under

- 11 **Additional Insureds** – With respect to any person or entity shown on any schedule attached to the Commercial Liability Coverage Provision Modification – Designated Additional Insured(s) endorsement (BGL-150), we will provide the Applicable Coverages shown on any applicable schedule to the Additional Insured named in that particular schedule. Any Applicable Coverages shown on the schedule are provided only to the extent that any Additional Insured(s) shown on any applicable schedule are legally liable for the acts of **you, your leader, your** employee or **your appointed person**, as defined in relation to an Applicable Coverage shown on that particular schedule. Any Applicable Coverages granted to an Additional Insured by this endorsement and attached schedule(s) are strictly subject to the **terms** of the policy.

The **limit** of coverage provided to any Additional Insured(s) designated on any

# CERTIFICATE OF LIABILITY INSURANCE

2/8/2024

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).

<b>PRODUCER</b> License # 0E77991 ACG Mutual Insurance Agency, LLC DBA Mutual ACG Insurance Agency 201 Cajon Street Redlands, CA 92373	<b>CONTACT NAME:</b> Donnie Hegemier <b>PHONE (A/C, No, Ext):</b> (800) 843-6054 <b>E-MAIL ADDRESS:</b> donnie@churchwest.com	<b>FAX (A/C, No):</b> (909) 307-8500	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Brotherhood Mutual Insurance		<b>13528</b>
<b>INSURED</b> Yuba City First Church of the Nazarene DBA: Hope Point Nazarene 600 N George Washington Blvd Yuba City, CA 95993-8402			<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

### 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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		04M5A0509550	6/30/2023	6/30/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	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)

RE: Community Easter Egg Hunt  
Location: Eufay Wood Park, Rivers Oaks Blvd, Plumas Lake, CA 95961  
Date(s) of event: March 23, 2024  
# of people: approximately 250  
Revive Church is a related organization of the named insured.

Olivehurst Public Utility District, its officers, agent and employees are named additional insureds. Form BGL-150 attached.


### CERTIFICATE HOLDER

Olivehurst Public Utility District  
1970 9th Ave  
Olivehurst, CA 95961

### 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





This Schedule is an attachment to the Commercial Liability Coverage Provision Modification – Designated Additional Insured(s) endorsement (BGL-150). This schedule contains identifying and specifying information only, and does not grant, change or modify any coverage of the policy unless attached to the Commercial Liability Coverage Provision Modification – Designated Additional Insured(s) endorsement (BGL-150). This endorsement is attached to and made part of the Commercial Liability Coverage Provision Modification – Designated Additional Insured(s) endorsement (BGL-150).

## COMMERCIAL LIABILITY COVERAGE PROVISION MODIFICATION

### DESIGNATED ADDITIONAL INSURED(S)

#### SCHEDULE

(The information required below may be shown on a separate schedule and/or supplemental **declarations**.)

<b>Named Insured:</b> Yuba City First Church Of The Nazarene DBA: Hope Point Nazarene	<b>Policy Number:</b> 04M5A0509550
<b>Additional Insured:</b> Olivehurst Public Utility District, it's officers, agents and employees 1970 9th Ave Olivehurst, CA 95961	
<b>Applicable Coverage(s) and Limit(s):</b> COVERAGE L	\$1,000,000
<b>Coverage Begins:</b> 03/23/2024	<b>Coverage Ends:</b> 03/24/2024

schedule attached to this endorsement will be the lesser of:

- a the **limit** shown on the applicable schedule for any designated coverage provided to that Additional Insured; or
- b the amount of coverage required to be provided to the Additional Insured under any applicable contract or agreement;

except that the **limit** of coverage provided by this endorsement shall never be greater than the limits indicated on the **declarations**.

The **limit** of coverage that applies to the Additional Insured will be a shared **limit** of coverage (shared with all other **insureds** under the Applicable Coverage of the policy). Nothing in this provision will act to increase any **limit** of the policy.

No coverage will be provided to any Additional Insured in relation to:

- a any liability incurred by an Additional Insured, other than tort liability; or
- b liability that is incurred prior to the date that **we** provide an

applicable coverage to **you**, or that is incurred after a previously-applicable coverage terminates; or

- c liability arising solely out of the activity of any Additional Insured, or arising out of any operations other than **your** operations.

Any coverage provided to the Additional Insured designated on the schedule in this endorsement will be primary and non-contributory in relation to other insurance provided to them on a primary basis by another policy.

Nothing in this endorsement will act to increase any **limits** of coverage, or to in any way modify any **terms** of the policy other than the **terms** specified herein.

## OTHER PROVISIONS

All other provisions of the applicable Commercial Liability Coverage Form (GL-100) and the Liability and Medical Coverage Form (BGL-11) apply to the Additional Coverages of this endorsement, unless otherwise modified herein.

Revive Church "Easter Party" March 23rd 12pm-2pm



- 1- Bounce Houses
- 2- Info Booth
- 3- Kid games
- 4- D.J.
- 5- Photo Booth
- 6- Easter Egg Hunt

- 7- Emergency ZONES
- X- TRASH CANS
- Generator

