



Special Event Application

12/29/2022

Standard

194-SE-2022

Event Information

Event Name BTHAF 5K WALK/ RUN

Event Location 20225 N SCOTTSDALE RD

Event URL

Event Description DISCOUNT TIRE EMPLOYEE WALK / RUN FOR HEALTH AND WELLNESS EVENT. EVENT IS OPEN TO DISCOUNT TIRE EMPLOYEES ONLY.

Event Dates

Event Dates (1)	Start Date	End Date	Participant Attendance	Other Attendance
	THU 3/16/2023 8:30 AM	THU 3/16/2023 10:30 AM	100	20

Setup Date THU 3/16/2023 6:30 AM - 08:00 AM

Teardown Date THU 3/16/2023 10:00 AM - 10:30 AM

Applicant Information

Applicant THE REINALT - THOMAS CORPORATION

Applicant Address 20225 N SCOTTSDALE RD

Applicant City SCOTTSDALE, AZ 85255

Applicant Name IRENE MAYBERRY

Title MANAGER CORPORATE SERVICES

Phone (480) 606-6575 Email IRENE.MAYBERRY@DISCOUNTTIRE.COM

On-Site Contact COURTNEY OLIART

Title SENIOR CORPORATE SERVICES CLERK

Phone (480) 606-7375 Email COURTNEY.OLIART@DISCOUNTTIRE.COM

Applicant Experience WE HAVE HOSTED THIS EVENT FOR THE PAST SEVERAL YEARS. WE ARE USING THE SAME RACE COMPANY, WALK/RUN ROUTE, AND VOLUNTEER PLAN.

Prior Events

Has this event been produced before? YES

Is this an annual event? YES Previous Years : 5

Are there any changes from previous years? NO

Event Elements

Elements EDUCATIONAL

Description IT FURTHERS OUR CORPORATE HEALTH AND WELLNESS INITIATIVE.

Public Property Criteria

Are there any cross promotions or collaborations with local businesses to encourage sales or visibility? NO

NONE.



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Explain any anticipated regional, national, or international attendance.

NONE.

Is Scottsdale promoted in the special event marketing? NO

Explain how the community benefits from the event from a civic or cultural perspective.

DISPLAYING HEALTH AND WELLNESS PROMOTION TO EMPLOYEES THAT WORK IN THE SCOTTSDALE AREA.

Does your event require a paid fee for participants and/or spectators? YES

Event Equipment

Stages	NO	Tables, Chairs, Furniture	YES
Generators	NO	Inflatables	YES QTY: 1
Portable Bars	NO	Amplified Sound	NO
Speakers	YES QTY: 1-2	Temporary Restrooms	NO
Fencing	NO	BBQ Grills or Propane Use	NO
Lighting	NO	Tents/Canopies	NO

Vendor Sales

Retail Merchandise	NO	Food And Non-Alcoholic Beverages	NO
Food Trucks	NO	Alcohol	NO
Services	NO		

Signage Plan

On-Site Signs? NO

Off-Premise Signs? YES QTY: 4 TYPE: PORTABLE (A-FRAME- SITS ON TOP OF GROUND)

Signage Plan Description:

DIRECTIONAL ARROWS FOR PARTICIPANTS PLACED AT TURNS.

Parking Plan

City parking lot	NO	City parking garage	NO
On-street parking	NO	On-site parking	YES
Off-site parking	NO	Shuttle service from off-site parking areas	NO
Valet service	NO	Rider Provider	NO



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Parking Plan Description

ATTENDEE'S WILL UTILIZE THE DISCOUNT TIRE CORPORATE OFFICE PARKING.

Street Use

Street or Alley Use

Street Closure : NO

Public Parking Use

Parking Closure : NO

Sidewalk Use

Sidewalk Closure : YES

Sidewalk Name : E. THOMPSON PEAK PKWY,N. HAYDEN RD, W.GRAYHAWK DR.,S.SCOTTSDALE RD., DT DR.,73RD

Closure Dates : 2/16/2023 8:30:00 AM - 3/16/2023 10:00:00 AM

Barricade Company

Entertainment - Amplification/Sound Plan

Entertainment

Sound Monitoring

Time and type of outside sound and sound check times

Plan for sound monitoring, containment, and mitigation

Police/Security

Security Personnel

Inhouse Security YES Estimated Number : 20

Hired Security NO

Off Duty Police NO

Scottsdale Fire Department and Medical Standby Services

Fire Department Permit Required NO

Medical Standby YES Estimated Number : 16
Contact : CAMERON SHARP

Fire Apparatus/Personnel Standby Required NO

Insurance



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Insurance: Event activities on City/public property must be covered by insurance that protects the event sponsor/applicant and the City of Scottsdale. Various types and levels of liability insurance are required depending on the event. The required coverage and limits will be at the discretion of the Risk Management Division depending on the size and scope of the event. It is recommended that you submit your application and receive a determination on coverage and amounts before purchasing insurance coverage. Please refer to the Special Events Users Guide for more detailed information.

