



## FACILITY USE PERMIT APPLICATION

<b>Renter Information</b>	<i>Applicant Name (hereinafter "Renter"):</i> Alpine Loop Gran Fondo Cycling Event		<i>Today's Date:</i> 11/21/19	
	<i>Authorized Agent for Applicant: (may be the same as the applicant)</i> Erin Bishop for Bishop Racing LLC			
	<i>Phone:</i> 540-246-7673		<i>Fax:</i> NA	
	<i>Email:</i> Erin@AlpineLoopGranFondo.com			
	<i>Address:</i> 331 New York Avenue		<i>City:</i> Harrisonburg	
			<i>State:</i> VA	<i>Zip:</i> 22801

  

<b>Rental/Event Information</b>	<i>Facility Requested: (include room location if applicable)</i> Turner Pavilion		<i>Date(s) Requested:</i> 9/26/20 & 9/27/20	
	<i>Hours of Rental:</i> 9/26: 2-9PM, 9/27: 7AM-7PM		<i>Set-up Time to Begin:</i> 9/26: 2PM    9/27: 5AM	
	<i>Clean Up Time to End:</i> 9/27: 9PM			
	<i>Type of event to be held (i.e. baby shower, birthday party, family reunion etc.):</i> Cycling Event Registration and Finish Line Festival		<i>Anticipated Attendance: (Required)</i> 600	
	<i># of Tables:</i> 24	<i>Ongoing Rental?</i> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<i>Participation Fee Charged?</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>Vendors?</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i># of Chairs:</i> 240	If yes, number attending: <b>TBD</b>			

  

<b>Additional Event Information</b>	<p>For a complete listing of the rules and regulations for use of a facility owned and/or managed by the City of Harrisonburg Parks and Recreation Department, see the attached <b><u>Facility Use Policy</u></b>.</p> <p>Should any of the services below be self provided, please write the word "SELF" on the blank line.</p> <p><b><i>Please check all that apply &amp; provide the name of the company and the contact information for the company providing these services on the corresponding blank line:</i></b></p>			
	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Inflatable Device(s) _____ (Allowed in designated facilities only)</div> <div><input checked="" type="checkbox"/> Music (Recorded) <b>Self</b></div> <div><input checked="" type="checkbox"/> Music (Live) <b>Performers TBD, Local professional audio team TBD.</b></div> <div><input checked="" type="checkbox"/> Amplifying Devices Or Loud Speakers <b>Local professional audio team TBD.</b></div> <div><input type="checkbox"/> Audio/Visual Equipment _____</div> <div><input checked="" type="checkbox"/> Catered Event <b>Hank's Grille &amp; Catering Services (540) 289-7667</b></div> <div><input type="checkbox"/> Other _____</div> </div>			

