



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 1/21/03

Organization NOVA SOUTHEASTERN UNIV/ AMER HEARTWALK

Address 3361 COLLEGE AVE DAVIE FL 33314
 City State Zip

Name of Representative(s) John J. Santulli Phone Number 954-262-8843

Address SAME AS ABOVE
 City State Zip

Number of Parade Entrants 6000K Number of Spectators Expected same

Date of Parade 2/22/03 Hours of Parade KICK OFF 9:00AM. to 10:30 A.M.

Route of Parade See attached
1AS paperwork forth coming

Applicant's Signature [Signature]

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

NOVA SOUTHEASTERN UNIVERSITY
Associate Vice President
for Facilities Management



MEMORANDUM

TO: Bonnie Stafiej, Dir. Special Project, Town of Davie
FROM: Alice Aschbrenner, Facilities Mgmt.
DATE: 01/21/02 *ad*
RE: American Heartwalk @ NSU on 2/22/02 *ad*

The walk will begin at the center of our University at the Library (Q) heading east toward Law Building (Z) then north around construction site (EE) upto the corner of our internal road making a right heading east curving at the Maltz Building (T) passing the Horvitz Building (O) past additional parking area's (P, P) up to Mary McCahill Dr.. At Mary McCahill Dr., the walkers will turn left heading east towards College Ave. The will walk on sidewalks or grassy area on the NSU side. As they continue, heading south on College Ave. the walkers will make a right (west) at S Perimeter Road. The walkers will both be on sidewalks, grassy area and then turn into Dorm parking lots heading west and then north (P, H, and DD). Upon reaching the corner of SW 36th Street, I had hoped to have the walker be able to use SW 36th St.. It is not a busy street and with our Public Safety Staff and additional Davie Police, we anticipated a very smooth walk up to 75th Ave. The walkers will then turn right, heading north onto 75th Ave (NSU property) up to the corner of the Dolphins athletic fields (U) heading west. As they follow around the bend, heading southwest, towards the Health Professions parking area (across from N7) up to the turning at the (heading SW and then NE) Health Professions Administration Building (N5). Then back around to the HPD parking area, passing the Dolphins athletic fields, crossing 75th, and then onto the surface lots of our new parking garage (R), heading east up to Ray Ferrero Blvd. They will then make a right on to Ray Ferrero Blvd. heading south again, past the construction site (EE) back to the starting point as their finish line.

I hope this helps, please advise should you need additional information.

Sincerely,

Alice Aschbrenner,

MARSH USA INC.

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
HOU-000319274-01

PRODUCER
Donna Arnwine (214) 765-8425
Marsh USA Inc.
1601 Elm Street
Suite 2100
Dallas, TX 75201

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

- COMPANY
A ZURICH AMERICAN INSURANCE COMPANY
- COMPANY
B AMERICAN GUAR & LIAB
- COMPANY
C
- COMPANY
D

010207-ALL-02/03

INSURED
American Heart Association, Inc.

COVERAGES This certificate supersedes and replaces any previously issued certificate for the policy period noted below. THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	GLO-8376157-07	07/01/02	07/01/03	GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMPROP AGG \$ 2,000,000
					PERSONAL & ADV INJURY \$ 2,000,000
					EACH OCCURRENCE \$ 2,000,000
					FIRE DAMAGE (Any one fire) \$ 1,000,000
					MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> 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	BAP-8376159-07 (OS)	07/01/02	07/01/03	COMBINED SINGLE LIMIT \$ 2,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY \$
B	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	AUC-9300308-01	07/01/02	07/01/03	EACH OCCURRENCE \$ 10,000,000
					AGGREGATE \$ 10,000,000
					AGGREGATE \$
A	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	WC-8376109-07	07/01/02	07/01/03	<input checked="" type="checkbox"/> NY STATE <input type="checkbox"/> NY STATE LIMITS <input type="checkbox"/> OTHER
					EL EACH ACCIDENT \$ 1,000,000
					EL DISEASE POLICY LIMIT \$ 1,000,000
					EL DISEASE EACH EMPLOYEE \$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATION/SVEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

NAME AND DATE OF EVENT:
Certificate Holder is an Additional Insured, except Workers' Compensation and Host Liquor Liability, as owner of premises leased or gratuitously offered for the American Heart Association, Inc. off premises events, but only as respects to operations of the American Heart Association, Inc.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

MARSH USA INC.

By: Sally H Dillenback

Sally H. Dillenback

MM1(9/99)

VALID AS OF: 06/21/02