



**SANTA ROSA COUNTY**  
**TOURIST DEVELOPMENT OFFICE**

JULIE MORGAN  
Tourist Development Director  
julie@santarosa.fl.gov

8543 Navarre Parkway | Navarre, Florida 32566

**TO:** Board of County Commissioners

**FROM:** Julie Morgan, Tourist Development Director

**DATE:** July 25, 2016

**SUBJECT:** Special Event Application for Holley Navarre Intermediate Color Run on Oct. 1, 2016 hosted by Holley Navarre Intermediate School Parent Teacher Organization.

**RECOMMENDATION**

Discussion that the Board of County Commissioners consider and approve the Special Event Permit application from the Holley Navarre Intermediate School Parent Teacher Organization to host Holley Navarre Intermediate Color Run on Oct. 1, 2016. The run will utilize 4<sup>th</sup> Street, Avenida De Sol, Vizcaya Dr., Casa De Oro St., Las Vegas Trail and Escola St.

**BACKGROUND**

The Holley Navarre Intermediate Color Run is a run/walk fundraiser for Friends and Families in the community to directly support local schools. It will promote physical activity among students and provide their families and friends of the community a fun atmosphere while bring the school, its students, and our community together.

**NEXT STEPS**

If approved by the Board of County Commissioners, staff will work with the applicant to finalize arrangements for the event.



# Special Event Permit Application

8543 Navarre Parkway • Navarre, FL 32566  
Phone: (850) 981-8900 Fax: (850) 981-8903

[tdo@santarosa.fl.gov](mailto:tdo@santarosa.fl.gov)

Instructions: To process an application, all pages must be filled out completely and submitted with payment. You may obtain department approvals by phone, email, or in person. For questions about requirements, fees, or the application process contact the Tourism Development Office.

## EVENT INFORMATION (PLEASE CHECK ALL THAT APPLY)

- CONCERT
- PARK FESTIVAL
- SALE/MARKET
- RUN/WALK
- FUNDRAISER
- PARADE/PROCESSION
- SPORTS EVENT
- FISHING EVENT
- PRIVATE EVENT
- PUBLIC EVENT
- OTHER \_\_\_\_\_

Event Name: HNI Color Run

Event Location: Holley Navarre Intermediate School Date(s) of Event: 1 Oct 2016 to 1 Oct 2016

Time of Event: Day 1 8:00 am to 12:00 pm Day 2 n/a to n/a Day 3 n/a to n/a  
(noon)

Set Up Date: 30 Sep 2016 Set Up Time: 2:30 pm Breakdown Date: 1 Oct 2016 Breakdown Time: 12:00 pm

Will an admission fee be charged?  YES  NO Admission Fee: \$25.00

Estimated Attendance: 2,000 /per day

Brief description of event:  
The HNI Color Run is a run/walk fundraiser for Friends and Families in our community to directly support our local schools. It will promote physical activity among our students and provide their families and friends of our community a fun atmosphere while bring our school, its students, and our community together.

## APPLICANT & EVENT ORGANIZER INFORMATION

- INDIVIDUAL
- NOT-FOR PROFIT
- FOR PROFIT
- CHARITY
- CHURCH
- OTHER

Name of Organization: Holley Navarre Intermediate School PTO

Address: 1936 Navarre School Road City: Navarre State: FL Zip: 32566

Phone: 850-533-6534 Email: president@hnispto.com

Point of Contact: Keri Pitzer

Below are questions about the event. Please answer all questions and attach additional documents, if necessary, to the application.

Note: If your event will attract less than 1,000 people per day, will not require reservation of county property other than a pavilion, community center, or auditorium, and will not involve the sale or consumption of alcohol, this Special Events Permit is not required. Applications to reserve the facilities described above can be found online at [www.santarosa.fl.gov](http://www.santarosa.fl.gov).

Do any of the following apply to your event? Check all that apply.

- Attendance of 1000+ people per day on public or private property? *Agritourism events on private property do not require this application.*
- Event located on public property or a county park?
- Alcohol use on county property?
- Alcohol use on public or private property at times or locations not otherwise allowed by county ordinance?

