

MEMORANDUM

May 10, 2012

TO:

Board of Mayor and Aldermen

FROM:

Eric Stuckey, City Administrator

Special Events Advisory Team

SUBJECT:

Viva la Diva Event Application

Purpose

The purpose of this memo is to outline recommendations for approval of the Viva la Diva Event application.

Background

The Viva la Diva Run is an event sponsored by the YWCA of Nashville and Middle TN and Fifty Forward. The event is hosted by Nissan and will begin and end at their corporate headquarters on November 17th. The event includes a 5K and 10 mile runs. The first run begins at 8 a.m. Estimated attendance is 1,000. The coordinator adjusted the route from last year based on recommendations from staff. There will be no walkers on the 10-mile route; Liberty, Oxford Glen, and Murfreesboro Road have been eliminated from the route; and the two races will start closer together (15 minutes apart).

Recommendation

Staff recommends approval of the event application with the following recommendations:

- Applicant will provide a \$1,000 refundable damage deposit to City prior to event.
- Applicant will provide a Good Neighbor letter which will be distributed to affected neighborhoods.

• Risk Management:

o Applicant will provide certificate of insurance naming the City as additional insured.

• Police Department:

• Applicant will hire at least ten (10) Franklin Police Officers to provide traffic control.

• Building & Neighborhood Services Department:

o Electrical permit may be required.

• Solid Waste Department:

- O Volunteers will provide cleanup along the route and at water stations.
- o Applicant will meet with department to determine if assistance needed at Nissan.

OFFICE USE ONLY:
Permit No:



CITY OF FRANKLIN EVENT PERMIT APPLICATION

Application is Due 90 **Days Prior** to Scheduled Event. Please read application carefully and fully complete each section. A non-refundable application fee of \$100 is due at time of filing.

Note: Filing this application does not guarantee that your request will be granted. ☑ street closure Please check □ parade all that apply: ☐ other special event ☐ beer served (separate permit required) Please supply the following information. For additional space, use separate sheets of paper and attach to the application. Location requested (if Temporary Street Closure only, list major roads to be closed): Aspen Grove Park Liberty Park Eastern Flank BattleField Park Fieldstone Farms Pinkerton Park Harlinsdale Farm Other: See attachment "A" Jim Warren Park Name/purpose of event: Viva la Diva Run - Fundraising event 2) 3) Date or dates of event: Saturday, November 17, 2012 4) Time of Event: 8:00am Time of Street Closure (if applicable): Approximately 8:00am - 10:30am (see attachment "A") 5) Set-Up Date/Time: 11/17/12 05:00am Tear-down Date/Time: 11/17/12 11:30am *Note: Two (2) hours will be added before set-up time and two hours (2) will be added after tear-down to allow time for clean-up. Event is responsible for payment of Franklin Police Officers during this time. Read Additional Requirements section for more information. Name of Applicant and Organization Requesting Permit: 6) Gail Sonia on behalf of YWCA & FiftyForward (joint application) YWCA of Nashville & Middle Tennessee, 1608 Woodmont Blvd., Nashville, TN 37215 a) Address: FiftyForward, 174 Rains Ave., Nashville, TN 37203 Gail Sonia Gail Sonia (Main Contact) FiftvForward b) Phone: 615-397-0978 c) Cell: 615-397-0978 d) Fax: 615-743-3480 e) E-mail address: gailsonia@gmail.com Person in charge on day of event: Gail Sonia 7)

