



CHARITABLE SOLICITATIONS SPECIAL EVENT PERMIT APPLICATION

Community Development • Planning & Building
2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501-4477
alamedaca.gov
510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538
Hours: 7:30 a.m.–3:30 p.m., M–Th

Allow five business days to process permit

Attached is an application form for authorization to allow charitable solicitations in the City of Alameda. Included with this application is a list of general conditions which may or may not apply to your activity. Please review these conditions along with the application and **answer all questions completely**. Please call (510) 747-6800 if you have any questions.

1. Complete the **attached Application** form using blue or black ink only.
2. Complete the attached **Indemnity and Hold Harmless Agreement**. The City of Alameda must be indemnified against any and all property damage or bodily injury, which may occur. The applicant assumes all responsibility.
3. **Certificate of Insurance and Endorsement for General Liability Coverage** naming the City of Alameda as Additional Insured in the amount of \$2 million for the duration of the activity. (See attached examples.) **Insurance for your block party may be purchased online** (please see *Special Event Insurance Purchase and Requirements*).
4. **Applicant** must have an active business license for the City of Alameda.
5. **Applicant** must provide a copy of the State nonprofit status.
6. **Application fee of \$**_____

Return your completed application in person along with the items listed above to the Permit Center, Room 190, 2263 Santa Clara Avenue, Alameda from 7:30 a.m. to 3:30 p.m. Monday through Thursday. A Permit Technician will accept your application and fee, and route your application to the appropriate City departments for approval. **Please note:** our office is closed on Friday.

After all approvals are received in the Permit Center, you will be contacted to read and sign the Special Event Conditions of Approval Form prepared for your Special Event.

CHARITABLE SOLICITATIONS APPLICATION

1. _____
Address (Street, City, State, Zip) Phone

Hereby makes application of a permit to solicit for charitable purposes under provisions of Ordinance No. 2689 N.S. §1 of the City of Alameda.

2. The principal officers and managers of this organization are:

Name Title

Home address (Street, City, State, Zip)

3. The purpose for which the proposed solicitation is to be made is (describe fully):

4. Use or disposition of receipts (describe fully):

5. Method(s) to be used in conducting proposed solicitation (describe fully):

6. Persons in direct charge of conducting solicitations:

Name Phone

Address (Street, City, State, Zip)

7. Promoters connected to or to be connected with proposed solicitation:

| | |
|------------------------------------|-------|
| Name | Phone |
| Address (Street, City, State, Zip) | |

8. Period for which permit is requested:

| | |
|------|------|
| Date | Date |
|------|------|

9. The following must be provided along with this application:

- a. A certified copy of the original resolution, if any, authorizing such solicitation.
- b. A full statement of the character and extent of the charitable or religious work being done by the applicant in Alameda.
- c. A copy of the credentials used to agents and solicitors complying with section 5.20.11 requirements.
- d. A detailed statement of the reason(s) why any information required in this application cannot be furnished.

10. Sworn statements by applicant:

- a. Applicant agrees to notify the Building Official in writing within twenty-four (24) hours of any change in fact, policy, or method that would alter information given in this application while said application is pending or during the term of any permit granted.
- b. Applicant must furnish such additional information that may be required by the Building Official to determine the kind and character of the proposed solicitation and whether such solicitation is in the interest and not adverse to the public welfare.
- c. Applicant hereby certifies that if permit is granted, it will not be used or represented in any way as an endorsement by the City of Alameda, or by any department or officer thereof.
- d. Applicant hereby certifies that no person participating in the charitable solicitation has been convicted of fraud, theft, or other similar crime.

All of the above statements are true to the best of my knowledge, information and belief.

Subscribed and sworn to before: _____
Signed

This _____ day of _____
Date Month, Year

FOR OFFICE USE ONLY

Filed with Building Services on: _____
Date

Action of Building Official: Granted Denied

Permit Number: _____ Date: _____

REQUIRED ATTACHMENTS FOR THIS APPLICATION

| FORM ID | FORM NAME | NO PAGES |
|----------------|---------------------------------------|-----------------|
| SE1 | Indemnity and Hold Harmless Agreement | 1 |
| SE8 | Insurance Requirements | 4 |



INDEMNITY AND HOLD HARMLESS AGREEMENT (SE1)

Community Development • Planning & Building
2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501-4477
alamedaca.gov

510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538
Hours: 7:30 a.m.–3:30 p.m., M–Th

whose address is _____

(hereinafter "Indemnitor") in consideration of _____

agrees to the following terms and conditions:

Indemnitor shall defend, indemnify, and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, regardless of the merit of outcome of any such claim or suit arising from or in any manner connected to the event, services, or work conducted or performed pursuant to this Agreement and Permit.

Indemnitor shall defend, indemnify and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, accruing or resulting to any and all persons, firms, or corporations, furnishing or supplying work, services, materials, equipment, or supplies arising from or in any manner connected to the services or work conducted or performed pursuant to this Agreement and Permit.

By the signature below, Indemnitor agrees that it has read this Indemnity and Hold Harmless Agreement and accepts and agrees to each and every term and condition herein.

The signatory below warrants that he/she is authorized by the Indemnitor to execute on its behalf this Indemnity and Hold Harmless Agreement.

INDEMNITOR:

Date: _____

By: _____

Print Name: _____

Title: _____

SPECIAL EVENT INSURANCE PURCHASE AND REQUIREMENTS

There are two options for obtaining Special Event insurance.

Option 1: Online Purchase

Go to the CJPRMA website below and scroll to the Special Event Insurance link on the bottom left hand corner of the website page and follow the instructions to obtain a printed Certificate of Insurance and Additional Insured Endorsement. Please have your credit card ready.