If the answer to any of the above is yes, your application must be approved by the Board of County Commissioners at a public meeting.

Does your event require the use of:

- County park pavilion?
- County-owned community center?
- County Auditorium?

Will restroom facilities be available on site?

If yes, describe: HNIS Facilities & Porta Potties

YES  NO

Will there be amplified sound?

If yes, times requested 8:30 am to 11:30 am

YES  NO

Will food or non/alcoholic beverages be sold or given away?

YES  NO

Will food be cooked at the event?

YES  NO

Will an admission fee be charged?

YES  NO

Will alcohol be sold or given away?

YES  NO

If yes, attach liquor liability insurance.

Will there be fireworks?

YES  NO

If yes, a pyrotechnics plan must be attached.

Will unimproved or off-site lots be used for parking?

YES  NO

If yes, a parking plan must be attached.

Will a county park be utilized?

YES  NO

If yes, attach park rental agreement.

Will vendors be selling merchandise, food, or wares?

YES  NO

If yes, attach vendor information form.

Will tents larger than 400 sq. ft. or multiple tents be erected?

YES  NO

If yes, attach tent permit.

Will an EMT be on site?

YES  NO

Will stages be erected?

YES  NO

Will your event be using state roads?

YES  NO

If yes, an MOT is required 60 days prior to your event.

Will you be submitting a local event/marketing grant application for your event?

YES  NO

If so, contact Nicole Dees at [NicoleD@santarosa.fl.gov](mailto:NicoleD@santarosa.fl.gov).

## Additional Required Documents

Below are documents that are required to be submitted with the application. Applications will be considered incomplete without these documents. For additional information about these documents please contact the special event office.

- Event Site Map or Race Route Map:** Event organizers must provide a **site map** with vendor locations, porta potties, run/walk route, etc.
- Insurance Certificate**  **FL Division of Corp Annual Report**  **Tent Permit**
- Tax Exempt Certificate and/or 501(c)3 Documentation if the entity is claiming tax exempt and/or non-profit status.**

Event organizers must receive approval from applicable departments below. Read the field of expertise to determine which applies to the event. When emailing staff please copy the special events coordinator assigned to the event.

