



For Official Use ONLY (time stamp)

Total Cost: \$ 100

Residency verified Yes No

Driver's License #: 9990 218 820

City of Albany

Special Events Application

This event is LATE add \$40.00 late fee

Step 1 - Event Information

Name of Event: ALBANY YMCA 5K RUN

Description of Event: 5K RUN and KIDS RUN

Specific Location Requested: RIVER FRONT PARK AND BIKE PATH

Date(s) of Event: (MAY 9) 5/9/15 Set-Up Date/Time: 7am Breakdown Date/Time: 11am

Hours of Event, If Athletic Event or Parade, Please Include Step off Time: Run starts at 9am

Alternate Date(s) and Location(s): NA

Estimated Attendance (Crowd Size): 150 People Will Alcohol Be Severed? No Yes

Name of Individual or Organization: CAPITAL DISTRICT YMCA

Non-Profit If Yes, please verify status: No Yes If Yes, Tax ID# 14-1726531

Event Coordinator: BEN LUKE

Street Address (PO BOX Not acceptable): 616 NORTH PEARL STREET

City: ALBANY State: N.Y. Zip Code: 12208

Daytime Phone Number: 518-463-9622 Fax Number: 463-5080

Email Address: bluke@cdymca.org

On site Contact on Event Day: BEN LUKE Cell Number: 518-256-0935

Please describe how the event will be cleaned and restored: YMCA STAFF WILL DO ALL SETUP AND CLEAN UP

Will this event require barricades? NO

(If yes, provide a location for placement of barricades and at what intersection)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/4/2015

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).

PRODUCER Rose & Kiernan, Inc. 99 Troy Road East Greenbush, NY 12061	CONTACT NAME:		
	PHONE (A/C, No, Ext): (518) 244-4245	FAX (A/C, No): (518) 244-4262	
E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Philadelphia Indemnity Ins Co.	18058
INSURED Capital District YMCA Albany Branch 465 New Karner Road 2nd Floor Albany, NY 12205	INSURER B :		
	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.

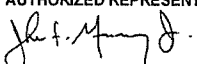
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab <input checked="" type="checkbox"/> SexAbuse/Molestation GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1150585	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
		PRODUCTS - COMP/OP AGG \$ 2,000,000					
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			PHPK1150585	04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB453692	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 10,000,000
							AGGREGATE \$ 10,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							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)

City of Albany is listed as Additional Insured with respects to General Liability as required by permit for Albany YMCA 5k race to be held on 05/09/15

CERTIFICATE HOLDER

CANCELLATION

City of Albany City Hall Room 202 Albany, NY 12207	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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Electrical Power (electrical drop)

NA

Drops needed: _____

Albany Fire Dept. EMS Coverage (EMS coverage required if expected attendance is greater than 1,000 people)

POLICE SERVICES:

NA

Will this event require **Traffic** Control? _____
(If yes, provide a brief explanation)

Will this event require **Crowd** Control? _____
(If yes, provide a brief explanation)

Will this event require Parking Restrictions? _____
(If yes, provide a brief explanation of area including streets and addresses where parking will be restricted)

FIRE SERVICES:

NA

Will this event require dedicated EMS* or Fire Suppression** units? YES NO

(*Mandatory for Part 18 Permits (over 5,000 people) / **Mandatory of fireworks)

Fees are based on EMS and Fire Suppression Services billing period beginning half an hour before on site time and ending half an hour after leaving scene. If you are requesting to utilize fireworks for an event, provide the necessary information below:

Exact Location

Start Time / End Time

PART 18: Please visit the New York State website, listed below, for information pertaining to a Part 18 Permit.

<http://www.health.ny.gov/professionals/ems/part18.htm>

Step 2 - Additional Information – Privately Supplied Equipment

Amplified Sound **NA** *N*

Any amplified sound is subject to the City of Albany Noise Ordinance

List Hours (no electronic amplification may be used before 10 am and after 6 pm) (inside the Washington Park Lake House electronic amplification must cease by 11 pm): _____

Vendor /Contractor providing the service: _____

Stages **NA**

If you are planning to utilize staging, please describe: _____

Quantity: _____ Sizes: _____

Vendor/Contractor providing the service: _____

Tents **NA**

If you are planning to erect tents or canopies, please describe (No stakes can be used to secure the tent, only weights can be used to secure the tent)

Description: _____

Quantity: _____ Sizes: _____

Vendor/Contractor providing the service: _____

Inflatable Devices (bouncy bounces, etc.) **NA**

If you are planning to have any inflatable device, please describe (No stakes can be used to secure the inflatable devices, only weights can be used to secure the device). These are only permitted for b

Description: _____

Quantity: _____ Sizes: _____

Vendor/Contractor providing the service: _____

Step 3 - City Equipment and Department / Services Requested (applicant is responsible for all fees incurred)

NOTE: no electronic amplification may be used before 10 am and after 6 pm in parks bounded by residential neighborhoods, or for activities and events at the Washington Park Lake House after the hour of 11 pm.

Barricades (Metal- Bike Rack Style; 8 feet long) Linear Feet Needed: _____

Street Cleaning (Please specify before, after, or both) _____

Trash / Recycling Pickup (Please specify before, after, or both) _____

Trash Bins Quantity: _____ **Recycling Bins** Quantity: _____

Step 4. Read

NOTE: Applicant is solely responsible for costs incurred for City services rendered for each event. No alcohol is permitted without the approval of an Open Container Permit. A copy of the permit must remain on-site for inspector's review.

Applicants must apply with the City of Albany, Albany County and/or the State of New York for alcohol, merchandise vending, food vending, and other sampling.

The City is unable to provide amenities such as port-a-johns/portable washrooms, tables, chairs, or medical services (other than EMS). The applicant is required to secure port-a-johns/portable washrooms, chairs, trash boxes, and any medical needs for the event at the applicant's expense. The applicant is also required to provide recycling to attendees for events where trash is generated. Failure to adequately provide such amenities could result in the event applicant(s) or coordinator(s) inability to hold future events in the City of Albany.

Special Events cancellations or cancellation of requested services must be made in writing ten days prior to the event. Failure to provide written verification may result in the sponsor(s) being required to reimburse the City of Albany for the agreed upon services. A certificate of insurance must be delivered to City of Albany, City Clerk's Office, 24 Eagle Street Room 202, Albany NY 12207. The certificate must evidence General Liability Insurance, with a \$1,000,000.00 limit of liability, naming the City of Albany, its officers, agents, and employees as additional insured, while specifically referencing the scheduled event. Each vendor or contractor must provide proof of insurance.

Step 5. Complete, Sign, and Date

By signing and submitting this Special Events Application, the sponsoring organization agrees to indemnify, defend and hold harmless the City of Albany and it's officers, employees, and agents from and against any and all loses, costs (including but not limited to, litigation costs and attorney fees) clams, suits, actions damages, liability and expenses occasioned wholly or in part by Event sponsor's act or omission or negligence or fault or the act or omission or negligence or fault of Event sponsor's agents subcontractors suppliers, employees or servants in connection with the Permit.

Legal Name of Organization (if applicable): CAPITAL DISTRICT YMCA

Authorized Signer (print name) and Title: BENJAMIN LUKE WELLNESS DIRECTOR ALBANY YMCA

Signature:  Date: 2/5/2015