



SEP# SEP-014-16

# LARGE SPECIAL EVENT APPLICATION

A Large Special Event means an event expected to draw more than 1000 people or exceeds 4 days in duration. A Special Events Emergency Contingency Plan (SEECP) will be required for events exceeding 500 patrons.

Note: This application must be submitted to the Special Event Coordinator at least 120 days (4 months) prior to event date. Special Event Permit fees are due at submittal.

## Section 1: Applicant Information

Event Title Errl Camp

Special Event Owner/Sponsor ("Owner"): AZFDA, LLC

(This will be the name listed on the insurance.)

Address: P.O. Box 47533 City: PH St: AZ Zip: 85068

Email address: tihsbua@gmail.com

\*Telephone: 602-540-6283 Cell: \_\_\_\_\_

Web Address: theerrlcamp.com

Contact Person (Coordinator): Jim Morrison

## Section 2: Property Information

Event Location Name: Domes at Casa Grande

Property Owner Dan Peer FORSET N.P / DANIEL D. PEER

Address: 7401 S. HOBENTON City: CASA GRANDE St: AZ Zip: 85193

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Parcel Number (s): 51-34-006B

Current Property Use: N/A

## Section 3: General Event Information

Purpose and Description: Medicated Halloween Camp Event

Event Category (check ALL that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bicycle/Foot Race        | <input type="checkbox"/> Dance                           | <input type="checkbox"/> Parade                 |
| <input type="checkbox"/> Fireworks                | <input checked="" type="checkbox"/> Festival/Celebration | <input type="checkbox"/> Motorized vehicle race |
| <input type="checkbox"/> Carnival/Amusement Rides | <input type="checkbox"/> Wine tasting/food               | <input type="checkbox"/> Tent Revival           |
| <input type="checkbox"/> Circus                   | <input type="checkbox"/> Inflatable/Jumpers              | <input type="checkbox"/> Art Show               |
| <input type="checkbox"/> Concert/Performance      | <input type="checkbox"/> Market/Sales                    | <input type="checkbox"/> Other: _____           |

Please attach a site plan(s) showing all pertinent event features such as parking areas, tents, structures, vendor locations, location of portable restrooms and showers, carnival rides, camping areas, security staging, medical stations, helipads, ingress and egress routes, major adjacent streets or highways, railroads or washes, band or recreational centers, seating areas, and fireworks shows. Be as complete and detailed as possible as this will explain the layout of your event to many departments.

Event Start Date: 10/29/16 Event End Date: 10/30/16  
 Event Hours of Operation: Sat. 11-6 Day Sun (10-5) Day  
 Setup Date: 10/28 + 10/29 Time: 8am Dismantle Date: 10/31 Time: 5pm

**Anticipated Attendance:** Per Hour (peak) \_\_\_\_\_ Per Day total: 1000-2000

Is there entertainment associated with your event? Yes  No

**If Yes**, please indicate the types of entertainment

(Check all that apply):

Live Music  
 Theatrical Performance

Disc Jockey (DJ)  
 Dancing

Children's Activities  
 Other: \_\_\_\_\_

Will there be ADA accessible parking and pedestrian aisles throughout your event? The aisle should include accessibility to food areas, restrooms, and parking lots? Yes  No

Will you be constructing any temporary structures for your event such as stages, towers, bleachers or platforms?

Yes  No

Will you have any tents? Yes  No  What sizes and how many of each? (10x10) (10x20)

Does your event require electricity? Yes  No

What type of electrical will be supplied?

Metered  Generators (how many? 4)  Extension cords  Spider box

#### Section 4: Public Works-Street or Right-of-Way Information

Does your event utilize any county rights-of-way, causes any detours or closures? Yes  No   
 (You may be required to obtain a Rights-of-Way permit from each jurisdiction.)

If yes, please ATTACH a traffic control plan, which indicates all streets you are requesting to use and/or close. Date(s) of use: \_\_\_\_\_

Does your event utilize a state highway for access or as part of the event? Yes  No   
 If yes, a copy of the Arizona Department of Transportation (ADOT) permit must be included with this application.

**At the discretion of the Public Works Department, applicant may be required to provide the following:**

- Site map/route map of event including date and time of event.
- Traffic control plan in concurrence with the latest edition of the Manual on Uniform Traffic Control Devices (MUTCD). Include the name and number of the person responsible for the set up and maintenance of traffic control.
- Proof of insurance.
- Contact information for event emergency contact.

## Section 9: Fireworks, Open Fire and Camping Information

Does your event include the use of fireworks (i.e. fireworks, rockets, lasers, or other pyrotechnics)? Yes  No

If Yes, you will be required to obtain a fireworks permit from Pinal County Board of Supervisors prior to all fireworks exhibitions. Please describe pyrotechnics use: \_\_\_\_\_

Will your event have overnight camping? Yes  No  Number of campsites: 100?