| <u>Department &amp; Representative</u>   | <u>Contact Information</u>   | <u>Field of Expertise</u>  | <u>Contact Method</u>  | <u>Approval Received</u>   |
|--|--|--|--|----------------------------|
| <b>Sheriff's Office</b><br>Sergeant Rich Aloy<br><a href="mailto:RAloy@SRSO.net">RAloy@SRSO.net</a><br>Cell (850)-485-7084   | 5755 East Milton Rd<br>Milton, FL 32583<br>Office 850-983-1225                     | Street Closures; Traffic & Safety Plans; Event Site Maps; Parade Routes; Run/Walk/Bicycle Routes; Security | <input type="checkbox"/> EMAIL<br><input type="checkbox"/> PHONE<br><input type="checkbox"/> IN PERSON | _____ / _____<br>Month Day |
| <b>Emergency Management</b><br>Tom Lloyd, Operations Chief<br><a href="mailto:TomL@santarosa.fl.gov">TomL@santarosa.fl.gov</a><br>Cell 850-698-7401  | 4499 Pine Forest Rd<br>Milton, FL 32583<br>Office 850-983-4608                     | Fire Lane; Fire Truck; Outdoor Cooking / Grilling; Flame Activities; EMT Requirements                      | <input type="checkbox"/> EMAIL<br><input type="checkbox"/> PHONE<br><input type="checkbox"/> IN PERSON | _____ / _____<br>Month Day |
| <b>Tourist Development Office</b><br>Nicole Dees<br><a href="mailto:NicoleD@santarosa.fl.gov">NicoleD@santarosa.fl.gov</a>   | 8543 Navarre Pkwy.<br>Navarre, FL 32566<br>Office 850-981-8900<br>Fax 850-981-8903 | Tourism promotion  | <input type="checkbox"/> EMAIL<br><input type="checkbox"/> PHONE<br><input type="checkbox"/> IN PERSON | _____ / _____<br>Month Day |
| <b>Risk Management</b><br>Melissa Lloyd, Risk Manager<br><a href="mailto:melissal@santarosa.fl.gov">melissal@santarosa.fl.gov</a>  | 6495 Caroline Street,<br>Suite I<br>Milton, FL 32570<br>Office 850-983-1863        | Insurance Requirements; Alcohol Insurance; Live Animal Insurance; Liability Risks                          | <input type="checkbox"/> EMAIL<br><input type="checkbox"/> PHONE<br><input type="checkbox"/> IN PERSON | _____ / _____<br>Month Day |
| <b>Development Services</b><br>Tambre Lee or Amber Aaron<br><a href="mailto:tambrel@santarosa.fl.gov">tambrel@santarosa.fl.gov</a><br><a href="mailto:ambera@santarosa.fl.gov">ambera@santarosa.fl.gov</a> | 6051 Old Bagdad Hwy.<br>Milton, FL 32583<br>Office 850-981-7000                    | Permits for Large Tents, Stages & Platforms  | <input type="checkbox"/> EMAIL<br><input type="checkbox"/> PHONE<br><input type="checkbox"/> IN PERSON | _____ / _____<br>Month Day |
| <b>Parks</b><br>Tammy Simmons<br><a href="mailto:tammys@santarosa.fl.gov">tammys@santarosa.fl.gov</a>  | 6075 Old Bagdad Hwy.<br>Milton, FL 32583<br>850-983-1858 Phone<br>850-623-1331 Fax | Park Rentals   | <input type="checkbox"/> EMAIL<br><input type="checkbox"/> PHONE<br><input type="checkbox"/> IN PERSON | _____ / _____<br>Month Day |
| <b>Navarre Beach</b><br>Sonja Lusk<br><a href="mailto:Sonjal@santarosa.fl.gov">Sonjal@santarosa.fl.gov</a>   | 1411 Utility Dr.<br>Navarre, FL 32561<br>850-981-8888                              | Navarre Beach pavilion rentals   | <input type="checkbox"/> EMAIL<br><input type="checkbox"/> PHONE<br><input type="checkbox"/> IN PERSON | _____ / _____<br>Month Day |
| <b>Health Department</b><br>Herman Davies,<br>Environmental Supervisor II<br><a href="mailto:herman.davies@flhealth.gov">herman.davies@flhealth.gov</a>  | P.O. Box 929<br>Milton, FL 32570<br>850-983-5200 x318<br>Fax: 850-983-5278         | Portable toilet requirements   | <input type="checkbox"/> EMAIL<br><input type="checkbox"/> PHONE<br><input type="checkbox"/> IN PERSON | _____ / _____<br>Month Day |

I am aware of the rules and regulations as they pertain to special events and agree to abide by these rules and regulations. I understand that the event must adhere to all Santa Rosa County ordinances. I am duly authorized by the organization to submit this application on its behalf and agree to be financially responsible for any fees and costs that may be incurred by or on behalf of the event in Santa Rosa County. I certify that the information that I have provided on this application is true and to best of my knowledge. If the event details change, I agree to submit a revised application or provide additional information in writing at least 10 days prior to the event.

Name (please print): Keri Anne Pitzer

Signature: 

Date: 07-18-16

For and in consideration of having been granted permission by Santa Rosa County to hold a Special Event within the Santa Rosa County limits, the undersigned hereby agrees on behalf of the organization, to indemnify and hold harmless the county of Santa Rosa, its subsidiaries or affiliates, elected and appointed officials, employees, volunteers, representatives and agents from any and all claims, suits, actions, damages, liability and expenses in conjunction with loss of life, bodily injury or personal injury, or property damage, including loss of use thereof, directly or indirectly caused by, resulting from, arising out of or occurring in connection with this permitted activity.

The undersigned also agrees to protect and hold harmless the county of Santa Rosa, its subsidiaries or affiliates, elected and appointed officials, employees, volunteers, representatives and agents from any and all claims, suits, actions, damages, liability and expenses, present, past or future which may be asserted by this organization, or any member of this organization, or any participant of third party arising out of or occurring in connection with this permitted event.