The following is a general guideline of the minimum limits that will be required:

Commercial General Liability Insurance coverage is required for all events with minimum limits of \$1,000,000 Each Occurrence, \$2,000,000 Products & Completed Operations Aggregates, \$2,000,000 General Aggregate. Liquor Liability Insurance of \$1,000,000 to \$5,000,000 Per Occurrence is required for any event where liquor is being served.

All Insurance must endorse the City of Scottsdale as an Additional Insured. A separate insurance addendum with additional insurance requirements may be added to this application and become part of this contract.

I have a race event and have submitted a copy of the participant waiver that includes waiving liability against the city of Scottsdale and holding the city of Scottsdale harmless? NO

I have included a copy of the insurance certificate showing appropriate limits and coverages as required and naming City of Scottsdale as additional insured? NO

Application Authorization

WARRANTY: Applicant warrants that the information provided in this application is true and accurate to the best of Applicant's knowledge and belief.

INDEMNIFICATION: To the fullest extent allowed by law, the Applicant agrees to defend, indemnify and hold harmless the City, its officers, officials, representatives, agents, employees and volunteers from and against all allegations, demands, proceedings, suits, actions, claims, damages, losses, expenses, including but not limited to, attorney fees, court costs, the cost of appellate proceedings, and all claim adjusting and handling expenses, arising from or related to any acts or omissions of the permit holder or its agents, contractors and subcontractors related to the Special Event including any claims, damages, or losses resulting from the City's or its employees' or agents' negligence.

The Applicant's signature below authorizes a City representative to inspect a special event on City or private property at any time, including setup.

AUTHORITY: For special events on public property, the Applicant warrants:

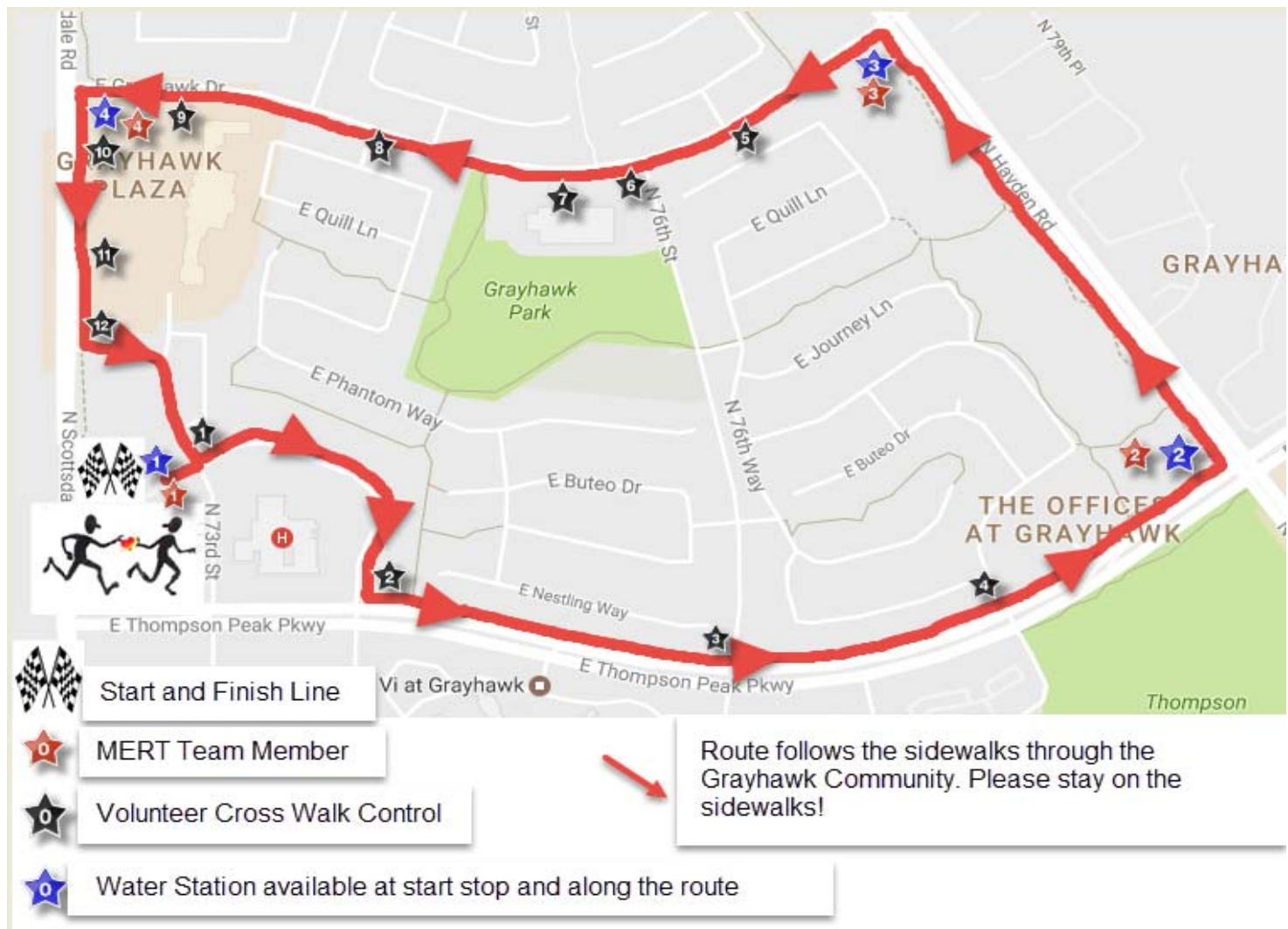
I am the permittee or an authorized agent of the permittee with authority to legally bind the permittee (an agent may sign only if the event is on private property) and agree to the conditions of this permit.

