



Forest Ridge Holly Day Parade Committee

Forest Ridge Community, Davie, Florida

Members

Alice Barry
Old Orchard

Denise Bell
The Ridge on Nob Hill

Linda Lee Granger
Chapel Hill

Lorraine Hofheinz
Old Orchard

Evelyn Jasper
The Continental Group

Kris Johnston
Oak Grove

Frann Korn
Old Orchard

Beverly Payne
Old Orchard

Kitty Preziosi
Old Orchard

Kathy Raines
The Ridge on Nob Hill

Patti Reid
Old Orchard

Fran Smyth
Old Orchard

Susan Starkey
Old Orchard

October 30, 2006

Ms. Bonnie Stafiej, Director
Special Projects and Cultural Arts
Town of Davie
6591 Orange Drive,
Davie, FL 33314

Dear Bonnie:

Enclosed are our parade permit application along with the Certificate of Insurance for the Seventh Annual Forest Ridge Holly Day Parade set for Saturday, December 2, 2006, with step-off at 1:00 pm.

Thank you again for your ongoing support to us over the past seven years in bringing this joyous event to our community. I hope you can join us this year at the parade.

I look forward to hearing of the approval at the Town Council Meeting on November 15.

Sincerely,

Kitty Preziosi
Co-Founder and Chair

Established 2000

*Kitty Preziosi, Chairman -Phone: 954-915-0101- Fax: 954-915-9912
9441 Hollyhock Ct., Davie, Fl 33328 e-mail: KittyPrez@aol.com*





| | | | |
|----------------------|----------|---------------------|----------|
| Administration | 797-1030 | Parks & Recreation | 797-1145 |
| Budget & Finance | 797-1050 | Police Department | 693-8200 |
| Development Services | 797-1111 | Public Works | 797-1240 |
| Engineering | 797-1113 | Special Projects | 797-1153 |
| Fire Department | 797-1090 | Town Clerk's Office | 797-1023 |
| Human Resources | 797-1010 | Utilities | 433-4000 |

TOWN OF DAVIE, 6591 Orange Drive, Davie, Florida 33314-3399 (954) 797-1000

⊗ parade lineup begins at 12:15pm

PARADE PERMIT APPLICATION

Date: 10-27-06

Organization: Forest Ridge Holly Day Parade Committee

Address: 90 Kitty Preziosi 9441 Hollyhock Ct, Davie, 33328

Name of Representative(s): Kitty Preziosi City: Chair State: Zip: Phone Number: 954-915-0101

Address: 9441 Hollyhock Court, Davie, FL 33328

Number of Parade Entrants: 600 ^{→ 200 people} City: State: Zip: Number of Spectators Expected: 600-1,000

Date of Parade: 12/2/06 Hours of Parade: 1:00pm to 3:30pm ^{step off at} 3:30pm

Route of Parade: Inside entrance of Forest Ridge neighborhood off Pine Island, south of Nova Drive, west side of P.I. Down Forest Ridge Circle, left onto Old Orchard Road (north entrance), down Old Orchard Rd returning to starting point at statue.

Applicants Signature: Kitty Preziosi

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 an 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.

Client#: 31276

FORRI

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/24/06CFJ

PRODUCER
Advanced Insurance Underwriters
3250 North 29th Avenue
Hollywood, FL 33020-1313
954 963-6666

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.

INSURERS AFFORDING COVERAGE

INSURED
Forest Ridge Master HOA, Inc.
C/o The Continental Group, Inc.
2950 N. 28th Terrace
Hollywood, FL 33020-1301

INSURER A: **Philadelphia Insurance Company**
INSURER B: **St. Paul Travelers**
INSURER C: **Travelers Casualty & Surety**
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 | |
|----------|--|---------------|----------------------------------|-----------------------------------|-------------------------------------|-------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | PHPK116446 | 04/29/06 | 04/29/07 | EACH OCCURRENCE | \$1,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) | \$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 |
| | 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 AGG | \$ |
| A | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000 | PHUB043904 | 04/29/06 | 04/29/07 | EACH OCCURRENCE | \$3,000,000 |
| | | | | | AGGREGATE | \$3,000,000 |
| | | | | | | \$ |
| | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU-TORY LIMITS | OTH-ER |
| | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| B | OTHER Fidelity Bnd | 103310634 | 05/26/06 | 05/26/07 | \$50,000/\$0 Ded | |
| | | | | | C Directors & Officers | 104115357 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Town of Davie is listed as Additional Insured.

****COMMON AREAS/LIABILITY ONLY****

(See Attached Descriptions)

| | |
|---|---|
| <p>CERTIFICATE HOLDER</p> <p>Town of Davie 6591 Orange Drive Davie, FL 33314</p> | <p>ADDITIONAL INSURED; INSURER LETTER: _____</p> <p>CANCELLATION</p> <p>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.</p> <p>AUTHORIZED REPRESENTATIVE <i>Charlotte Floyd</i></p> |
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