By the signature to this document the undersigned acknowledges that it understands the contents of this document and is voluntarily agreeing to its terms.

In witness whereof I have here unto set my hand and seal this 18<sup>th</sup> day of July in 2016.

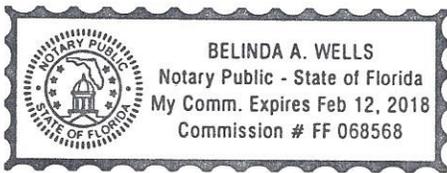
Name of Special Event HNI Color Run

Date(s) of Special Event 1 October, 2016

*Belinda Wells*  
Notary Signature

HNIS PTO  
Name of Organization

Keri Anne Pitzer  
Printed Name



(STAMP)

*[Signature]*  
Signature of Legally Authorized Representative

HNIS PTO President  
Title

It is understood that clean-up will be performed immediately following the event. Clean-up includes but is not limited to the removal of all garbage, signs, banners, tents, and traffic control devices (i.e. cones, barrels, signs, barricades, and changeable message signs) from the event area, public right-of-way, and/or county property.

Event Name: HNI Color Run

Date(s) of Event: 1 October, 2016

Event Location: Holley Navarre Intermediate School

Method of Clean Up:  Self Clean Up  Volunteers (describe)  
The HNI PTO Board and HNI staff will lead event clean up and break down. The HNI PTO Board will be in charge of organizing additional volunteers dedicated to event clean up.

If performing self clean up or using volunteers contact information must be provided for the person in charge of overseeing the clean up.

Contact Name: Keri Pitzer

Contact Phone Number: 850-533-6534

Keri A. Pitzer  
Printed Name

18 July 2016  
Date

  
Signature—Responsible Party

Initial

*KAP*

User agrees to provide full cleanup and accomplish reasonable cleanup of the rented park area utilized. This cleanup operation shall be completed by 12:00 noon on the day following the event unless another event is scheduled in the park (then cleanup must be completed directly following User's event). If trash receptacles provided by the county are full, User agrees to dispose of refuse/trash. If the User fails to remove all trash/refuse from the event site, the User will be billed for all fees incurred Santa Rosa County to remove said trash/refuse from the site.

*KAP*

User shall be liable for any and all damage done to the property covered by this agreement located in and on the rented park area, regardless of who causes such damage or how such damage is caused, during the period of use contained in this agreement. Further, User shall agree to defend, indemnify and hold-harmless the county, its officials, employees, and representatives for any and all claims caused by or arising out of, in whole or in part, the activities permitted by this agreement.

*KAP*

I hereby attest that the information contained in this contract is true and correct. I agree: (1) if any of the information contained in the contract is found to be false; or (2) should my conduct, or the conduct of any participants or guests not be described in the contract; or (3) should any applicable county, state or federal rules, regulations, codes or laws be violated, this contract shall automatically become null and void and any activity associated with this reservation will immediately cease. If the event has not taken place, the contract will be cancelled.

|            |                       |
|------------|-----------------------|
| Print Name | Keri A. Pitzer        |
| Sign Name  | <i>Keri A. Pitzer</i> |
| Date       | 18 July, 2016         |

### Additional Documents from Applicant

If this park is being rented by a tax exempt or non-profit organizations the following documents must be submitted with this application.

501(c)3 Documentation  YES  NO - Tax Exempt Certificate  YES  NO

### Questions

Will tents larger than 400 sq. ft. or multiple tents be erected at event?  YES  NO - Will stages be erected at event?  YES  NO - Will animals/pets be allowed at event?  YES  NO - Will alcoholic beverages be sold or given away at event?  YES  NO - Will food or beverages be sold or given away at event?  YES  NO - Will there be amplified sound?  YES  NO - Will food be cooked at the event?  YES  NO - Will you require use of utilities on-site (water, electricity)?  YES  NO - Which?  WATER  ELECTRICITY

Provide additional information for all YES answers marked on this agreement.

