



City of New Port Richey
Parks and Recreation Department
Special Event Application

*All applications must be submitted at least 45 days prior to the event, but no more than 12 months before the event.

Submit original signed and notarized application along with \$100 application fee to the following:

City of New Port Richey
Parks and Recreation Department
6630 Van Buren Street
New Port Richey, FL 34653

APPLICANT

Name of Applicant: Liz Misemer

Title (if applicable): Event Coordinator

Name of Organization: West Pasco Chamber of Commerce

Is your organization tax exempt? Yes No If yes, please attach documentation.

Is your organization a non-profit? Yes No If yes, please attach documentation.

Mailing Address: 5443 Main Street

Street Address

New Port Richey FL 34652

City

State

Zip Code

Phone: 727-842-7651 727-597-3262

Daytime Phone

Cell Phone

Email: Liz@westpasco.com

EVENT

Name of Event: Cotee River Bike Fest

Description of Event (Include purpose):
3 day motorcycle event featuring two stages with live music, vendors and entertainment.

Location of Event: Sims Park, Orange Lake, & Downtown New Port Richey (See Map)

Event/Organization Web Address: www.coteeriverbikefest.org

Event Date(s) & Time(s):

<u>Date</u>	<u>Day of the Week</u>	<u>Start Time</u>	<u>End Time</u>
<u>October 7,2016</u>	<u>Friday</u>	<u>5:00 p.m.</u>	<u>11: 00 p.m.</u>
<u>October 8,2016</u>	<u>Saturday</u>	<u>9:00 a.m.</u>	<u>11:00 p.m.</u>
<u>October 9,2016</u>	<u>Sunday</u>	<u>9:00 a.m.</u>	<u>5:00 p.m.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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Setup Date(s): October 8, 2016

Setup Time(s): 3:00 p.m. to 9:00 p.m.

Cleanup Date(s): October 10 , 2016

Cleanup Time(s): 9:00 a.m. to 5:00 p.m.

Will this be an annual event? Yes No If yes, next year's date(s) October 13-15, 2017

EVENT LOGISTICS

1. Estimated Attendance (Includes event crew, participants, and spectators):

41,000 35,000
This Year Last year

Maximum number at peak time: 6,000

2. Will alcohol be served or sold? Served Sold No Alcohol

3. Approximate number of food vendors: 45

*Event promoter is responsible for obtaining copies of all licenses and insurance from each vendor and providing the same to the City. All vendors must be listed on the site plan.

4. Approximate number of all other vendors along with type i.e. crafts, sponsors, informational
*May need to provide copy of certificate of insurance in a form acceptable to the City for each

vendor:
40

5. Will electricity be required?: Yes No Source _____

Location of electricity Sims Park Circle

*City electric is available around the Sims Park Circle, panel box near the river, and the North and South side of Orange Lake. If an event requires additional locations, the event must provide an alternative.

6. List event equipment (Include things such as seating, tents, booths, and trucks. These should all be listed on site map as well.) _____

Tents, canopies, seating, booths and trucks.

7. List entertainment type (bands, DJ, dancers, clowns, etc.): —————>

Live Bands, Bike and stunts shows, ACW wrestling.

8. List dates and times of music and/or amplified sound: _____

October 7th 5:00 p.m. to 11:00 p.m. / October 8th 12:00 p.m.-10:30 p.m./

October 9th 1:00 p.m. to 5:00 p.m.

9. Will private security be provided? Yes No

If yes, list organization: Steve Luikhart

10. Will portable restrooms be used? Yes No

If yes answer the following and list on site plan:

How many: 16 Installation Date: October 6, 2016 Removal Date: October 10, 2016

11. Event holders are responsible for trash removal, and must provide their own dumpsters.

Please list your plan. (1) 30 yard dumpster will be delivered by Peace Hall. Volunteers

will be in charge of picking up garbage throughout the event. A group of volunteers

will be in place to pick up any remaining garbage on Sunday 10/9.

