



Special Event Application

7/26/2024

Standard

88-SE-2024

Event Information

Event Name SCOTTSDAZZLE HOLIDAY SING-ALONG AND TREE LIGHTING
Event Location 7124 E STETSON DR
Event URL SCOTTSDAZZLE.COM
Event Description THE COMMUNITY KICKOFF EVENT FOR THE UPCOMING SCOTTSDAZZLE HOLIDAY SEASON

Event Dates

Event Dates (1)	Start Date	End Date	Participant Attendance	Other Attendance
	SAT 11/30/2024 7:00 PM	SAT 11/30/2024 9:00 PM	4500	30

Setup Date FRI 11/29/2024 7:00 AM - 08:00 PM
Teardown Date SAT 11/30/2024 9:00 PM - 11:30 PM

Applicant Information

Applicant CITY OF SCOTTSDALE
Applicant Address 7447 E. INDIAN SCHOOL ROAD
Applicant City SCOTTSDALE , AZ 85251
Applicant Name CHERYL SUMNERS
Title EVENTS MANAGER
Phone (480) 312-7834 Email CSUMNERS@SCOTTSDALEAZ.GOV
On-Site Contact KEVIN KOZIEL
Title VICE PRESIDENT, ENTERTAINMENT SOLUTIONS
Phone (480) 663-0700 Email KKOZIEL@ENTERTAINMENTSOLUTIONSINC.COM
Applicant Experience THIS WILL BE THE 9TH YEAR FOR THIS SCOTTSDAZZLE HOLIDAY TREE LIGHTING EVENT HELD ALONG THE CANAL BANKS W/ ESI AS OUR EVENT PRODUCER.

Prior Events

Has this event been produced before? YES

Is this an annual event? YES Previous Years : 8

Are there any changes from previous years? NO

Event Elements

Elements CIVIC, CULTURAL, ENTERTAINMENT
Description A WONDERFUL COMMUNITY EVENT, FREE AND OPEN TO THE PUBLIC.

Public Property Criteria

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

FOOD AND BEVERAGE VENDORS ARE SCOTTSDALE BUSINESSES. EVENT PRODUCER IS A SCOTTSDALE BUSINESS. WE WORK WITH THE FIESTA BOWL MUSEUM FOR PERFORMER STAGING. SOME OF THE MUSICAL TALENT IS SCOTTSDALE



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ARTISTS.

Explain any anticipated regional, national, or international attendance.

THIS COMMUNITY CELEBRATION INVITES LOCALS AND VISITORS FROM OUT OF TOWN THAT MAY BE VISITING DURING THANKSGIVING.

Is Scottsdale promoted in the special event marketing? YES

WE PROMOTE THIS CITY EVENT ON OUR WEBSITE, THROUGH MAILERS, SOCIAL MEDIA, AND PRINTED MATERIAL.

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

FREE EVENT FOR THE COMMUNITY TO ENJOY THE FESTIVITIES AND SPIRIT OF THE HOLIDAY SEASON.

Does your event require a paid fee for participants and/or spectators? NO

Event Equipment

Stages	YES QTY: 1	Tables, Chairs, Furniture	YES
Generators	YES KW SIZE: 20 QTY: 3	Inflatables	NO
Portable Bars	NO	Amplified Sound	YES
Speakers	YES QTY: 5+	Temporary Restrooms	YES QTY: 8
Fencing	NO	BBQ Grills or Propane Use	NO
Lighting	YES	Tents/Canopies	YES
		10' x 10' QTY: 6	

Vendor Sales

Retail Merchandise	YES QTY: 1	Food And Non-Alcoholic Beverages	YES QTY: 4
Food Trucks	YES QTY: 1	Alcohol	NO
Services	NO		

Signage Plan

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

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

Signage Plan Description:

NO PARKING, NO STOPPING SIGNS POSTED ALONG SCOTTSDALE ROAD TO ASSIST W/ PREVENTING RIDESHARE FROM PICKING UP OR DROPPING OFF PASSENGERS. SIGNAGE/MENU BOARDS AT FOOD & BEVERAGE VENDORS.