*The HNI PTO Board is looking into renting a stage for the event DJ and Color Run Coordinators. Food and Beverages will be sold in support of the fundraiser. The HNI Color Run will utilize amplified sound for general crowd direction as well as for event music and announcements. Food will be cooked by a third party and sold at the event in support of the fundraisers. On-site water and electricity will be used for clean up and sound amplification, respectively.*

#### OFFICE USE ONLY

Agreement Received - Date: \_\_\_\_\_

Fee Paid -  YES  NO  CASH  CHECK  CHARGE Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Additional Documents Received (if applicable)  501(C)3  TAX EXEMPT CERTIFICATE  INSURANCE CERTIFICATE  TENT PERMIT  SPECIAL EVENT PERMIT APPLICATION  OFFSITE PARKING PLAN

County Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## Application Due Dates

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- A completed Special Events permit application is due to the Special Events office at a minimum of 60 days prior to the event date. Applications submitted after the deadline may be subject to denial of permit.
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## Cancellation Policy

- No permit fees will be refunded if the event is cancelled before or after the scheduled event date.
  - Although permit fees are non-refundable, if an event is cancelled due to inclement weather, the permit fee can be credited towards and alternate date. Event organizers must be in touch with the Special Event Office before the scheduled event date or no more than three business days following the scheduled event date to reschedule. The alternate date must be within eight months of the original scheduled event date.
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## ADA Accessibility Guidelines

- Event Organizers must make the event accessible to people with disabilities to the greatest extent possible in compliance with the requirements of the Americans with Disabilities Act (ADA). If the event calls for portable restroom facilities, 5% of the total number of portable restroom units and at least one in each grouping of units must be accessible to persons with disabilities.
  - Accessible parking must be provided for persons with disabilities. Depending on the location, county-designated accessible parking lots must be utilized for accessible parking for the event. Information regarding accessible parking locations should be included as part of the event advertising and clearly marked at the event site. At a minimum, all event personnel and volunteers should be aware of the locations of accessible parking to direct persons with disabilities and handicap tags to the appropriate parking areas.
- 

## Use of State Roads

- Any event that requires the use of a state road must complete the appropriate paperwork and submit it to the Special Events office at a minimum of thirty (30) days prior to the event date.
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**In General:**

The Event Organizer/Applicant is required to provide liability insurance with coverage limits that depend upon the size, scope and location of the event. The insurance policy must include coverage for all Event Organizer/Applicant approved event activities, including those activities being provided by third party vendors. The policy must be for the dates of the event, including set-up and take-down days. Liquor Liability Insurance (if alcohol is sold) or Host Liquor Liability Insurance (if alcohol is given away) must be provided if alcohol is to be present at the event.

**Insurance Requirements:**

No proof of insurance will be required for a group or organization using a Santa Rosa County facility for a meeting if all of the following criteria is met:

- There is no charge to attend or participate
- There are no sales or solicitation for sales
- There are no display booths
- No alcohol is served
- No animals (livestock, reptiles, etc.) are present
- No large or dangerous equipment is present or used

**Insurance Limits:**

Minimum limits for event liability insurance are \$300,000 per occurrence and in the aggregate. However, most events will require minimum limits of \$1,000,000 per occurrence and in the aggregate depending upon the scope of the event. The minimum limit for Liquor or Host Liquor Liability Insurance is \$1,000,000 each common cause and in the aggregate.

**Additional Insured Status:**

Santa Rosa County must be listed as an additional insured on all insurance coverage. Other additional insured entities may be required, depending on the scope or location of the event.

**Certificate of Insurance:**

A certificate of insurance evidencing the required insurance should be sent a minimum of 10 days prior to the event.

The certificate may emailed to [melissal@santarosa.fl.gov](mailto:melissal@santarosa.fl.gov).

The certificate holder should read:

Santa Rosa County  
Risk Management  
6495 Caroline Street, Suite 1  
Milton, FL 32570

**County Code**

In the event of any conflict between any provision of this summary document and County Code, the County Code takes precedence.

