Administration 797-1030
Budget & Finance 797-1050
Development Services 797-1111
Engineering 797-1113
Fire Department 797-1211
Human Resources 797-1010

Parks & Recreation 797-1145
Police Department 693-8200
Public Works 797-1240
Town Clerk's Office 797-1023
Utilities 433-4000

Town of Davie 6591 Orange Drive Davie, Florida 33314-3399 (954) 797-1000

PARADE PERMIT APPLICATION

Date 11/7/02

Organization South Florida Trailriders of Broward County

Address P.O. Box 290332 Davie, Fl 33329
City State Zip 954-553-64

Name of Representative(s) Linda Baca Phone Number 954-587-2635

Address 3995 SW 56th Ave Davie Fla 33314
City State Zip

Number of Parade Entrants 50 Number of Spectators Expected 200

Date of Parade Dec 15. 2002 Hours of Parade 10 AM to 12 PM

Route of Parade SEE Atached map & page

Applicant's Signature Linda Baca

Date of Council Meeting _____ Approved _____ Denied _____

This application will be reviewed by a staff committee and if warranted, there may be a possibility of a service fee due to the size/extent of the event.

NOTE: Per Section 21-4 of the Town's Code, the Town Council shall be sole authority for the approval of permits to conduct parades on or about the Town's public rights-of-way. The civic organization making application to conduct such parade shall have the sole responsibility and prerogative to determine who the participants and or participating organizations shall be. Permits shall be granted subject to federal, State and Town of Davie laws.

THE TOWN OF DAVIE REQUIRES A CERTIFICATE OF INSURANCE OF NO LESS THAN $1,000,000 NAMING THE TOWN OF DAVIE AS AN ADDITIONAL INSURED

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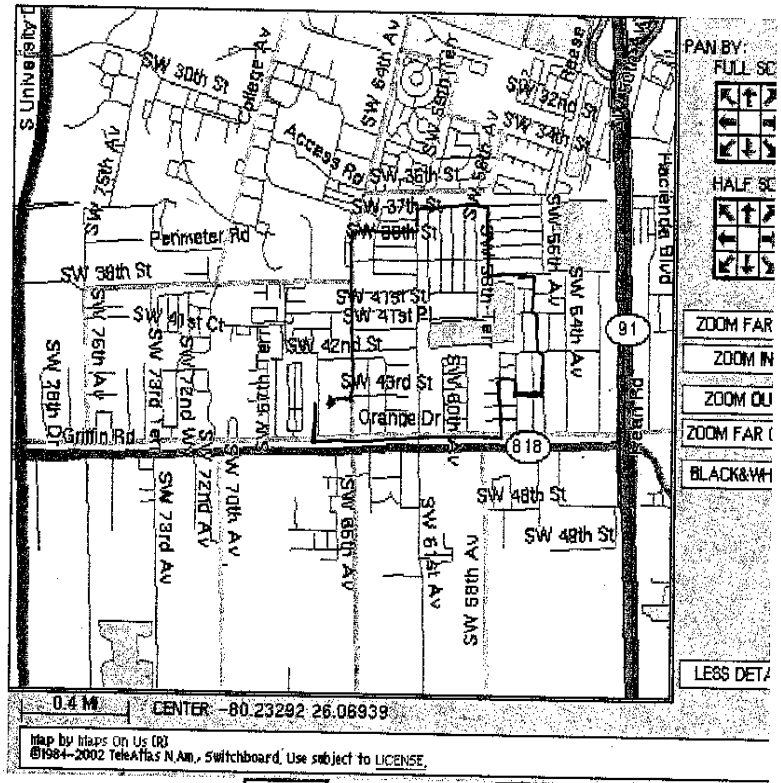

Scale (mi/in): 0.40 Map-Clicking will: Zoom In

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Dec 15. 2002

meet At Rodeo Grounds At 9 AM.

Ride out At 10 AM Sharp

out main Road to DAVIE Rd (North)

to SW 38 ct (east) to SW 61 AVE (North)

to SW 36 ct (east) to 58th AVE (South)

to SW 39 st (east) to SW 56 AVE (South)

to Water Horses at 3995 SW 56th AVE

then Continue South to SW 42 st (east)

to SW 55 AVE (south) to SW 43 st (west)

to SW 57 AVE (North) to SW 42 place (west)

to SW 57 Terr (South) to Orange Dr (west)

to SW 65 way (North) to Parking

and the End.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 07/06/2002

PRODUCER
BUXTON EQUINE 561-585-0900
PO BOX 6823
LAKE WORTH, FL 33461-6823

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
SOUTH FLORIDA TRAIL RIDERS OF BROWARD
ATTN.: DON MAINES
PO BOX 290332
DAVIE, FL 33331-0332

INSURERS AFFORDING COVERAGE

INSURER A: CLARENDON NATIONAL
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY					
	XXX COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	$ 1,000,000
	CLAIMS MADE / XX OCCUR				FIRE DAMAGE (Any one fire)	$ 50,000
A		FO-3104594	06/27/2002	06/27/2003	MED EXP (Any one person)	$ 5,000
					PERSONAL & ADV INJURY	$ 1,000,000
					GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC				PRODUCTS - COMP/OP AGG	$ 2,000,000
	AUTOMOBILE LIABILITY					
	ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	$
	ALL OWNED AUTOS					
	SCHEDULED AUTOS				BODILY INJURY (Per person)	$
	HIRED AUTOS					
	NON-OWNED AUTOS				BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	OCCUR / CLAIMS MADE				AGGREGATE	$
						$
	DEDUCTIBLE					$
	RETENTION $					$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				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
EQUINE RIDING ASSOCATION - CHRISTMAS PARADE

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: XX

ADDITIONAL INSURED
TOWN OF DAVIE
DAVIE, FL

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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