Cell: 615-397-0978

E-mail address: gailsonia@gmail.com



8)	Name and Cell Number of at least two others available on day of event: F R A TEN
	Name: Christopher McClintock Cell: 615-838-4523 E-mail address: below
	Christopher@christophermcclintock.com
	Name: Anna Tefel Cell: 615-429-4020 E-mail address: below
9)	Anna.tefel@ywcanashville.com DETAILED description of event (use additional sheets):
	Please see attachment "B".
10)	ENCLOSE A DETAILED MAP of event site, detailing any temporary or permanent structures, street closures, parking, etc. If applicable, list the location, blocks, streets, and/or intersections in which such event will occur. For large-scale events, map should be obtained from the City's GIS division. Please see attachment "C"
11)	An estimated number of participants and an estimated number of attendees expected to attend during the course of the event: Estimated participants: 1800; Volunteers: 200; Spectators/visitors: 500
12)	Please attach a list containing the names, addresses, and phone numbers of the Chairperson of the organization and all other persons involved in the management or control of organization and/or committee. Please see attachment "D"
13)	Is your organization based in Williamson County? Circle Yes or No
	(if no, please state where: Nashville - with services in Williamson County - Attachment "E")
14)	Is your organization authorized to do business in Tennessee? Circle Yes or No
15)	Is your organization a tax-exempt organization as described by the Internal Revenue Code Section 501(c)(3) or a not-for-profit organization? Circle Yes or No. If yes, please attach copy of IRS tax exemption letter providing proof of status.
16)	Will you charge an admission/participation fee (including vendors)? If ves, please specify how much per person/vendor. Yes, see attachment "B"
17)	Will any charity, gratuity, or offers be solicited or accepted during the event? Circle Yes or No.
18)	Is this event a fundraiser? Circle Yes or No. If yes, what organization will be benefactor of event? What percentage of funds will they receive? FiftyForward: 47.5%; YWCA of Nashville & Middle Tennnessee: 47.5%; Bridges Domestic Violence Center: 5% (maximum \$3,000).
19)	Will parking in the area of the event need to be restricted or prohibited? Circle Yes or No.



20) Will any sound amplification equipment be used during the event? Circle Yes or No. If no, FRANKLIN please skip to Question #22.

21)	For what purpose will sound amplification be used (i.e. announcements, entertainment, etc.)? Announcements, Awards presentation, Entertainment - all sound will be on the Nissan Campus ———————————————————————————————————
22)	What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply. DJ, Band, Event Emcee
23)	During what time period is sound amplification requested? 6:00am - 11:30am
24)	If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). tbd
25)	Will any stages, amusement attractions, or amusement rides, including inflatables, be erected for the event? Circle Yes or No. If yes, Applicant must give specific details as to the location and type

- the event? Circle Yes or No. If yes, Applicant must give specific details as to the location and type of games/activities, i.e. inflatables, Horseshoes, relay races, etc. along with the name of the company providing the stages and/or activities. Applicant must also include a copy of that company's insurance certificate indicating coverage and listing the City of Franklin as additional insured. ***For stages, tents, inflatables, etc. constructed on site prior to the event, that date must be included on Certificate of Insurance provided to the City of Franklin. Stages MUST be removed from site at end of event. ***Rented inflatables/interactives that are set-up and manned by applicant must be included specifically in applicant's Certificate of Insurance. Please see attachment "C"for location of tents and stage.
- What, if any, vendors will be present at event? (i.e medical related, shirts, arts, etc.) <u>Please provide detailed list.</u> Use additional sheets. <u>To be determined with a detail list provided.</u>
- Will food, beverages, or merchandise be sold or given away? Circle Yes or No. If yes, clean-up is required. Please provide name of clean-up provider, contact, and phone number of person on-site during event. See Question #28. Volunteers will be responsible for clean-up under the supervision of Volunteer Coordinator, Shannon Duke (cell phone 615-512-3265).
- Events under 200 participants require a \$250 refundable security deposit at the time of approval For events over 200, a \$1000 security deposit is required upon approval. If clean-up is not done properly, the organization requesting the permit will be fined (See Attachment A). Applicant's event coordinator or representative and a City of Franklin representative will conduct a Pre-Event meeting prior to event date for Pre-Event Check List Site Review. At the end of the event, a Post-Event Check List shall be completed by the Applicant's event coordinator, or representative, and a City of Franklin representative to re-assess the site for trash and damage, and to secure with caution tape and signage (provided by event group) any tents left for removal. Damage deposit will be refunded after a satisfactory Post Event Check List has been completed and signed off on by both the City of Franklin and organization requesting event.



29) *NOTE: Events that include deep frying cooking oil operations are required to have a grease pit on-site and contract with a grease waste hauler to handle the grease waste and removal of the grease pit. A copy of this agreement shall be filed along with this application. The primary event sponsor is required to remove all cooking grease from the site immediately after the event. Illegal dumping of cooking grease will be prosecuted. Please read Additional Requirements section of this application for more information.