**Pet Friendly Events, Large Banners, Stages, etc.**

Coverage must be provided for all activities associated with the event.

**Questions?**

Please contact Santa Rosa County Risk Management at 850-983-1863 with any questions. Feel free to have your insurance company contact Risk Management directly regarding your event if you prefer.





## Consumer's Certificate of Exemption

DR-14  
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

|                    |                |                 |                    |
|--------------------|----------------|-----------------|--------------------|
| 85-8013976339C-6   | 05/21/2015     | 05/31/2020      | PARENT/TEACHER ORG |
| Certificate Number | Effective Date | Expiration Date | Exemption Category |

This certifies that

HOLLEY NAVARRE INTERMEDIATE SCHOOL  
 PARENT TEACHER ORGANIZATION  
 1936 NAVARRE SCHOOL RD  
 NAVARRE FL 32566-7504

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/3/2015

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).

|   |   |              |
|---|---|--------------|
| <b>PRODUCER</b><br>Bene-Marc, Inc.<br>6301 Southwest Blvd., Suite 101<br>Fort Worth, TX 76132<br>(800) 247-1734   | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____<br>E-MAIL ADDRESS: _____ |              |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>  |              |
| <b>INSURED</b><br>School Support Purchasing Group/School Family Media<br>All of their Members and the Officers, Directors & Volunteers<br><br><b>HNIS PTO</b> | INSURER A : Philadelphia Insurance Company  | NAIC # 18058 |
|   | INSURER B : AXIS Global Accident & Health   | 37273        |
|   | INSURER C :   |              |
|   | INSURER D :   |              |
|   | INSURER E :   |              |
|   | INSURER F :   |              |

**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 INSR                           | SUBR WVD                 | POLICY NUMBER        | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-------------------------------------|--------------------------|----------------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PHPK1339887          | 9/17/2015               | 9/17/2016               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000*<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>*Medical Exp for Spectators Only |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  |                                     |                          |                      |                         |                         |   |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |                                     |                          |                      |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED \$ RETENTION \$  |                                     |                          |                      |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |                                     |                          |                      |                         |                         | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| B        | Excess Accident Medical  |                                     |                          | SRPO-30002-4002-0001 | 9/17/2015               | 9/17/2016               | Limit \$25,000/Deductible \$0/AD&D \$10,000   |

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

Coverage also includes:

Policy Eff Policy Exp

A Directors &amp; Officers Liability - #PHSD1045013: Limit \$1,000,000/\$2500 Retention 9/17/2015 9/17/2016

**CERTIFICATE HOLDER****CANCELLATION**

Holley Navarre Intermediate School - 15631

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

Holly Navarre Intermediate School  
1936 Navarre School Road  
Navarre, FL 32566  
Phone (850) 936-6020  
Fax (850) 936-6026

HNI Website



*Beth Mosley*  
*Principal*

*Tina Howard*  
*Assistant Principal*

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July 18, 2016

Board of County Commissioners  
6495 Caroline St., Suite M  
Milton, FL 32570

Dear Commissioner Williamson and Board,

I would like to express my support for the Holley-Navarre Intermediate PTO to sponsor a community Color Run on October 1, 2016. The Color Run will begin at HNI and the course will include the residential streets to the east of the school. All "color" will be applied to the runners at the conclusion of the race on school property.

The PTO president, Keri Pitzer, and the board have worked closely with administration to plan all aspects of this community event to ensure its successful implementation. I have worked with the surrounding schools and businesses to secure adequate parking for the anticipated number of vehicles. PTO will continue to work with the Santa Rosa Sheriff's office to provide security and traffic control during the run. In addition to parking and traffic control, we plan to provide additional restroom facilities and food vendors on our school-site.

As a Title I school with 48% of students on free or reduced lunch, this event will not only serve as a fundraiser, but will support our school's priority to strengthen the ties with our families and our community.

Thank you in advance for considering this school event for your approval.