Will your event include any open fires (i.e. campfires, bonfires, etc)? Yes  No

**Note: Bonfires require a government agency sponsor; campfires must be less than 3 feet in diameter and 2 feet in height.** Please describe types of fires that are planned:

Just Campfires

\*\*\*If your event will have fireworks and/or open fires you will be required to have on-site fire protection services from a fire department. Please provide a signed copy of the fire protection services contract with this application.

## Section 10: Security and Medical Plan

Have you contacted Pinal County Sheriff's Office (PCSO) regarding the requirements for obtaining Deputies or private security staff to provide security for your event? Yes  No

Do you have a contract in place for their services? Yes  No

Please include a copy of all contracts with this application. Note: PCSO may require you to sign a contract for their services.

Number of PCSO personnel: 0 Number of private security personnel: 5-10/29 10am-6pm  
5-10/29 6pm-10am  
10-10/30 10am-4pm

Has the sponsor contracted with a medical provider, such as an ambulance provider, a fire department or a private medical provider, for medical support for your event? Yes  No

\*\*\*If yes, please provide a copy of all contracts from the medical providers. The contracts must include 24 hour emergency contact information for on-site medical supervisors; number, size and operation hours of the medical stations; number of ambulances; number of personnel and work schedule; type of medical equipment and supplies utilized by medical personnel for the event.

Emergency contact for medical service provider DURING event: Name \_\_\_\_\_ Number \_\_\_\_\_

Please indicate the following:

Total number of medical personnel for the event: 3 stations Number of Paramedics: \_\_\_\_\_  
Number of EMTs: \_\_\_\_\_ Number of ambulances: \_\_\_\_\_ Number of helipads: \_\_\_\_\_ GPS coordinates of helipads: \_\_\_\_\_  
Number of medical stations: \_\_\_\_\_ Medical station shall provide basic necessities such as water, a place to lie down, a tent for protection, heating and/or cooling, etc.

Mobile Medical Teams (a medical team = 1 Paramedic and 1 EMT)

Number of foot teams: 3 Number of cart teams: 1 Number of bike teams: \_\_\_\_\_

Please note that Emergency Management and Public Health will work with you to create an efficient medical and emergency plan for your event.

## Section 5: Air Quality Information

Will your event utilize any dirt or graveled roadways, entrances, or parking areas (including overflow)?

Yes  No  If "yes", complete the Air Quality Special Event Checklist available at:

<http://www.pinalcountyz.gov/AirQuality/Documents/Dust/Special%20event%20application.pdf>

Call 520-866-6929 for more information.

## Section 6: Alcoholic Beverage Information

Will participants be allowed to bring alcoholic beverages to your events? Yes  No  *NA*

Does your event utilize on site **SALE** of alcoholic beverages? Yes  No

If yes to either of the above questions, please select all that apply:  Liquor/Spirits  Beer  Wine

Have **State** permits for selling alcohol been applied for? Yes  No

Information regarding a liquor license can be found at <http://www.azliquor.gov/licensing/>.

Has permission been granted by property owner to allow sales of alcohol on site? Yes  No

## Section 7: Environmental—Food

Will your event have any food booths where food is being prepared/cooked? Yes  No

If yes, how many food booths? 4 Trucks (up to)

Which of the following services will be supplied to or utilized by the food vendors?

Water  Electricity  Grease disposal  Garbage disposal  Appropriate Fire Extinguishers  
 Propane

You will be required to submit to Pinal County Environmental Health at least 2 weeks prior to the event temporary food booth permits for each food vendor. NOTE: If you are using any food vendors from outside Pinal County, they will be required to obtain temporary food vendor permits also.

<http://pinalcountyz.gov/EnvironmentalHealth/Pages/Documents.aspx>

## Section 8: Aquifer Protection-Sanitation

Will there be portable showers at this event? Yes  No  Will there be portable restrooms on site? Yes  No

If yes, # of showers: 0 Fully contained? Yes  No  Grey water removal? Yes  No

Will permanent structure restrooms be utilized for this event? Yes  No

If yes, please provide the number of fixtures: Toilets \_\_\_\_\_ Urinals \_\_\_\_\_ Sinks \_\_\_\_\_

Will restrooms be provided in adjacent building (s)? Yes  No

Total number of: portable restroom units: 2 ADA portable restroom units: 50 Portable Restroom Unit Provider: \_\_\_\_\_

Total number of trash cans: 100 Dumpsters: 1

Please ATTACH an agreement between your organization and portable restroom provider that includes the number of restrooms to be provided. Please note that for events held in parks, portable restrooms must be removed in a timely manner after the event.

## Section 11: Insurance Requirements

The Pinal County Risk Manager will determine insurance requirements for a special event following receipt of a special event permit application. Insurance requirements apply to event vendors, amusement ride companies and fireworks producers and well as owners/sponsors. Requirements will depend on hazards associated with the specific event.