30)	Will you require a temporary water tap? Circle Yes or No. If yes, please list exact locations:

- 31) Will alcohol, beer, and/or wine be given away or sold? Circle Yes or No. If yes, a permit from the relevant board is required. Please read Additional Requirements section of this application for more information.
- Will your event include tents or other temporary structures, propane use, or open flames? Circle ves or no. Events using tents of size 20 x 10 or larger require permitting from Franklin Fire Department. Safety measures must be provided on all tents, especially those set-up prior to the actual event. Tents should be taken down the date the event has ended. Please read Additional Requirements section of this application for more information.
- 33) Attach Good Neighbor Letter and Mailing List used. Please read Additional Requirements section of this application for more information. Good Neighbor letter attached, mailing list to be determined after 10 mile course approval.

TITLE VI OF THE 1964 CIVIL RIGHTS ACT

"No person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The City of Franklin does not discriminate based on race, color or national origin in federal or state sponsored programs, pursuant to Title VI of the Civil Rights Acts of 1964 (42 U.S.C. 2000d). For more information or to file a complaint against the City of Franklin under Title VI of the 1964 Civil Rights Act, contact the Title VI Coordinator:

Rodney Escobar Risk Manager City of Franklin 109 Third Avenue South Franklin, Tennessee 37064 615.791.3277

The City of Franklin is committed to providing reasonable access and accommodations upon request for people with disabilities. Please call the Risk Management Department at (615)791-3277 for specific requests



PLEASE READ ATTACHMENTS BEFORE SIGNING APPLICATION.

- 1) I/We agree to abide by all ordinances and regulations of the City of Franklin and all conditions placed upon the event by the City Administrator and the Board of Mayor and Aldermen.
- 2) I/We do swear or affirm that all of the information given in this application is true and complete.
- 3) I/We do hereby agree to assume the defense of and indemnify and save harmless the City, its aldermen, boards, commissions, officers, employees and agents, from all suits, actions, damages or claims to which the City may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of such event and the activities permitted in connection there with, and to submit a certificate of insurance prior to the event in an amount acceptable to the City Administrator.
- 4) I/We agree to provide a copy of this signed Event Application to any vendors, planners, and related parties associated with the event to ensure they are familiar with the guidelines set forth herein.
- 5) I/We understand that I/we assume the responsibility of the actions of any vendors, planners, and related parties for this event.
- 6) I/We understand that granting of Special Event Permit does not imply granting of other permit that is separately required.
- 7) The application for an event permit shall be filed not less than 90 days nor more than 364 days prior to the scheduled date of such event. Suggested filing is at least 180 days prior to scheduled event. Events should not be advertised or promoted until an event permit has been obtained from the City. Failure to file in a timely manner may result in denial of a permit.
- 8) The City reserves the right to require one or more City of Franklin police officers or other emergency personnel be present at any and all events that occur within the city limits. Please budget for this request at a rate of \$30 per hour at a minimum of two (2) hours.

BY:	March 28, 2012
Approved by the Board of Mayor and Aldermen on, 20	Return application to:
Dr. Ken Moore, Mayor	City Hall 109 Third Ave South Franklin, TN 37065 615-791-3217
Eric S. Stuckey, City Administrator	615-791-0469 (FAX)
If you have questions concerning your request, please call 615-550-6606.	*



FOR CITY USE ONLY					
Department Date Initials Attach Any Comments					
Administration			Comments:	Yes	No
Business Office			Comments:	Yes	No
Codes			Comments:	Yes	No
Engineering			Comments:	Yes	No
Finance			Comments:	Yes	No
Fire			Comments:	Yes	No
Information Technology			Comments:	Yes	No
Law			Comments:	Yes	No
Parks		·	Comments:	Yes	No
Planning			Comments:	Yes	No
Police			Comments:	Yes	No
Risk Manager			Comments:	Yes	No
Solid Waste			Comments:	Yes	No
Streets			Comments:	Yes	No
Water/Wastewater			Comments:	Yes	No

Viva la Diva Run - City of Franklin Event Application

Attachment A

Viva la Diva 10 Mile Route 2012

http://www.usatf.org/routes/view.asp?rID=472078

Start Nissan (8:00am)

LEFT on Carothers (8:00 – 8:05)

LEFT on Nissan Way (8:05 – 8:10)

