



## SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Site Plan
<input type="checkbox"/>	Raffle Application
<input type="checkbox"/>	Temp. Liquor License
<input type="checkbox"/>	App
<input type="checkbox"/>	Event Application
<input type="checkbox"/>	Property Owner
<input type="checkbox"/>	Permission
<input type="checkbox"/>	Insurance Certificate

Please complete this form in its entirety. This application must be submitted a minimum of 90 days prior to the event.

Applications should be mailed, faxed or e-mailed to the Village of Long Grove:

Sherry Shlagman  
Village of Long Grove  
3110 RFD  
Long Grove, IL 60047  
847-634-9440  
Fax: 847-634-9408  
sshlagman@longgrove.net

Submittal Date: 01/11/2021 Date Received: \_\_\_\_\_

### EVENT INFORMATION

Event Name & Location(s): Horse Drawn Sleigh Rides

Description/Type of Event: Sleigh ride up to 15 passengers will travel up & down historic downtown streets. Ride last 10-15 mins

Event Date: 02/06/2021 02/13/2021 Hours: \_\_\_\_\_ to \_\_\_\_\_

#### Set Up for Event

Date: Daily Sign up sheets & waivers at visitors

Hours: Daily prior to each ride Center Hours: \_\_\_\_\_ to \_\_\_\_\_

#### Dismantling of Event

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

Hours: \_\_\_\_\_ to \_\_\_\_\_

Estimated Number of Attendees: 300

Estimated Number of Vendors: ✓

Sponsoring Organization: Historic Downtown Long Grove Business Association

Street Address: 308 Old McHenry Road

City: Long Grove

State: IL

Zip Code: 60047

Phone Number: 847-634-0888

Fax Number: \_\_\_\_\_

Contact Person: Jasmine Searcy

Phone Number: \_\_\_\_\_

E-mail Address: contact@longgrove.org

VILLAGE OF LONG GROVE  
3110 Old McHenry Road  
Long Grove, IL 60047  
847-634-9440

Include with this application the following:

- |                       |                   |  |
|-----------------------|-------------------|--|
| A. Security officers  | <u>          </u> | Hours <u>          </u> to <u>          </u> |
| B. Traffic officers   | <u>          </u> | Hours <u>          </u> to <u>          </u> |
| C. Parking Assistants | <u>          </u> | Hours <u>          </u> to <u>          </u> |

- A. Banners ☐ Yes ☐ No
- B. Temporary Signs ☐ Yes ☐ No
- C. Other (specify) \_\_\_\_\_

7. Indicate promotional materials and advertising to be used (check all that apply):

8. Please provide specifics as to the use of any mechanical or electronic rides, demonstrations, displays, music, etc.

- VILLAGE OF LONG GROVE  
3110 Old McHenry Road  
Long Grove, IL 60047  
847-634-9440

All the information submitted is as part of an application to the Historic Downtown Long Grove Business Association to obtain their recommendation to the Village Board to hold a specific event in the B-1 Historic Business District. The event date is for the upcoming year and all of the information is accurate to the best of my knowledge.

Please read this form carefully and be aware that in signing up and participating in this event you will be waiving and releasing all claims arising out of this program. In consideration of the Village sponsoring and providing the above event and accepting me as a participant in the above event, I agree as follows:

#### **ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY**

I have fully informed myself of all the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that they may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages, and losses that I may sustain as a result of participating in any and all activities connected with or associated with such event.

#### **WAIVER AND RELEASE OF CLAIMS FOR INJURY**

I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against the Village of Long Grove, the Historic Downtown Long Grove Business Association and their officers, agents, servants and employees, arising out of, connected with, or in any way related to, the event or my participation therein.

#### **INDEMNITY AND DEFENSE**

I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, Historic Downtown Long Grove Business Association and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the program or my participation therein. My signature also allows the use my photo for promotional purposes. My signature on this form indicates that I have read and understand the above Waiver and execute it of my own free will and without any reservation.

Jasmine Searey  
Signature of Applicant

01/13/2021  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/02/2020

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> Cook and Kocher Insurance Group 300 S. Northwest Highway Suite 208 Park Ridge IL 60068	<b>CONTACT NAME:</b> Michelle Wolff <b>PHONE (A/C, No, Ext):</b> (847) 692-9200 <b>FAX (A/C, No):</b> (847) 692-9299 <b>E-MAIL ADDRESS:</b> michellew@cookandkocher.com																					
<b>INSURED</b> HISTORIC DOWNTOWN LONG GROVE BUSINESS ASSOCIATION 308 OLD MCHENRY ROAD LONG GROVE IL 60047	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Hanover Insurance Company</td><td>22292</td></tr><tr><td>INSURER B:</td><td>Twin City Fire Insurance Co.</td><td>29459</td></tr><tr><td>INSURER C:</td><td>Donald Gaddis Company, Inc.</td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Hanover Insurance Company	22292	INSURER B:	Twin City Fire Insurance Co.	29459	INSURER C:	Donald Gaddis Company, Inc.		INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Hanover Insurance Company	22292																				
INSURER B:	Twin City Fire Insurance Co.	29459																				
INSURER C:	Donald Gaddis Company, Inc.																					
INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:** CL207205038**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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		OHCA986545	07/15/2020	07/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			OHCA986545	07/15/2020	07/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			OHCA986545	07/15/2020	07/15/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	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	83WECB09102	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Liquor Liability			LIQ101504.10	04/30/2020	04/30/2021	\$1,000,000

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

RE: Feb 6th Cocoa Crawl; Feb 13 Galentine's Day; Carriage Rides -Nov 21, 22, 27, 28, 29 and Dec 5, 6, 12, 13, 19, 20

The Certificate holder is named as additional insureds

**CERTIFICATE HOLDER****CANCELLATION**

Village of Long Grove 3110 Old McHenry Road  Long Grove IL 60047	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 
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.