



NO FEE REQUIRED

PARADE PERMIT APPLICATION

Return application to the City Secretary a minimum of 20 days prior to the parade. Please answer every question. Application should be typed or printed in ink. Incomplete or illegible applications may be rejected. Questions? Call 903-798-3930. *All parades require written approval from a business or homeowner that the parade may impact. Owner's permission letter(s) **MUST** be attached.

Parade Chairman

Application Date: _____

Last First Middle Initial Phone Number

Alternate Parade Chairman

Last First Middle Initial Phone Number

Name of Organization: _____

PARADE ROUTE REQUESTED: (Attach map of parade route)

Will food be handled, prepared, given away or sold at this event? If yes, call Health Inspections at 903-798.3263.

Parade Date: _____ **Starting Time:** _____ **Assembly Location:** _____

Assembly Time: _____ **Starting Point:** _____ **Ending Point:** _____

Estimated Number of Vehicles: _____ **Floats:** _____ **People Walking/Marching** _____

Estimated Number of Animals: _____

Types of Animals: _____

The person listed herein as Parade Chairman/Alternate Chairman of the parade may be required to reimburse the City of Texarkana, Texas for any expenditures before, during, or after the parade to handle any matter related to the parade including time spent by City personnel, City equipment, or other City resources. The fee will be determined by the City Department providing the resource subject to the approval of the City Manager.

Date: _____ **Signature of Applicant/Sponsor:** _____

Thank you for submitting your application for your parade. Your application will be approved with/without conditions or denied based on the information you have supplied.

For your convenience, this application can be returned to the City Secretary at any of the following:

j.evans@txkusa.org,
City Hall, 220 Texas Blvd; Texarkana, Texas – 2nd Floor
Fax (903) 798.3448



**City of Texarkana, Texas
Special Event or Public Amusement Held on City Property
Indemnity and Hold Harmless Agreement**

To the Applicant / Sponsor:

For your special event or public amusement, the City does not assume any liability or responsibility for injury or damage to persons or property. In the event such claims or causes of action are asserted against the City, the City will assert immunity from suit when applicable. The City Council requires that you sign an agreement to indemnify and hold harmless the City, its officers, employees, agents, and representatives against all claims of liability and causes of action resulting from injury or damage to persons or property arising out of the special event or public amusement [Code of Ordinances, Ch. 36, §36-44(b)], and that you provide a signed statement promising to clean up the city property and restore the property to the pre-event condition [Code of Ordinances, Ch. 36, §36-44(c)].

The City Council also has provided that you may be required to furnish the City with a certificate of insurance in a sufficient amount as determined by the City to protect city-owned property [Code of Ordinances, Ch. 36, §36-44(a)] and that you acknowledge that you may be required to fully reimburse the City for any city resources expended before, during, or after the special event to handle any matter related to the special event, including time spent by city personnel, city equipment, or other city resources [Code of Ordinances, Ch. 36, §36-43(c)(10)].

The undersigned Applicant / Sponsor agrees and acknowledges:

(1) to defend, indemnify, and hold harmless the City, its officers, employees, agents, and representatives, against all claims of liability and causes of action resulting from injury or damage to persons or property, including death, arising out of the special event or public amusement, **even if the City, or its officers, employees, agents, and representatives, are allegedly or found to be negligent or otherwise liable or legally culpable in whole or in part for such injury or damage**, said indemnification to include the amounts of such claims and the costs of defending against same (including expenses, court costs, and reasonable attorney's fees);

(2) to clean up the city property and restore the property to the condition that existed prior to the special event or public amusement;

(3) to fully reimburse the City for any city resources expended before, during, or after the special event or public amusement to handle any matter related to the special event, including time spent by city personnel, city equipment, or other city resources, with the fee to be determined by the City Department providing the resource subject to the approval of the City Manager; and

(4) to furnish the City Secretary upon request with a certificate of insurance in a sufficient amount as determined by the City to protect city-owned property.

Date: _____

Signature of Applicant/Sponsor: _____

Office Use Only:

Certificate of Insurance provided: \$_____ liability coverage

Liability Insurance Requirements

Listed below are the following requirements:

- 1) **General Liability insurance for personal injury (including death) and property damage with a minimum of \$1 million per occurrence and \$2 million aggregate, including coverage for advertising injury and products coverage.**
- 2) **IF THE CONTRACTOR SERVES ALCOHOLIC BEVERAGES: Liquor liability with a minimum of \$1 million per occurrence and \$2 million aggregate.**
- 3) **IF HIGH RISK OF DANGEROUS ACTIVITIES: Umbrella coverage of liability excess coverage of \$2 million.**
- 4) **IF AUTOMOBILE OR LIMOUSINE SERVICE IS INVOLVED EVEN IF USING VOLUNTEERS: Automobile liability with a minimum of \$1 million combines single limit.**

All insurance and certificate(s) of insurance shall contain the following provisions:

- 1) **Naming the City, its officers, agents, representatives, and employees as additional insured as to all applicable coverage with the exception of workers compensation insurance.**
- 2) **Providing for a waiver of subrogation against the City for injuries, including death, property damage or any other loss to the extent the same is covered by the proceeds of insurance.**

INSURANCE COMPANY QUALIFICATION: All insurance companies providing the required insurance shall be authorized to transact business in the state of Texas and rated at least "A" by A M Best's Key Rating Guide or other equivalent rating service.

General Liability Insurance - REQUIRED

Please attach a copy of the insurance certificate and additional insured endorsement at the end of the application.

SEE AN EXAMPLE OF A CERTIFICATE OF LIABILITY INSURANCE ON THE FOLLOWING PAGE.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
xx/xx/xxxx

PRODUCER Your Insurance Agency address	THIS CERTIFICATION 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.	
INSURED Your Name Here Address of Insured	INSURERS AFFORDING COVERAGE INSURER A: Your Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

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/ADD'L	LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC Retail Liquor Liability	33333333333333	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE <small>INCLUDES BODILY INJURY & PROPERTY DAMAGE</small> \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 DEDUCTIBLE \$ 1,000 \$								
		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 AUTO ONLY: EA ACC \$ AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"><input type="checkbox"/> WC STATU-TORY LIMITS</td> <td style="width: 40%;"><input type="checkbox"/> OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	<input type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
<input type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
		OTHER												

The City of Texarkana, Its officers, agents, representatives and employees as additiona insured as to all applicable coverages with the exception of workers' compensation. Provide a waiver of subrogation against the City for injuries, including death, property damage, or any other loss to the extent the same is covered by the proceeds of insurance.

CERTIFICATE HOLDER City of Texarkana, Texas 226 Texas Blvd Texarkana, TX 75501	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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. AUTHORIZED REPRESENTATIVE <i>Will Maddox</i>
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