Parking Plan

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



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88-SE-2024

Valet service NO

Rider Provider NO

Parking Plan Description

ATTENDEES WILL BE DIRECTED TO THE NUMEROUS PUBLIC PARKING GARAGES LOCATED NEARBY.

Street Use

Street or Alley Use

Street Closure : YES

Number of Lanes : 2

Direction : S

Street Name : MARSHALL WAY LOCATED SOUTH OF VIA SOLERI

Closure Dates : 11/29/2024 6:00:00 AM - 12/1/2024 12:00:00 AM

Public Parking Use

Parking Closure : NO

Sidewalk Use

Sidewalk Closure : NO

Barricade Company

Company Name : SOUTHWEST BARRICADE

Contact Name : TBD

Phone Number : (602) 788-2222

Entertainment - Amplification/Sound Plan

Entertainment

LIVE BAND, PRE-RECORDED MUSIC, SPEAKER/ANNOUNCER, OTHER PERFORMER

Sound Monitoring

Name : KEVIN KOZIEL

Company : ESI

Phone Number : (602) 620-3351

Time and type of outside sound and sound check times

SOUND CHECKS IN AFTERNOON ON 11/30.

Plan for sound monitoring, containment, and mitigation

SPEAKERS AIMED EAST TOWARDS SCOTTSDALE ROAD. SMALL SPEAKERS LINING THE CANAL BANK ON BOTH SIDES FOR PUBLIC TO HEAR THE MUSIC, SONGS, AND MC FOR EVENT.

Police/Security

Security Personnel

Inhouse Security NO

Hired Security NO

Off Duty Police YES Estimated Number : 4 Scottsdale Police : YES Other Agency : NO

Scottsdale Fire Department and Medical Standby Services

Fire Department Permit Required NO



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Medical Standby NO

Fire Apparatus/Personnel Standby Required NO

Insurance

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 CHERYL SUMNERS

Date 7/26/2024

Title of Applicant EVENTS MANAGER, CITY OF SCOTTSDALE

Drop-off: Friday 11/29/24 @ 6AM

Pick-up: Monday 12/2/24

Marshall Way

Scottsdale Rd

Location #1

Soleri Bridge

4420 N. Scottsdale Rd, Scottsdale, AZ
85251
(9 @ 90gal Trash)

Location #2

(*Please Refer to Page 2 for placement*)

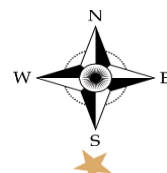
Marshall Way Bridge

Closest Address (Broadstone)
7025 E Via Soleri Dr. Scottsdale, AZ 85251
(9 @ 90gal Trash / 45 Cardboard / 50 liners)



Scottsdazzle

Holiday Sing-Along & Tree Lighting
Saturday, November 30th, 2024, 7:00pm – 9:00pm



**ENTERTAINMENT
SOLUTIONS**
Inc.



Location #2

Marshal Way Bridge

Closest Address (Broadstone)

7025 E Via Soleri Dr. Scottsdale, AZ 85251
(9 @ 90gal Trash / 45 Cardboard / 50 liners)



Scottsdazzle

Holiday Sing-Along & Tree Lighting

Saturday, November 30th, 2024, 7:00pm – 9:00pm

ENTERTAINMENT
SOLUTIONS
Inc.



**No Scooter
Sign**

**No Scooter
Sign**

**No Scooter
Sign**

**No Scooter
Sign**

**No Scooter
Sign**

**No Scooter
Sign**



EQUIPMENT LEGEND

- Sign Symbol
- Vertical Panel
- Type 1
- Type 3
- "A" Lights
- "B" Lights
- "C" Lights
- Arrow Panel
- High Level