☒ Signature of Applicant - must be the same person listed on application.

Printed Name COURTNEY OLIART

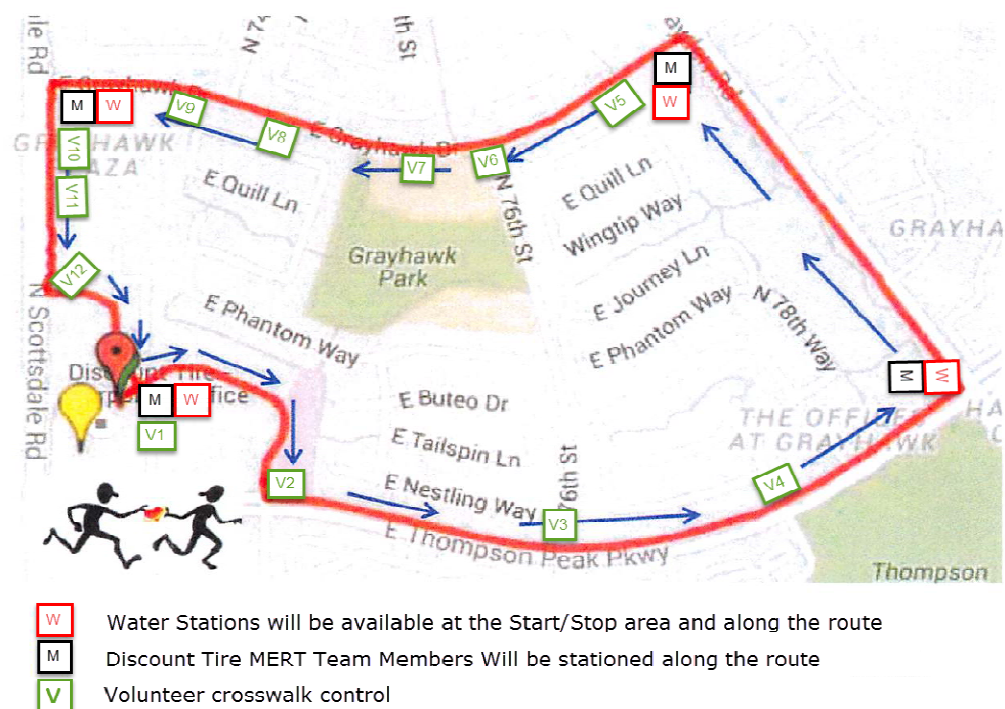
Date 12/29/2022

Title of Applicant SENIOR CORPORATE SERVICES CLERK



Location

W
W
W
V1
V2
V3
V4
V5
V6
V7
V8
V9
V10
V11
V12





CERTIFICATE OF LIABILITY INSURANCE

3/1/2024

DATE (MM/DD/YYYY)

2/20/2023

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 have ADDITIONAL INSURED provisions or 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 LOCKTON COMPANIES 500 West Monroe, Suite 3400 CHICAGO IL 60661 (312) 669-6900	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED 1068193 Discount Tire Co., Inc. 20225 N. Scottsdale Rd. Scottsdale, AZ 85255-6456	INSURER(S) AFFORDING COVERAGE INSURER A: Old Republic Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 24147

COVERAGES DISCO01 **CERTIFICATE NUMBER:** 13679743 **REVISION NUMBER:** XXXXXXXX

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	MWZY 312846-23	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Caring for & Wellness 5K Run/Walk

The City of Scottsdale is included as additional insured as required by written contract with respect to general liability per the terms and conditions of the policy.

CERTIFICATE HOLDER

CANCELLATION See Attachment

13679743

The City of Scottsdale
Risk Management Division
7506 East Indian School Road
Scottsdale AZ 85251

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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The City of Scottsdale
Risk Management Division

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID **13679743**.

- Email: Chicagoedelivery@lockton.com
- Phone: 866-297-8023

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

The above inbox is for automating electronic delivery of certificates only. Please do NOT send future certificate requests to this inbox.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies

Lockton Companies
500 W. Monroe Street, Suite 3400
Chicago, IL 60661



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