Will dumpsters be used? Yes No

If yes please include on site plan and answer the following:

How many: 30 Sizes: _____

Installation Date: October 7th a.m. Removal Date: October 10th a.m.

12. Please list any admission charges, donations, parking, registration or other fee and how much.

N/A

13. Does the event require street closures? Yes No

If yes complete the following:

Date(s) of street closure: Begin (please see attached map) _____ End (please see attached map) _____

Time of street closure: Begin _____ End _____

List street(s) to be closed: Main Street, Grand Blvd, Lincoln to Adams (see map)

*A letter must be delivered to all residents that will be directly impacted by a road closure. Attach letter along with addresses to this application.

14. Will there be a parade? Yes No

If yes complete the following:

Street(s) that will be utilized for parade route: _____

N/A

Time assembly to begin: _____

Time parade starts: _____

Total number of units in parade: _____

Number of people in the parade: _____

Number of vehicles in the parade: _____

Number of animals in parade: _____

Number of floats: _____

Number of bands: _____

*Attach parade route map to application.

15. Will there be a running/walking/biking/water event? Yes No

If yes answer the following:

Time assembly to begin: _____

Time event starts: _____

Estimated ending time: _____

Event will be conducted on Streets Sidewalks Body of water

*Attach route map to application

16. Will a City dock be used for the event? Yes No

If yes, hours of use: _____

Location of dock: _____

List vendors who will use the dock: _____

*Any dock used for the event will need to remain open to the public during the event.

17. Please check the additional facilities you plan on using.

- Pavillion(s)
- Gazebo
- Amphitheatre (requires an additional rental fee)
- Peace Hall (requires an additional rental fee)

As the applicant, I hereby accept and understand the responsibility to oversee all contractors, vendors, or parties affiliated with the event and to insure compliance with the event policy and procedure manual, the resolution and City ordinance pertaining to Special Events, the event rules, guidelines, requirements, for tents and all policies, rules, regulations, and code provisions of the City of New Port Richey. I understand that any violations may result in immediate cancellation and revocation of the Event Permit. I further certify that all facts contained in this request are accurate.

For events on public property, I agree to obtain and furnish the City of New Port Richey with a certificate of general liability insurance in the amount of \$500,000.00 or greater as deemed by the City Risk Manager. The insurance must name the City of New Port Richey as an additional insured.

I understand incomplete applications or any outstanding financial obligations with any department within the City of New Port Richey may result in a denial of my request.

Signature of Applicant or Authorized Representative: *Theresa Duchman*
Date: 8/18/16

Subscribed and sworn to before me this 18 day of August, 2016
Who is personally known to me and/or produced _____ as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public: *Paul Jay Friedlander*



My Commission expires: 01/23/2017

Authorization for Applicant's Representative(s)

I Chip Wichmanowski, applicant, hereby authorize Liz Misemer to act as my representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representatives and agreements made by the designated representative.

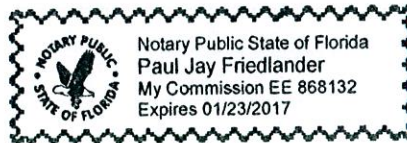
Signature of Applicant(s): *Chip Wichmanowski*

Date: 8/18/16

Subscribed and sworn to before me this 18 day of August, 2016
Who is personally known to me and/or produced _____ as identification.

STATE OF FLORIDA, PASCO COUNTY

Notary Public: *Paul Jay Friedlander*



My Commission expires: 01/23/2017

Hold Harmless Agreement

I West Pasco Chamber of Commerce, agree to protect the City of New Port Richey, Florida against all losses arising out of claims, in connection with the 2016 Cotee River Bike Fest.

Without limiting the generality of the foregoing, and all workmanship, actual or alleged infringement of any patent, trademark, copyright (or application for any thereof) or of any other violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder. The West Pasco Chamber of Commerce Further agrees to investigate, handle, respond to, provide defend any such claims, etc., at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims etc.) is groundless, false or fraudulent.

In any case in which such indemnification would violate any applicable legal prohibition, the foregoing provisions concerning indemnification shall not be construed to indemnify the City for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the City or its employees.