0.9 RIGHT on Carothers (8:06- 8:15)

1.4 RIGHT on McEwen (8:08-

1.7 RIGHT on Old Liberty Rd/PATH (8:07 – 8:22)

2.5 LEFT on Cresent Center Dr (8:11 – 8:38)

2.8 LEFT on Carothers (8:13 – 8:42)

2.9 RIGHT on Cool Springs Blvd (8:15- 8:45)

4.3 RIGHT on McEwen (8:23- 9:05)

5.3 LEFT on Carothers (8:28-9:20)

Around the Pond on Path

6.7 LEFT on Quail Hollow (8:35 – 9:40)

6.9 LEFT on Murfreesboro Rd (8:36-9:45)

7.25 Just past Clovercroft Rd - TURN AROUND on Murfreesboro Rd (8:38- 9:52)

7.6 RIGHT on Carothers Pkwy (8:41- 10:00)

9.7 LEFT into Nissan to FINISH (8:55 – 10:30)

Alachnent A

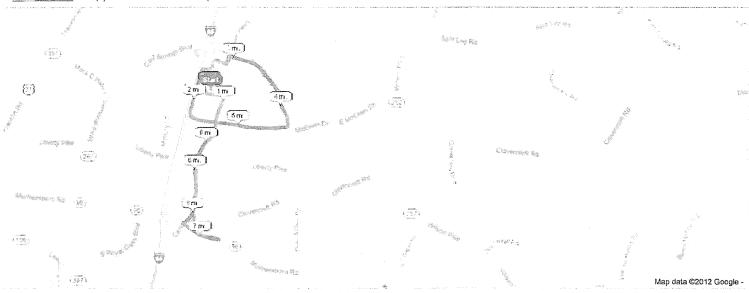


Viva La Diva 10 Miler

10.00 miles / 16.10 km **Distance:** Start: Nissan HQ Location:

Franklin, TN, US

Attributes: loop, mixed flat & hills, roads



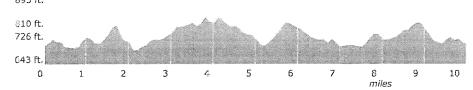
Elevation Profile 893 ft.

About

Associations Bylaves & Regulations

Event Sanctions

Course Cartification



Total climb: 511 feet / 156 m

Total elevation change: 1016 feet / 310 m

Added by Christopher McClintock on 3/9/2012

DISCLAIMER: USATF and the author of this route make no warranties as to the conditions, safety, distance accuracy, or suitability for running of this route. Run at your own risk!

News

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Groups

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Events

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Viva la Diva Run – City of Franklin Event Application

Attachment B:

9.) Detailed description of the event:

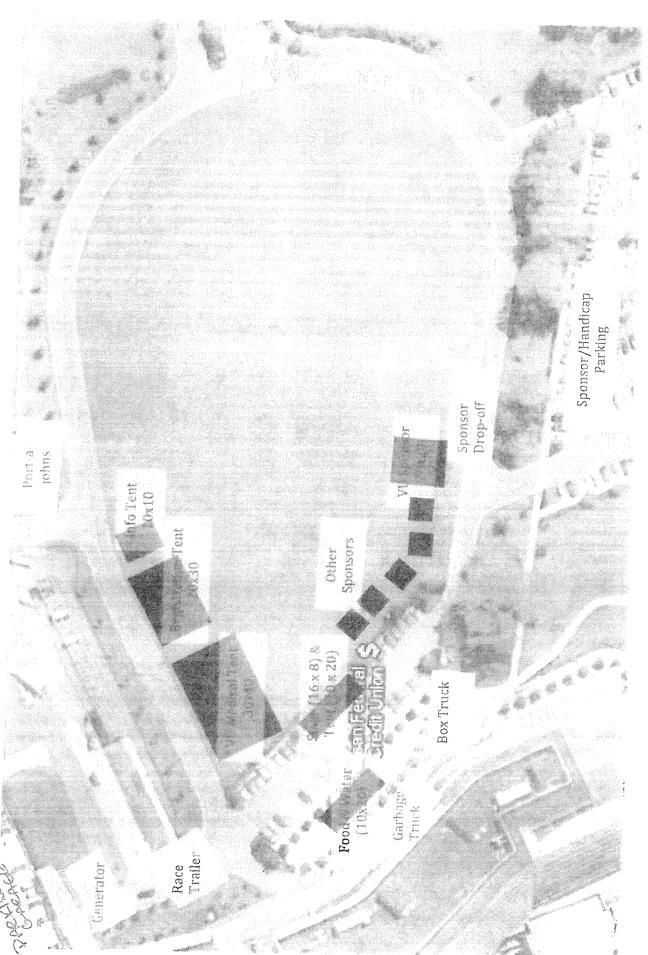
Saturday, November 17, 2012 will mark the 2nd annual Viva la Diva Run in the Cool Springs area of Franklin, Tennessee. This race is presented by FiftyForward and YWCA of Nashville & Middle Tennessee as an event to promote and benefit health, wellness and safety programs for girls and women of all ages. In 2011, Viva la Diva had 1150 registered participants; including approximately 200 Girls on the Run participants (age 8 – 13) and their adult buddies. The participant goal for 2012 is 1800 registrants that will chose a certified 5k or 10 mile course. The 10 mile race will start at 8:00am and the 5k race at 8:15am, with the Nashville Striders providing race management services. Additionally, there is a one mile untimed walk/run course on the Nissan Campus.