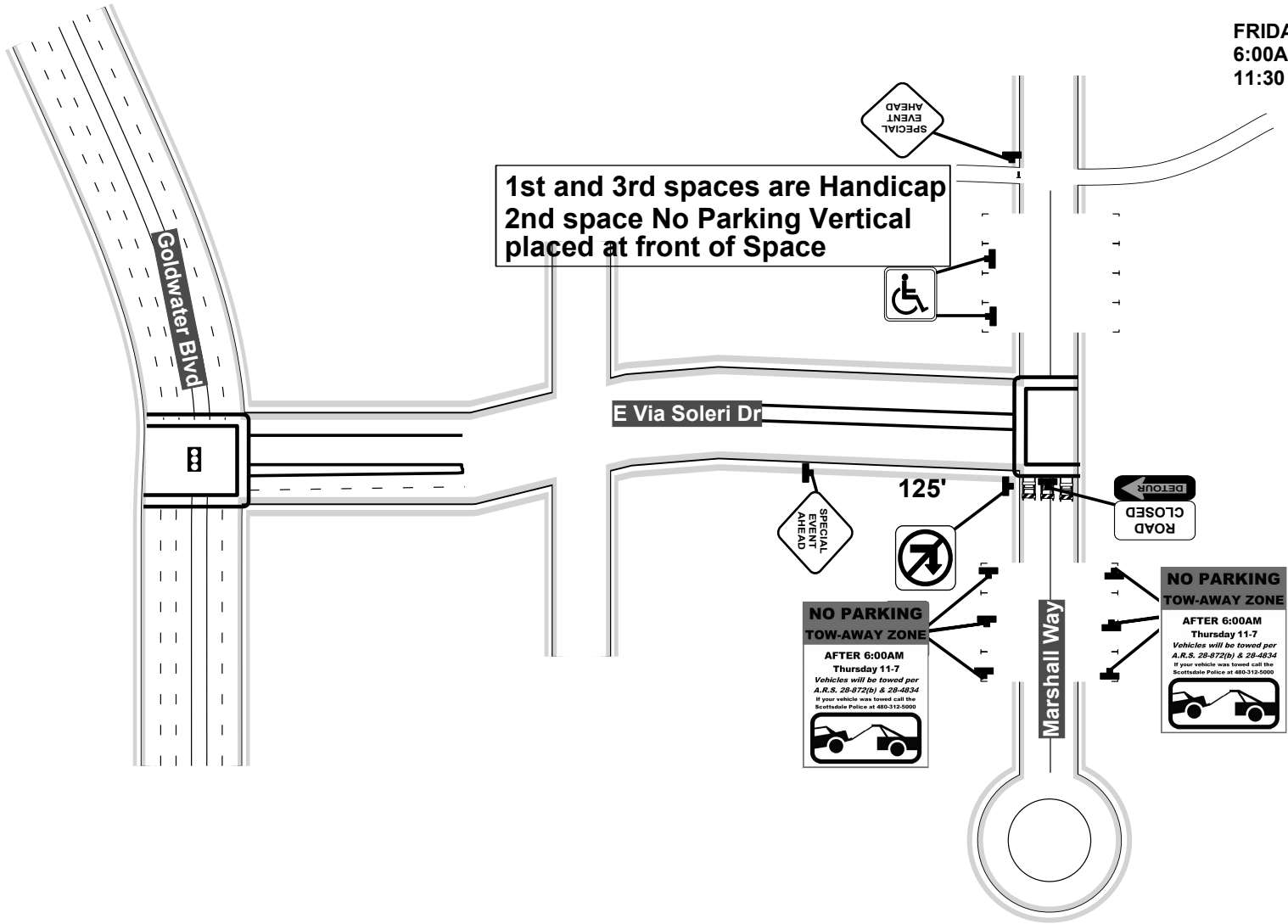
City of Scottsdale Approval

Field Engineering

Traffic Engineering

WEDNESDAY 11/27
6:00AM No Park Signs Installed

FRIDAY 11/29- SATURDAY 11/30
6:00AM Street Closure Begins
11:30 PM Street Closure Ends



OFF-DUTY OFFICER IS REQUIRED IF WORKZONE IS WITHIN 300' OF SIGNALIZED INTERSECTION

 DRAWN BY Gibran Plascencia Phone:602-788-2222 Email:tcp@swbarricades.com	T.C.P. NAME: 22-4676 B	XXX	COS Permit # XXX	 N S E W	POSTED SPEED SPEED LIMIT 35
	LOCATION: Via Soleri Dr & Marshall Way				
	START DATE: 11/29/2024	END DATE: 11/30/2024			
	WORK HOURS:				
	☐ 8:30am-3:30pm Mon-Fri		☐ 24 HR		
	☐ 10:00pm-5:00am Sun-Thur		☐ Other: _____		
	CONTRACTOR: Entertainment Solution	Contact person: Kevin Koziol			
	Contact Phone: 602-620-3351	Contact Email: kevin@solutionsaz.com			