Certification:

I Chip Wichmanowski do certify that I am President

of West Pasco Chamber of Commerce, and that I am authorized to issue this hold harmless agreement; and that this hold harmless agreement is defined as an insured contract under a commercial general liability insurance policy currently in effect for the entity/organization.

Signature of applicant: 

Date: 8/18/16

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public _____

My Commission Expires: _____



Detail by Entity Name

Florida Not For Profit Corporation

WEST PASCO CHAMBER OF COMMERCE, INC.

Filing Information

Document Number	707904
FEI/EIN Number	59-0609498
Date Filed	09/30/1964
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	07/22/1980
Event Effective Date	NONE

Principal Address

5443 MAIN STREET
NEW PORT RICHEY, FL 34652

Changed: 05/14/1998

Mailing Address

5443 MAIN STREET
NEW PORT RICHEY, FL 34652

Changed: 01/12/2012

Registered Agent Name & Address

Wichmanowski, Henry G
5443 MAIN ST.
NEW PORT RICHEY, FL 34652

Name Changed: 02/07/2013

Address Changed: 05/14/1998

Officer/Director Detail

Name & Address

Title TD

SCHALLES, LARRY
5320 MAIN STREET
NEW PORT RICHEY, FL 34652

Title Chairman of the Board Elect

Shelton, Tina
10146 Shooting Star Court
New Port Richey, FL 34655

Title Chairman of the Board

Barley, Victoria
9108 U.S. Highway 19
Port Richey, FL 34668

Title P

Wichmanowski, Henry G
5443 MAIN STREET
NEW PORT RICHEY, FL 34652

Title 1st Vice Chair

Pontlitz, Derek
5728 Main Street
New Port Richey, FL 34652

Title Secretary

Bennett, Becky
7344 Little Road
New Port Richey, FL 34654

Title 2nd Vice Chairman

Schurdell, Steve
13825 US Hwy 19, Suite 400
Hudson, FL 34667

Annual Reports

Report Year	Filed Date
2014	03/31/2014
2015	03/18/2015
2016	03/29/2016

Document Images

[03/29/2016 -- ANNUAL REPORT](#)

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[03/18/2015 -- ANNUAL REPORT](#)

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[01/12/2012 -- ANNUAL REPORT](#)

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[03/04/2011 -- ANNUAL REPORT](#)

01/08/2010 -- ANNUAL REPORT	View image in PDF format
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02/05/2002 -- ANNUAL REPORT	View image in PDF format
02/08/2001 -- ANNUAL REPORT	View image in PDF format
06/02/2000 -- ANNUAL REPORT	View image in PDF format
04/26/1999 -- ANNUAL REPORT	View image in PDF format
05/14/1998 -- ANNUAL REPORT	View image in PDF format
04/29/1997 -- ANNUAL REPORT	View image in PDF format
04/18/1996 -- ANNUAL REPORT	View image in PDF format
04/19/1995 -- ANNUAL REPORT	View image in PDF format

West Pasco Chamber of Commerce
Cotee River Bike FestSM 2016
5443 Main Street New Port Richey FL 34652
727-842-7651



October 1, 2016

Dear Resident/Business Person,

The Cotee River Bike FestSM Committee has been working hard to make sure this year's celebration goes smoothly and is enjoyed by area residents as well as guests from out of town. **The Cotee River Bike FestSM will be held *Friday, October 7th^h from 5:00 p.m. - 11:00 p.m., Saturday, October 8th^h from 9:00 a.m. - 11:00 p.m.* and *Sunday, October 9th from 9:00 a.m. - 7:00 p.m.*** Please see the opposite side of this letter for a list and map of road closures, as well as other pertinent information.

As a New Port Richey resident or business person in the immediate area in which **Cotee River Bike FestSM** takes place, we wanted to let you know the **Cotee River Bike FestSM** is a fun and exciting event that will bring tens of thousands of people into the West Pasco area. The event will benefit the West Pasco Chamber of Commerce as well as many of our other local Non-Profit Organizations. An event of this magnitude helps to stimulate our local economy in the way of shopping, hotels, restaurants, bars, gas and much more.