The race will state and finish at the location of Site Sponsor, Nissan Americas with Vanderbilt Medical Center/Williamson Medical Center providing all medical needs including a First Aid Tent, Ambulance, Bike personnel, etc.

It is the intention of FiftyForward and YWCA that Viva la Diva benefits the residents and businesses of Franklin and Williamson County. It is an integral part of Nissan's employee health and wellness program with a large number of employees participating as volunteers and/or runners. Several Franklin businesses/organizations volunteered at the 2011 Viva la Diva including Franklin Girl's Cotillion, Scott Insurance and Nissan. We hope to add even greater participation in 2012.

16) Participation Fees:

Event	Fee by 10/1	10/1 - 11/16	Race Day
5k	\$30.00	\$35.00	\$40.00
10 Mile	\$40.00	\$45.00	\$50.00
1 Mile	\$20.00	\$20.00	\$20.00



Viva la Diva Run – City of Franklin Race Application

Attachment D:

12.) List of individuals in management/control of organization and/or committee

Executive Committee:

Gail Sonia

Race Manager

4038 Clovercroft Rd. Franklin, TN 37067 gailsonia@gmail.com 615-397-0978

Christopher McClintock

Race Director

5120 Maryland Way Brentwood, TN 37027

Christopher@christophermcclintock.com

615-838-4523

Janet Jernigan

FiftyForward

174 Rains Ave. Nashville, TN 37203 jjernigan@fiftyforward.org

615-743-3404

YWCA of Nashville & Middle Tennessee

Anna Tefel 1608 Woodmont Blvd. Nashville, TN 37215 Anna.tefel@ywcanashville.com 615-983-5110

Volunteer Coordinator:

Shannon Duke sduke@fiftyforward.org 615-512-3265

Registration Coordinator:

Caitlin O'Leary
Caitlin.oleary@ywcanashville.com
615-983-5146

Race ChampionChip Timing:

Peter Pressman 4035 Trail Ridge Dr. Franklin, TN 37067 Pasta4run@aol.com 615-293-8862 President, Nashville Striders

In reply refer to: 0248562350 Mar. 26, 2009 LTR 4168C E0 62-0475702 000000 00 000 00012989

BODC: TE

NASHVILLE YOUNG WOMENS CHRISTIAN ASSOCIATION 1608 WOODMONT BLVD NASHVILLE TN 37215-1524

157

Employer Identification Number: 62-0475702
Person to Contact: Mr. Edwards
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Mar. 17, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in June 1942, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

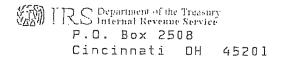
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michell M. Sullivar

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I



In reply refer to: 0248567568 Feb. 24, 2010 LTR 4168C E0 62-0566419 000000 00

00031578

BODC: TE

SENIOR CITIZENS INC 174 RAINS AVE NASHVILLE TN 37203-5319



3112

Employer Identification Number: 62-0566419
Person to Contact: Bill Bertram
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. I2, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in MARCH 1958.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(l)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Client#: 13902 SENICIT

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/12

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).