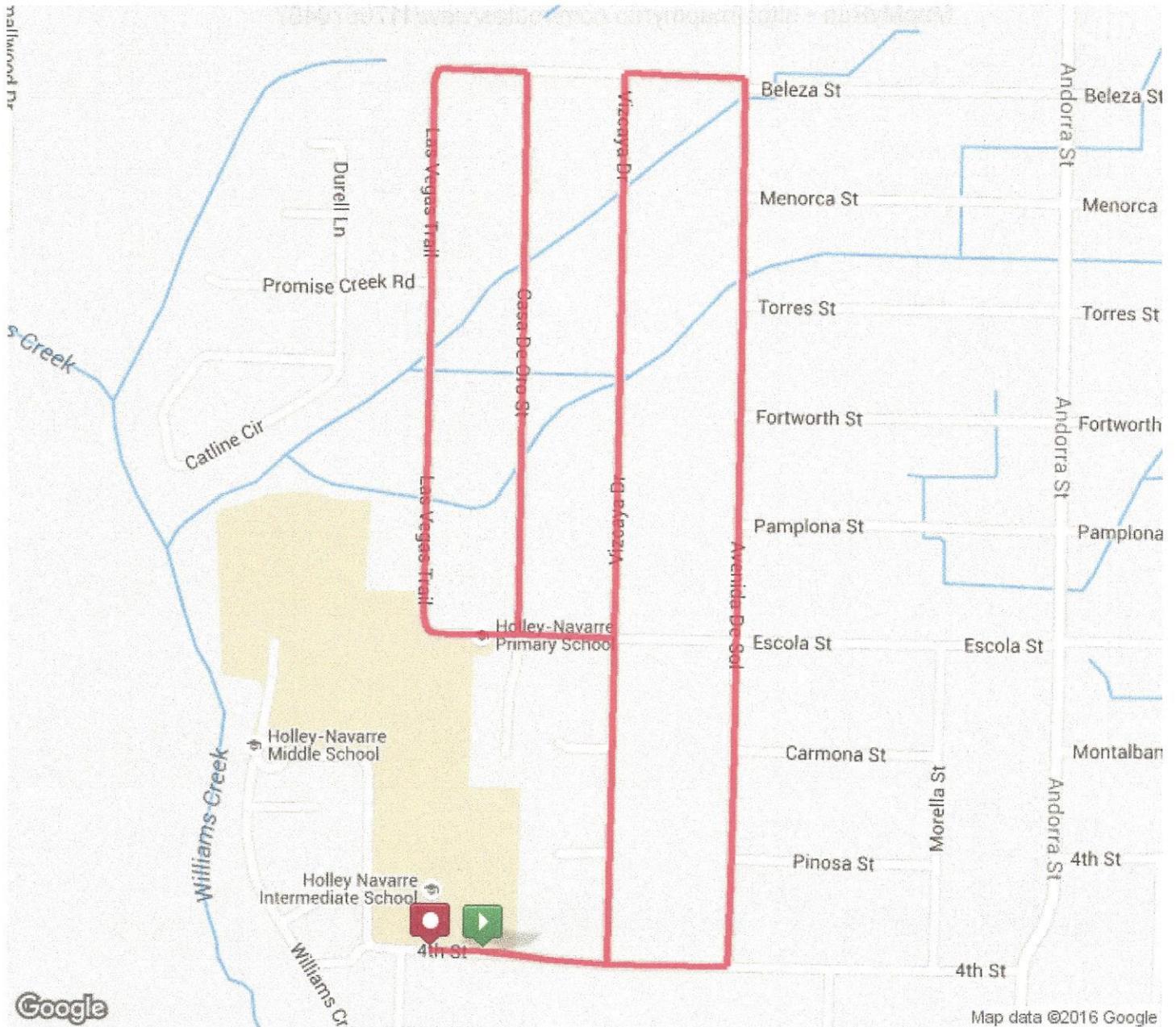
With greatest respect,

  
Beth Mosley



**HNIS Color Run/Walk**  
 Distance: 3.06 mi  
 Elevation: 24.82 ft (Max: 47.77 ft)

mapmyrun



ELEVATION (ft)



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