



## SPECIAL EVENTS PERMIT APPLICATION FOR EVENTS ON CITY STREETS

**Application must be submitted not less than ten (10) days nor more than six (6) months prior to the date of the proposed activity. Activities involving more than 100 persons must be filed at least thirty (30) days, but not more than six (6) months prior to the date of the proposed activity.**

Title of Event: \_\_\_\_\_

Description of Proposed Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Please provide e-mail address so that we may contact you regarding this application \_\_\_\_\_

Number of Participants: \_\_\_\_\_ If animals involved, number and kind: \_\_\_\_\_

Location or Route of Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please include map if a specific route is involved)

Describe equipment, vehicles, staging, bleachers, tents, shelters, temporary electricity, and sound equipment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Building Permits may be required)

*(Over)*

Describe plans for sanitation facilities; crowd, noise and traffic control; parking:

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(Cost of provisions at the expense of the sponsor)

If revenue will be generated by this activity, list the individuals or entity that will benefit:

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Describe plans for garbage and litter cleanup during and after the event:

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**Certificate of Insurance** for General Liability covering the event with the City of Williamsburg named as additional insured is required as prescribed by the City Manager. **Please see attachments** for information regarding endorsement requirements. The Certificate of Insurance must be provided to the City Manager's Office at least 10 days prior to event.

Sponsor agrees to protect, defend, indemnify, and hold the City of Williamsburg, its officers, employees, and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings, or causes or action of every kind in connection with or arising out of this event and/or the performance hereof that are due to the negligence of the sponsor, its officers, employees, or agents. The sponsor further agrees to investigate, handle, respond to, provide defense for, and defend the same at its sole expense and agrees to bear all other costs and expenses related thereto.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Please complete the application and return to:

City Manager's Office  
Attn: Sandi Filicko  
401 Lafayette Street  
Williamsburg, Virginia 23185-3617  
or fax to: 220-6101  
or email to: [sfilicko@williamsburgva.gov](mailto:sfilicko@williamsburgva.gov)



## CITY OF WILLIAMSBURG

Office of the City Manager

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To Whom It May Concern:

In light of recent revisions to the insurance industry's ACORD forms, the City requires that it be added as an additional insured by a specific policy endorsement. Note that the additional insured endorsement will be rejected if it excludes completed operations coverage.

Further, the City will not accept proof of insurance that fails to provide for at least thirty (30) days advance written notice of policy cancellation except when due to non-payment of premiums in which case at least ten (10) days advance written notice is required. A simple notation of these endorsements on the ACORD form will not be accepted.

The required assurances may be provided by one of the following two methods:

1. Separate policy endorsements showing the City as an additional insured and providing for written advance notice of cancellation as described above, or
2. A copy of the policy provisions that satisfy such requirements.

In summary, the City will not accept a proof of insurance that does not include in one of the forms indicated above, an assurance that the City will receive advance written notice of policy cancellation as described. Also, any qualification of this assurance with language that purports to avoid liability for failure to provide such notice will not be accepted.

Failure to provide the required items could result in rejection of your insured's request for Special Events permits that require the City to be named as an additional insured.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew O. Trivette', written over a horizontal line.

Andrew O. Trivette  
Interim City Manager

NOTICE ENDORSEMENT

Policy Number:

IL 60 05 VA 01 10

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**MATERIAL COVERAGE CHANGE OR CANCELLATION  
NOTIFICATION – CERTIFIED MAIL**

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL PROPERTY COVERAGE PART
- CRIME AND FIDELITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- OWNERS AND CONTRACTOR PROTECTIVE LIABILITY PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART

SCHEDULE

Name of additional Insured Person(s) Or Organization(s) and mailing address:	Location And Description Of Project
City of Williamsburg c/o City Manager's Office 401 Lafayette Street Williamsburg, VA 23185	

We will not cancel or reduce coverage under this policy without providing at least 30 days notice of our intent to do so. Notice of such cancellation or reduction of coverage will be provided by certified mail, return receipt requested, to the Additional insured in the schedule above.