CONTINUES HORES IN HOR OF COO.	· onabioumoniquyi					
PRODUCER The Crichton Group 3011 Armory Drive		CONTACT NAME:				
		PHONE (A/C, No, Ext): 615 383-9761 FAX (A/C, No): 615 383				
		E-MAIL ADDRESS:		***************************************		
Suite 250		INSURER(S) AFFORDING COVERA	.GE	NAIC#		
Nashville, TN 37204		INSURER A: Philadelphia Indemnity Ins.	18	058 A+		
INSURED	and and a post of a	INSURER B : Accident Fund Ins.Co of America	ca 10	166 A		
		INSURER C:				
174 Rains Avenue		INSURER D:				
Nashville, TN 3720		INSURER E:				
		INSURER F:				
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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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	GENERAL LIABILITY	X		PHPK739778	07/01/2011	07/01/2012	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	s3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$3,000,000	
	POLICY PRO- JECT LOC							\$	
Α	AUTOMOBILE LIABILITY			PHPK739778	07/01/2011	07/01/2012	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							A	\$	
В	UMBRELLA LIAB X OCCUR			PHUB350360	07/01/2011	07/01/2012	EACH OCCURRENCE	\$4,000,000	
	X EXCESS LIAB CLAIMS-MADE					The state of the s	AGGREGATE	\$4,000,000	
	DED X RETENTION \$10,000							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV6043777	04/24/2011	04/24/2012	X WC STATU- OTH-	***************************************	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	s500,000	
	(Mandatory in NH)	14 / 24					E.L. DISEASE - EA EMPLOYEE	s500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s500,000	
Α	Profes Liability			PHPK739778	07/01/2011	07/01/2012	\$1Mil Occur/\$3Mil A	ggr	
	The second secon		and the second second						
	Occupant				·				
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101 Additional Remarks Schediule, if more space is required)								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is Additional Insured with respects to General Liability coverage as regards to Special
Event 11/17/2012-Viva la Diva 5K & 10 Mile Run.

CERTIFICATE HOLDER	CANCELLATION
City of Franklin City Admin. Office 109 Third Ave., South	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Franklin, TN 37064	AUTHORIZED REPRESENTATIVE
	Cooper Janes

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!!!! IMPORTANT NOTICE !!!!

PLEASE READ

ACORD Certificates of Liability Insurance

In September 2009, ACORD revised the ACORD 25 Certificate of Liability Insurance form. *One of the major changes was the removal of the cancellation notice provision*. For the following reasons, we are unable to issue an older edition of this form, modify the current form, or complete a proprietary form you provide:

- ACORD certificate forms must be filed and approved for use in some states. When a new form is approved, prior versions can no longer be used. Therefore, it may be illegal for us to issue anything other than the currently approved ACORD form in these states.
- Notice of cancellation is a policy right, not an unregulated service. No insurer is able to provide the
 exact cancellation notice you desire by endorsement. For example, the Named Insured can
 cancel a policy immediately with no advance notice to the insurer, so it would be
 impossible for the insurer to give you the notice you request. State laws also grant the insurer
 the right to cancel for reasons such as nonpayment with less notice than you may
 require.
- For the reason just cited, if our agency issued a certificate that provides the cancellation notice you
 request, we would do so with the full knowledge that it would be impossible to actually give that
 amount of notice under certain circumstances. As such, the certificate could be alleged to
 constitute a misrepresentation or fraud which could subject our agency and staff to
 serious civil and criminal penalties.
- If a certificate purports to provide a policy right different from that provided by the policy itself, then the certificate effectively purports to be a policy form. Policy forms must be filed and approved by our state department of insurance. **Use of non-filed policy forms is illegal** and could result in legal sanctions distinct from the assertion that the certificate is fraudulent,
- Under the ACORD Corporation's licensing agreement, the prior editions of superseded forms can be
 used for one year from the time the new forms are introduced. Beginning in September 2010, this is
 another reason we cannot use an older edition of the ACORD 25. Doing so would violate ACORD's
 licensing agreement and, as a copyrighted document, federal copyright law.
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We appreciate your understanding of the legal restrictions on our ability to modify an ACORD form, issue other editions of the form, or complete a proprietary form.