We understand this event may create some temporary parking and traffic situations that can be frustrating, your patience is **GREATLY** appreciated.

On behalf of the West Pasco Chamber of Commerce and the **Cotee River Bike FestSM**, thank you again for your support and patience with these temporary inconveniences. We hope you join us for a weekend of great fun and entertainment.

Please check out www.coteeriverbikefest.org for complete event details!

Sincerely,

Cotee River Bike FestSM Committee

Chip Wichmanowski
President
West Pasco Chamber of Commerce
coteeriverbikefest@westpasco.com
727-842-7651

The Following Streets will be Closed at the Following Dates and Times

Friday, October 7, 2016

10:00 a.m. Bank Street to Grand Boulevard

2:00 p.m. Streets close to Motor Cycle Traffic Only (Except Vendor Set-up Vehicles) (Main Street Remain Open)
(See Map Below)

4:00 p.m. Main Street from Lincoln to Adams (except for Emergency and Event Vehicles)

11:00 p.m. Main Street Reopens. All other streets remain closed.

Saturday October 8, 2016

All streets remain closed (see Map) except Main St. from: 11:00 p.m. Friday to 9:00 a.m. Saturday

9:00 am: Main Street closes from Lincoln to Adams (Except for Emergency and Event Vehicles)

11:00 pm: Main Street reopens and all other streets remain closed (see map)

Sunday October 9, 2016

All streets remain closed (see Map) except Main St. from: 11:00 p.m. Saturday to 9:00 a.m. Sunday.

9:00 am: Main Street closes from Lincoln to Adams (Except for Emergency and Event Vehicles)

7:00 pm: Event concludes; All Streets Open





AGREEMENT FOR THE USE OF PASCO COUNTY CLEARSTREAM EQUIPMENT / MATERIALS

Pasco County freely shares materials, equipment and items with the community for use at community events. All such items are the property of Pasco County and must be returned in good condition. Items that are consumable are not required to be returned, but if there are items left over they shall be returned to Pasco County. The use of these items requires that the individual who signs this agreement be responsible for providing Pasco County with event information and verifiable recycling numbers. If any item, such as a ClearStream container, is lost or damaged, the borrower is responsible for replacement or repair. The Recycling Dept will determine on a case by case basis if a deposit is necessary for the use of this equipment.

NAME OF BORROWER: Cotee River Bike Fest 2016
Organization represented: West Pasco Chamber of Commerce
Address: 5443 Main Street
New Port Richey, FL 34652
Phone: 727-842-7651
Cell Phone: _____ **E-mail:** liz@westpasco.com
Alternate contact: Chip Wichmanowski (required)
Phone: 727-842-7651
Cell Phone: 727-514-8183 **E-mail:** chip@westpasco.com

Signature borrower: _____ **Date:** _____
Signature KPB: _____ (date of agreement)

Description of Item(s) borrowed:	Quantity 30 (plus 50 bags)
CLEARSTREAM CONTAINERS	

NOTE: If the equipment borrowed is **ClearStream Containers**, Pasco will supply the plastic bags for no charge. Please contact the Recycling office at (727) 856-4539
DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

RATE: \$1,950 **DOLLAR VALUE of equipment:** Clear Stream container value \$65.00 EACH
Date of equipment pickup: _____
Received by: _____
Date of equipment return: _____



PASCO COUNTY EVENT RECYCLING
NUMBERS REPORT FORM
FOR RECYCLING CONTAINERS

Name of event: Cotee River Bike Fest
Location of event: New Port Richey - Downtown
Date of event: Oct 7, 8-9, 2016 How many days: 3
Name of Group / Name of Team Leader: Chip Wichmanowski
Backup Team Leader: Liz Misemer
Phone number of team leader: 727-842-7651

Total Event attendance: 35,100

Number of volunteers that helped you at event: 80

How many bags of recyclables did you collect? _____

Or, tonnage from scalehouse weigh ticket: _____
(a copy of the scalehouse ticket is required)

How and where did you dispose of the recyclable bags? _____

A number report is required after every event. For those groups with semi-permanent loans, we reserve the right to request return of the containers should these reports not be forthcoming or if the containers have not been used for nine months or longer.