<b>Facility Rental Insurance Requirements</b>	<p><b>Applicant Name (Organization or Individual):</b> <u>Alpine Loop Gran Fondo</u></p> <p><b>Insurance is required and must be submitted in advance for:</b></p> <p><input type="checkbox"/> An ongoing rental permit</p> <p><input type="checkbox"/> Service(s) being provided by a third party/vendor (e.g. caterer, DJ, bounce house)</p> <p>Without limiting PERMIT APPLICANT'S indemnification of the CITY, and during the term of this Agreement, PERMIT RENTER shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY and be with an insurer with an A.M Best rating of A- or better.</p> <p>Certificates or other evidence of coverage shall be delivered via email, fax or US mail.</p> <p><b>Certificate Holder must read:</b></p> <p style="text-align: right;"><b>City of Harrisonburg 409 S. Main Street Harrisonburg, VA 22801</b></p> <p>Such certificates or other evidence of coverage must be delivered prior to commencing performance under this Permit and shall contain the express condition that the CITY is to be given written notice of at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.</p>					
	<p><b>Applicants are required to evidence the following Insurance to the City:</b></p> <table border="0"> <thead> <tr> <th><u>Insurance Coverage Type</u></th> <th><u>Limit of Liability Required</u></th> </tr> </thead> <tbody> <tr> <td><b>Commercial General Liability</b></td> <td>Each Occurrence \$1,000,000 Aggregate \$2,000,000</td> </tr> <tr> <td><b>Workers Compensation</b></td> <td>May be required of applicants with 3 or more employees.</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• All insurance policies evidenced to the City shall name the City of Harrisonburg as an Additional Insured</li> <li>• Additional Insured Endorsement issued by the insurance company to show the Additional Insured addition was made to the policy.</li> <li>• The City of Harrisonburg reserves the right to require additional types of insurance coverage or higher limits of liability for any event. This determination will be made by the Risk Manager.</li> </ul>	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	<b>Commercial General Liability</b>	Each Occurrence \$1,000,000 Aggregate \$2,000,000	<b>Workers Compensation</b>
<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>					
<b>Commercial General Liability</b>	Each Occurrence \$1,000,000 Aggregate \$2,000,000					
<b>Workers Compensation</b>	May be required of applicants with 3 or more employees.					
<b>If Applicant Does Not Have Insurance</b>	<p><b>Alternatively, Applicants may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City. Go to:</b></p> <ol style="list-style-type: none"> <li>1. <a href="https://tulip.onebeaconentertainment.com/e/tulip/apply.aspx">https://tulip.onebeaconentertainment.com/e/tulip/apply.aspx</a></li> <li>2. <b>Enter facility code:</b> 4750-163</li> <li>3. <b>Describe event or activity from drop-down menu options</b></li> </ol>					

The undersigned hereby acknowledge that a copy of the **Facility Use Policy** containing the rules and regulations for use of facilities owned and/or managed by the City of Harrisonburg Parks and Recreation Department has been received and read. The undersigned understands and agrees to abide by these rules & regulations governing the use of the Facility being rented.

The undersigned person executing this Application on behalf of the Applicant represents and warrants that he/she has full authority to sign this Application on behalf of the applicant and that he/she has the authority to fully bind the Applicant to the terms and conditions set forth in this Application and the Facility Use Policy.

Erin Bishop  
Print Name of Authorized Signatory

11/21/2019

Date

Sign Name of Authorized Signatory

11/22/19  
Title

**Internal Use only:**

Approved: ☒ YES ☐ NO

Permit # 28870

Date Received: 11/21/19

Date of Rental: 9/26-9/27/20

Date Insurance Submitted: \_\_\_\_\_

Security Deposit: 50<sup>00</sup>

Rental Fee: 250<sup>00</sup>

Date Insurance Approved: \_\_\_\_\_

Fees Paid (circle one): (Yes) No

Insurance Compliance Documentation is Attached (circle one): Yes (No)

-will provide proof to event  
-2019 proof provided.

Facility Supervisor: Erik Dart  
Print Name

[Signature]  
Signature

Date: 12/3/19



# FACILITY SALES RECEIPT



**Receipt #** 569589  
**Payment Date:** 12/03/2019  
**Household:** 14373

ERIN BISHOP  
 331 NEW YORK AVENUE  
 HARRISONBURG VA 22801

Comm Activity Cntr  
 305 S. Dogwood Drive  
 Harrisonburg VA 22801  
 Phone: (540)433-2474 Ext: 2443  
[www.harrisonburgva.gov/parks-recreation](http://www.harrisonburgva.gov/parks-recreation)

## Reservation Updated: Turner Pavilion, Turner Pavilion

	<u>New Fees</u>	<u>Total Fees</u>	<u>New Paid</u>	<u>Total Paid</u>	<u>Amount Due</u>
Reserv. Contact: <b>Erin Bishop</b>	0.00	250.00	250.00	250.00	0.00
Phone Number: <b>(540)246-7673</b>					
Reserv. Number: <b>28870</b>					
Status: <b>Firm</b>					
Purpose: <b>Alpine Loop Gran Fondo Cycling Event</b>					
Anticipated Count: <b>600</b>					
Date(s): <b>Sun @ 7:00am - 7:00pm: 9/27/20</b>					
<b>Sat @ 2:00pm - 9:00pm: 9/26/20</b>					
Special Questions: <b>Reservation Comments:</b>					