Go to www.cjprma.org and in the bottom left column, click on the Special Event Insurance Secure Online Application button.

Please note: Block parties are classified as “parties”. If you know in advance that your block party will involve “BYOB” (beer, wine, or liquor), please call Brigitt Whitescarver directly for quote, at: **(503) 977-5648**.

Inflatable devices/“bounce houses”: Please see additional instructions. If you have any problems accessing the website or no response, please call Sara Mullikin at (503) 977-5656 with Gales Creek Insurance Services, or email her at sara@galescreek.com.

Option 2: Provide Proof of Certificate of Insurance and Additional Insured Endorsement

For all designated coverages, the City of Alameda requires a certificate of insurance signed by the party authorized by the insurance company to bind the company to the coverage shown, as well as an additional insured endorsement to the policy.

Sample Information:

- 1) **Certificate of Insurance** (*sample attached*)
Designated Insurance Requirements:
 - General Liability: \$2,000,000
 - Company Rating: A.M. Best “A” or better

Provide the City of Alameda thirty (30) days advance written notice of cancellation, non-renewal or reduction in limits or coverage including the name of the contract or event.

Signed by the party authorized by the insurance company to bind the company to the coverage shown. Other insurance coverages may be required based on the type of contract and scope of services.

- 2) **Endorsement to the Policy** (*sample attached*)
The endorsement **must** name the “City of Alameda, its council, Officers, Employees, Volunteers, Boards and Commissions” as additional insureds, include the policy number and type of policy coverage. The endorsement must be a separate document. **A statement included on the certificate, that the City is an additional insured, is not sufficient.**
- 3) Forward the certificate of Insurance and the Endorsement to the Policy to the Department Representative with whom you are conducting business.

Please ask your insurance broker or agent to provide both documents to the City **ten (10) days prior to the event** taking place since several departments must sign off on the entire request package before your participation in the event.



INFLATABLE DEVICE INSURANCE COVERAGE REQUIREMENTS

When purchasing insurance for a block party that includes an inflatable device, such as a bounce house, please note the following requirements:

- 1) The Inflatable Device Vendor **must** add you, the Event Holder/Applicant, as an Additional Insured(s) to their (Vendor) insurance policy
- 2) You, the Event Holder/Applicant, **must** provide proof of #1 to the City of Alameda, prior to approval of the final permit
- 3) If you, the Event Holder, owns the inflatable device, then no additional charges apply

Follow the directions on Page 1 to obtain insurance for your Special Event.

SELLING ALCOHOL

If you are 'selling' alcohol at your event, you must purchase a different type of alcohol liability insurance. Brigg Whitescarver at Gales Creek can help you with this, if you call her at (503) 977-5648.

It is important to know additional factors can be added to your liability, (i.e., inflatable jumpers, climbing walls, etc.) and you will have the options once you create an account and quote.

You are welcome to shop around for insurance and are in no way required to use Gales Creek. However, you are required to have the Liability and Alcohol Sales Permit (liability) in place before your event.

Please visit eventinsurancenow.com and look for the "Login Now" button, on the top right of the page. Register as a person to access the site. Then log in with your new credentials, and create a new quote. After you create this account, you input the details of the event.

The individual or entity hosting the event and/or leasing the facility is the *named insured*. (Not the facility/event location)

- The system will confirm pricing and event details
- Once the quote is offered, it is saved
- You can buy instantly, or come back later and buy

If you choose to bind coverage, it is very important that you input the *insured* and the *additional insured* info correctly. These are separate entities and must be entered in separate areas of the application. Again, **only** the individual or entity leasing the location for the event is *the insured*.

The *additional insured* is sometimes merely the name of the facility, but is usually the specific name/address of the facility owner that is requiring the insurance.

It is also important when completing the Credit Card Authorization screen, that the info here **matches** the billing name and address for the credit card you are using.

Once the Credit Card Authorization is complete, the system will prompt you to print your certificates of insurance and your receipt.

For more information, please contact:

Sara Mullikin, CISR | CSA

Gales Creek Insurance Services

5727 SW MacAdam Ave | PO BOX 69508

Portland, OR 97239

Sara@galescreek.com | P (503) 977-5656, F (503) 977-5856, or toll free (800) 755-1575

| | | | |
|--|------------------------------------|--|---------------|
| ACORD™ CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) | |
| PRODUCER | FAX | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| | | | |
| INSURED | INSURERS AFFORDING COVERAGE | | NAIC # |
| | INSURER A: | | |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| INSURER E: | | | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR | ADD'L | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | |
|-----------------------------|--------|---|---------------|----------------------------------|-----------------------------------|---|----------------------|--------|--------------------|----|----------------------------|----|-----------------------------|----|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 | | | | | | | | |
| | | 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 | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ | | | | | | | | |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ | | | | | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATU-TORY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATU-TORY LIMITS | OTH-ER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ |
| WC STATU-TORY LIMITS | OTH-ER | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | \$ | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | \$ | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | \$ | | | | | | | | | | | | | |
| | | OTHER | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

| | |
|---|--|
| CERTIFICATE HOLDER 2263 SANTA CLARA AVENUE, ALAMEDA, CA 94501 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE |
|---|--|

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Designation of Premises (Part Leased to You): Albert H. DeWitt OClub
2. Name of Person or Organization (Additional Insured): US DEPARTMENT OF THE NAVY, ALAMEDA REUSE/REDEVELOPMENT AUTHORITY, ALAMEDA MUNICIPAL POWER, CITY OF ALAMEDA, and its members, officers, directors, agents, volunteers, employees and officials.
3. Additional Premium: NONE

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.