Send the report to Pasco County Recycling & Education
by FAX it Attn: Jennifer at (727) 856-4574
or scan it and e-mail to: jseney@pascocountyfl.net

MY EVENT RECYCLING PLAN

EVENT NAME: Cotee River Bike Fest

DATE(S) OF EVENT: October 7, 8th, 9, 2014

Pasco County

Recycling for events
funded by the Tourism
Development Council



MATERIALS

What will you recycle? Cans & plastic bottles

The easiest materials to recycle in Pasco are aluminum cans & plastic bottles. Secondly, paper and cardboard because there are several private companies that will take the material. You can also recycle cooking oil. You can recycle other materials, but it becomes harder to find a place to take them.

CONTAINERS

Number of recycling containers: 30

Describe recycling container: _____

ClearStream Containers

If you are borrowing, did you reserve? YES

The optimum is a recycling container for every trash container. First, focus on food courts, next the exits. Next, entrances & rest areas. Then if there are enough recycling containers, distribute to the rest of the event. Pasco has a container loan program.

COLLECTION

Where is your recycling collection area? _____

Throughout the event & park

Where will your recycling go after the event? _____

Volunteer will bring up Hayes Rd.

How will you count your recyclables? Volunteers

Keep trash and recycling dumpsters (areas) completely separate! Put lots of signage at recycling drop so that it cannot be mistaken for trash.

It's all about numbers. Count your full recycling bags or, if you're using a dumpster or roll off, get a scale house or truck weigh ticket from your event hauler.

SIGNAGE

What signage will you use for your recycling? _____

Sign Board will be made

Snipe signs along paths or next to food vendors. Bill boards for recycling containers? (ask Recycling)
Perhaps, banners for drop off area?