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/18/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Moreton & Company - Utah P.O. Box 58139 Salt Lake City, UT 84158-0139 801 531-1234	CONTACT NAME: Kaci Warnick PHONE (A/C, No, Ext): 801 531-1234 FAX (A/C, No): 801-531-6117 E-MAIL ADDRESS: kwarnick@moreton.com														
INSURED BEG Subsidiaries, Inc 3916 E. Pueblo Ave Mesa, AZ 85206	<table border="1"> <thead> <tr> <th data-bbox="816 426 1433 453">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1572 453">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 453 1433 483">INSURER A : Auto-Owners Insurance Company</td> <td data-bbox="1433 453 1572 483">18988</td> </tr> <tr> <td data-bbox="816 483 1433 512">INSURER B : WCF National Insurance Company</td> <td data-bbox="1433 483 1572 512">40517</td> </tr> <tr> <td data-bbox="816 512 1433 541">INSURER C :</td> <td data-bbox="1433 512 1572 541"></td> </tr> <tr> <td data-bbox="816 541 1433 571">INSURER D :</td> <td data-bbox="1433 541 1572 571"></td> </tr> <tr> <td data-bbox="816 571 1433 600">INSURER E :</td> <td data-bbox="1433 571 1572 600"></td> </tr> <tr> <td data-bbox="816 600 1433 634">INSURER F :</td> <td data-bbox="1433 600 1572 634"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Auto-Owners Insurance Company	18988	INSURER B : WCF National Insurance Company	40517	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			506497400	02/08/2024	02/08/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY			506497400	02/08/2024	02/08/2025	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? ☒ Y ☐ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	4082081	02/09/2024	02/09/2025	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

**** Workers Compensation Information** Excluded Officers: Michelle Bonura, Vivian Hill and Shawna Williams**

December Strolls

Certificate Holder is added as an Additional Insured under the General Liability section as provided in the blanket additional insured endorsement as it pertains to work being performed by the named insured under written contract. Waiver of Subrogation applies in favor of the City of Scottsdale.

CERTIFICATE HOLDER**CANCELLATION**

City of Scottsdale 7447 E. Indian School Road #301 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/25/2024

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PRODUCER S&K Insurance Agency LLC PO Box 5638 Goodyear AZ 85395	CONTACT NAME: Jason Storoschuck PHONE (A/C, No, Ext): (623) 256-1817 E-MAIL: jason@sandkinsurance.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : OHIO SECURITY INS CO INSURER B : FARMINGTON CAS CO INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 24082 41483
INSURED Yellow Spruce Coffee Roasters 3211 W Horizon Dr Phoenix Phoenix AZ 85086	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y		BKS61864274	12/21/2023	12/21/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	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 ☐	N / A	UB2R928000	08/31/2024	08/31/2025	PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	PROPC			BKS61864274	12/21/2023	12/21/2024	Special 150,075 Inflation Guard Special 253,575

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

City of Scottsdale, its subsidiaries, shareholders, directors, officers, employees, and agents is an additional insured

Entertainment Solutions, Inc., its subsidiaries, shareholders, directors, officers, employees, and agents is an additional insured

CERTIFICATE HOLDER**CANCELLATION**

City of Scottsdale

7447 E Indian School Rd #301

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2024

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PRODUCER Ambassador Group Inc. 7010 E Chauncey Ln Ste 230 Phoenix AZ 85054	CONTACT NAME: Lisa Mindak PHONE (A/C, No, Ext): (480) 776-6950 E-MAIL ADDRESS: lmindak@ambassadorins.com FAX (A/C, No): (480) 776-6951
INSURED Daily Dose Old Town Bar & Grill LLC 2314 E Glenrosa Ave Phoenix AZ 85016-6214	INSURER(S) AFFORDING COVERAGE INSURER A: Pekin Insurance Company INSURER B: Hartford Ins Co SE INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 24-25 MASTER**REVISION NUMBER:**