YWCAOFN

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/12

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).

certificate noticer in fied of sach endorsement(s).		
PRODUCER The Crichton Group 3011 Armory Drive Suite 250 Nashville, TN 37204	CONTACT NAME: PHONE (A/C, No, Ext): 615 383-9761 E-MAIL ADDRESS:	615 383-4628
Nasiville, IN 37204	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insuran	NAIC#
INSURED YWCA of Nashville 1608 Woodmont Blvd Nashville, TN 37215-1524	INSURER B: Eastern Alliance Insurance Comp INSURER C: INSURER D: INSURER E: INSURER F:	10724
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

T	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								
1 0	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.								
INSF		ADDL SUB		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	GENERAL LIABILITY	X	PHPK811609	01/01/2012	01/01/2013	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY		OF THE PARTY OF TH	-		DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,000		
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000		
		-				PERSONAL & ADV INJURY	s1,000,000		
		Market and the second				GENERAL AGGREGATE	s3,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$3,000,000		
	POLICY PRO- JECT LOC						\$		
Α	AUTOMOBILE LIABILITY		PHPK811609	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	X ANY AUTO					BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS	The state of the s				BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
							\$		
Α	X UMBRELLA LIAB X OCCUR		PHUB369462	01/01/2012	01/01/2013	EACH OCCURRENCE	\$7,000,000		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$7,000,000		
	DED X RETENTION \$10000						\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		05000005693500	01/01/2012	01/01/2013	X WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$500,000		
	(Mandatory in NH) If yes, describe under				a de la companya de l	E.L. DISEASE - EA EMPLOYEE	\$500,000		
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s500,000		
			renovation of the second of th	ĺ					

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

Certificate Holder is Additional Insured with respects to General Liability coverage as regards to Special Event 11/17/2012-Viva la Diva 5K & 10 Mile Run.

CERTIFICATE HOLDER	CANCELLATION
City of Franklin City Admin. Office 109 Third Ave. South	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Franklin, TN 37064	AUTHORIZED REPRESENTATIVE

!!!! IMPORTANT NOTICE !!!!

PLEASE READ

ACORD Certificates of Liability Insurance

In September 2009, ACORD revised the ACORD 25 Certificate of Liability Insurance form. *One of the major changes was the removal of the cancellation notice provision.* For the following reasons, we are unable to issue an older edition of this form, modify the current form, or complete a proprietary form you provide:

- ACORD certificate forms must be filed and approved for use in some states. When a new form is
 approved, prior versions can no longer be used. Therefore, it may be illegal for us to issue anything
 other than the currently approved ACORD form in these states.
- Notice of cancellation is a policy right, not an unregulated service. No insurer is able to provide the
 exact cancellation notice you desire by endorsement. For example, the Named Insured can
 cancel a policy immediately with no advance notice to the insurer, so it would be
 impossible for the insurer to give you the notice you request. State laws also grant the insurer
 the right to cancel for reasons such as nonpayment with less notice than you may
 require.
- For the reason just cited, if our agency issued a certificate that provides the cancellation notice you
 request, we would do so with the full knowledge that it would be impossible to actually give that
 amount of notice under certain circumstances. As such, the certificate could be alleged to
 constitute a misrepresentation or fraud which could subject our agency and staff to
 serious civil and criminal penalties.
- If a certificate purports to provide a policy right different from that provided by the policy itself, then the certificate effectively purports to be a policy form. Policy forms must be filed and approved by our state department of insurance. **Use of non-filed policy forms is illegal** and could result in legal sanctions distinct from the assertion that the certificate is fraudulent.
- Under the ACORD Corporation's licensing agreement, the prior editions of superseded forms can be
 used for one year from the time the new forms are introduced. Beginning in September 2010, this is
 another reason we cannot use an older edition of the ACORD 25. Doing so would violate ACORD's
 licensing agreement and, as a copyrighted document, federal copyright law.
- Likewise, we are unable to modify the new certificate to add a notice of cancellation. ACORD forms are designed to be completed, not altered. ACORD's Forms Instruction Guide says that a certificate should not be used "To waive rights...To quote wording from a contract...To quote any wording which amends a policy unless the policy itself has been amended." Also, since some states require ACORD forms to be filed, any alteration to a filed form would require its re-filing. In addition, insurance company contracts allow us to issue unaltered ACORD forms. Therefore, we cannot issue any proprietary certificates that have not been reviewed by the appropriate state insurance department or pre-approved by all insurers.

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