Processed on 12/03/19 @ 8:46am by CEL

Total New Fees	0.00
Discount Applied	0.00
Total New Taxes	0.00
Old Balances Included	250.00
<b>Total Due</b>	<b>250.00</b>
 Total Fees Paid	 250.00
Total Taxes Paid	0.00
<b>Total Paid</b>	<b>250.00</b>

## Household Balance Information

Overall Household Credit Balance Available	0.00
Overall Household Balance Due	0.00

Payment of: 250.00 Made By: Check With Reference: Bishop; 1783



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/27/2019

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> Specialty Advantage Insurance Services 1100 Glendon Ave. Suite 900 Los Angeles, CA 90024	<b>CONTACT NAME:</b> TULIP Administrator <b>PHONE (A/C, No, Ext):</b> (800) 507-8414 <b>E-MAIL ADDRESS:</b> tulip@onebeacon.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Atlantic Specialty Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 27154
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**COVERAGES** **CERTIFICATE NUMBER:** 159440 **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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		GL04750-01	09/28/2019	10/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ None PRODUCTS - COMPI/OP AGG \$ 1,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Third Party Property Damage</b>	X		PF01481-01	09/28/2019	10/01/2019	Limit 1,000,000 Deductible 1,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Alpine Loop Gran Fondo Finish Line Festival  
09/28/2019, 09/29/2019, 09/30/2019

<b>CERTIFICATE HOLDER</b> Virginia Local Government Risk Agency, LLC P.O. Box 3239 Glen Allen, VA 23058-3239  City of Harrisonburg 409 S. Main Street Harrisonburg, VA 228013610	<b>CANCELLATION</b>  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 
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USACYCL-19

MRODRIGUEZ

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2019

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> Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102	<b>CONTACT NAME:</b> Fairly Group Certificates	
	<b>PHONE (A/C, No, Ext):</b> (806) 376-4761	<b>FAX (A/C, No):</b> (806) 337-1859
	<b>E-MAIL ADDRESS:</b> certs@fairlygroup.com	
<b>INSURED</b>  USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Lexington Insurance Company</b>	
	<b>NAIC #</b>	
	<b>19437</b>	
	<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	X		015375404	12/31/2018	12/31/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
							MED EXP (Any one person) \$ <b>Excluded</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>3,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<input checked="" type="checkbox"/> OTHER: <b>Per Event</b>						
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Job 2019-2305

Endorsement LEXDOC021 (LX0404) SCHEDULE OF NAMED INSUREDS: Event Organizers and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC Event Permit Application and coverage will be afforded only for the specific event and date(s) on the permit.

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between a named insured and the certificate holder that requires such status. Please see attached endorsement LX4309 SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

City of Harrisonburg Virginia  
409 South Main St, 22801.  
Harrisonburg, VA 22801

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

AGENCY CUSTOMER ID: USACYCL-19

MRODRIGUEZ

LOC #: 1**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Fairly Consulting Group, LLC		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:  
(06/14) - Additional Insured - Designated Person or Organization.

Event Number: 2019-2305  
Event Name: Alpine Loop Gran Fondo  
Event Location: Harrisonburg, VA  
Event Date(s): 09/29/2019

## ENDORSEMENT

This endorsement, effective 12:01 AM 12/31/2018

Forms a part of policy no.: 015375404

Issued to: USA CYCLING, INC.

By: LEXINGTON INSURANCE COMPANY

### ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG2026 04/13)

This endorsement modifies insurance provided by the following:

#### COMMERCIAL GENERAL LIABILITY POLICY

#### SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

#### AS REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

A. **Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or



2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

All other terms and conditions of the policy remain the same.



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Authorized Representative