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y		006325256	06/01/2024	06/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ INCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			006325284	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ RETENTION \$			006325286	06/01/2024	06/01/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$
B	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 Y	N/A	59WECAX8JG4	06/01/2024	06/01/2025	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	LIQUOR LIABILITY			006325256	06/01/2024	06/01/2025	OCCURRENCE 1,000,000 AGGREGATE 1,000,000

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

Coverage subject to policy forms, terms and conditions. City of Scottsdale and Entertainment Solutions, Inc. and their subsidiaries, shareholders, directors, officers, employees and agents are additional insured as required by written contract.

Event: Scottsdazzle Sing-Along & Tree Lighting

CERTIFICATE HOLDER**CANCELLATION**

City of Scottsdale 7447 E. Indian School Road Suite#301 Scottsdale AS 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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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 Neate Dupey Insurance Group 8700 E. Vista Bonita Dr. Suite 270 Scottsdale AZ 85255	CONTACT NAME: Dee Dungan PHONE (A/C, No, Ext): (480) 391-3000 E-MAIL: dee@neatedupey.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: WEST BEND MUTUAL INSURANCE INSURER B: SECURITY NATIONAL INSURANCE - AMTRUST INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): NAIC # 15350 19879
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: LIQUOR LIABILITY	Y	Y	B847132	10/17/2024	10/17/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 EACH OCC / AGG \$ \$ 1MIL / \$ 2 MIL
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	Y		B847132	10/17/2024	10/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 ☐	N / A	SWC1512757	10/17/2024	10/17/2025	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	EMPLOYMENT PRACTICES LIABILITY			B847132	10/17/2024	10/17/2025	EACH OCC \$100,000 AGGREGATE \$100,000 RETENTION \$10,000

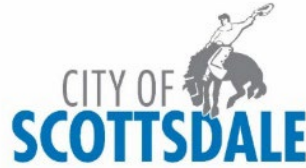
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: Scottsdale Strolls
City of Scottsdale and Entertainment Solutions Inc., their subsidiaries, shareholders, directors, officers, employees and agents are included as additional insured and given a waiver of subrogation by endorsement as required by contract.

CERTIFICATE HOLDER	CANCELLATION
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City of Scottsdale 7447 E Indian School Rd #301 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 SCOTT SHIRLEY
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Notification of Proposed Special Events Canal Bank area

The City of Scottsdale has received several special event applications and is programming events to occur along the Old Town Scottsdale canal banks. The purpose of this email is to provide awareness to residents and businesses in the nearby area, relay details about the proposed events, and solicit feedback.

Please review the below information and if you have any comments, questions or concerns, contact [Cheryl Sumners](#) no later than Monday, August 19, 2024.

Scottsdazzle Sing-Along & Tree Lighting Event Saturday, November 30

Scottsdazzle, a month-long holiday promotion in Old Town Scottsdale produced by the city's Tourism & Events Department, kicks off the holiday season with this annual community event that is free and open to the public. Enjoy seasonal décor, live entertainment, holiday trees, holiday characters and other activations, singing along to holiday songs with music by a live orchestra. Beverages and treats will be available for purchase.

Event details and information include:

- Event Hours: 7 p.m. – 9 p.m.
- Event Set-up: Fri. 7 a.m. – 8 p.m. & Sat. 7 a.m. – 6 p.m.
- Event Tear-down: 9 p.m. - 12 a.m. Some seasonal holiday décor will remain through December.
- Entertainment: Live music, pre-recorded holiday music, and other performers during event hours.
- Event Parking: Volunteers, vendors, staff, and attendees will be directed to the nearby public parking garages.
- Street Closures: Marshall Way located north of the bridge and south of Via Soleri from Fri. 6 a.m. - Sat. by midnight.

For more information see [Application and Site Plan](#)

Event Info: [Scottsdazzle.com](https://www.scottsdazzle.com)