MONITORING THE CONTAINERS

Who will monitor and empty containers during event? Volunteers

Do you have CLEAR bags for recycling (ask Recycling)? yes

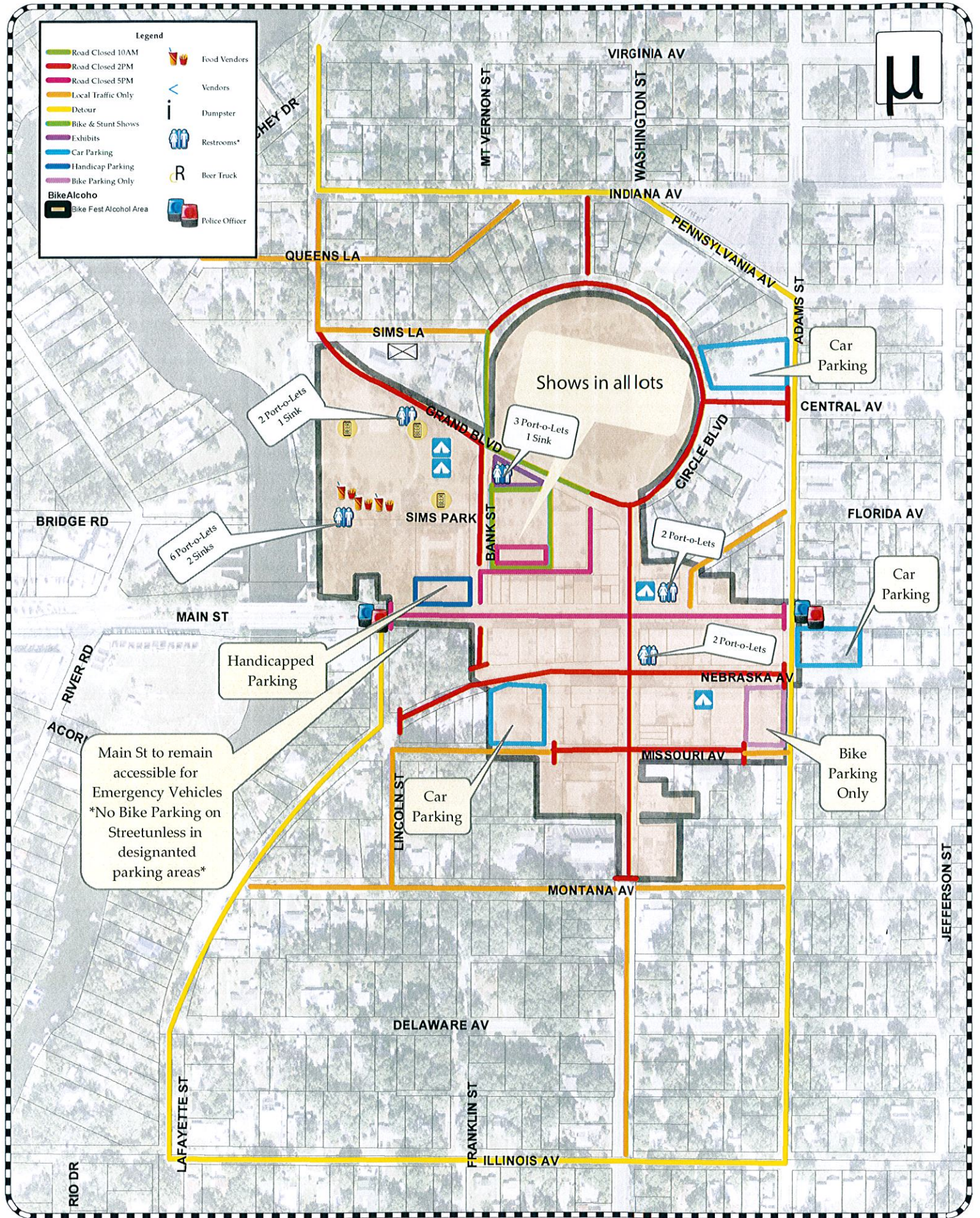
Volunteers will need to be trained to do recycling. They need to understand the difference between clear bags for recycling and black bags for trash.

PROMOTE RECYCLING!

Print "WE RECYCLE!" in your brochures. Put it on your website. Have your Master of Ceremonies announce it during the event. Be proud that your event is leading by example. *Thank you!*

Keep this plan handy to help you organize your recycling. Pasco County Recycling will help you in any way we can. Please return this planning form to Tourism as part of your funding application. Please e-mail a copy to jseney@pascocountyfl.net. (727-856-4539) *Jennifer L. Seney, Recycling Coordinator*

Bike Fest 2015 * October 9th-11th, 2015



* Total of 15 Port-o-Lets & 4 Sinks





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/19/2016

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 Crosslet Corporate / Ferraro 13246 38th St N Clearwater, FL 33762 Phone (727) 471-0818 Fax	CONTACT NAME: Karen V. Lauinger
	PHONE (A/C, No, Ext): (727) 471-0818 FAX (A/C, No):
	E-MAIL ADDRESS: clcarriers@crosslet.com
INSURED West Pasco Chamber Of Commerce, Inc. 5443 Main St New Port Richey FL 34652-2502	INSURER(S) AFFORDING COVERAGE INSURER A : Westchester INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
	NAIC # 10172

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	ADDD	SUBR	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 type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		SEV3246Q2016	10/07/2016	10/11/2016	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 1,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$
	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 <input type="checkbox"/> _____						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability	Y		SEV3246Q2016	10/07/2016	10/11/2016	\$1,000,000 Aggregate/\$1,000,000 Ea Claim

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

City of New Port Richey is named as additional insured with respects to the "Cotee River Bike Fest" held October 7th through October 9th, 2016, Sims Park, New Port Richey, Fl.

CERTIFICATE HOLDER

City Of New Port Richey
5919 Main Street
New Port Richey, FL 34652

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