Required insurance shall be provided by companies licensed in the State of Arizona with a current AM Best, Inc. rating of A VII or better. **Pinal County shall be named additional insured on all insurance policies except workers' compensation. Coverage's shall be primary and non-contributory with respect to any other insurance available to Pinal County and shall include a waiver of rights of recovery or subrogation against the County, its officials and employees for any and all claims, damages, losses, liabilities or expenses relating to, arising from, resulting from, or alleged to have arisen or resulted from, the Event. Original copies of certificates of insurance and additional insured endorsements must be received by Risk Management at least two weeks prior to the event.**

Minimum insurance requirements for any event requiring a special permit are listed below. Insurance requirements of Pinal County do not limit the indemnity provisions of this agreement. Pinal County does not represent that the required insurance is adequate to protect the interests of an event owner/sponsor, producer, vendor or any other person or entity.

### Minimum Insurance Requirements

**Commercial general liability** (occurrence form) including contractual liability: \$1,000,000 per occurrence and \$2,000,000 annual aggregate

#### Other liability insurance if applicable:

##### Liquor Liability

**Small Event:** \$1,000,000 per occurrence

**Large Event:** \$3,000,000 per occurrence

**Very Large Event:** \$5,000,000 per occurrence

**Fireworks Production:** \$3,000,000 per occurrence

**Carnival/Amusement Rides:** \$3,000,000 per occurrence

**Automobile liability** covering any automobiles or trucks used for the event: \$1,000,000 per occurrence

**Workers' Compensation Insurance:** Statutory limits and including Employer's Liability insurance of \$1,000,000 each accident, \$1,000,000 each disease and \$1,000,000 disease.

### INDEMNIFICATION:

In consideration of the approval of a special event permit by Pinal County, the Special Event Owner/Sponsor ("Owner") shall indemnify, defend, save and hold harmless Pinal County, its officials, agents, employees and volunteers ("County") without limitation from and against any and all claims, actions, liabilities, damages, losses, or expenses including court costs, attorneys' fees, and costs of claim processing, investigation and litigation caused, or alleged to have been caused, in whole or in part, by the acts or omissions of Sponsor or any of its owners, directors, employees, agents, contractors or volunteers. It is agreed that Sponsor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. Owner agrees to waive all rights of subrogation against County for losses arising from the Special Event.



**Section 12: Signature**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Pinal County Special Event Ordinance, and I understand that this application is made subject to the rules and regulations established by Pinal County. I agree to comply with all other requirements of the County, State and Federal Government and any other applicable entity that may pertain to the use of the Event venue and the conduct of the Event

Special Event Owner/Sponsor ("Owner"): James C. Morris AZFDD

James C. Morris (Print) Signature:

[Signature] Date: 7/12/16

Pinal County Special Event Coordinator: [Signature] Date: 10/5/2016

\_\_\_\_\_  
Chairman  
Pinal County Board of Supervisors

ATTEST:

\_\_\_\_\_  
Clerk of the Board





PINAL COUNTY  
wide open opportunity

**Special Event Department Checklist**  
**Erri Camp**  
**SEP-014-16 Scheduled for October 29<sup>th</sup> & 30<sup>th</sup> 2016**

Air Quality Applicant has applied for the necessary permits, Air Quality is satisfied. Applicant has met the requirements for this event.

**Approved**                       **Denied**                       **Not Applicable**

*Denise F. 9/23/2016*

Building Safety: Applicant has applied for the necessary permits, Building Safety is satisfied. Applicant has met the requirements for this event.

**Approved** - 9/27/2016                       **Denied**                       **Not Applicable**

*Separate A1019 Permit & Inspection of site prior to event.*

Aquifer Protection: Applicant has applied for the necessary permits, Aquifer Protection is satisfied. Applicant has met the requirements for this event

**Approved**                       **Denied**                       **Not Applicable**

*DAVE CRUE 9/13/2016*

Environmental Health-Food: Applicant has applied for the necessary permits, Environmental Health is satisfied. Applicant has met the requirements for this event.

**Approved**                       **Denied**                       **Not Applicable**

*By Email - Chris Remus 9/26/2016*

Risk Management: Applicant has applied for the necessary permits, Risk Management is satisfied. Applicant has met the requirements for this event.

**Approved**                       **Denied**                       **Not Applicable**

*Jerika Brannon 9/27/2016*

Public Health: Applicant has provided an acceptable emergency contingency plan, Public Health is satisfied. Applicant has met the requirements for this event.

**Approved**                       **Denied**                       **Not Applicable**

*CHRISSEY GONZALES 9/27/2016*

Public Works: Applicant has provided traffic plan and maps, Public Works is satisfied. Applicant has met the requirements for this event.

**Approved**                       **Denied**                       **Not Applicable**

*Adam Ledesma 9/15/2016*

Sheriff's Department: Applicant has made the necessary arrangements with the Sheriff's department for traffic control and event security, The Sheriff's Dept. is satisfied. Applicant has met the requirements for this event.

**Approved**                       **Denied**                       **Not Applicable**

*\* Declines to support event \* 9/29/2016*

Emergency Management: Applicant has met all the requirements for all other departments, Emergency Management is satisfied. Applicant has met the requirements for this event.

**Approved**                       **Denied**                       **Not Applicable**

Planning: Applicant has addresses all concerns of the Special Event Committee. Planning is satisfied that the event Applicant has met the requirements for all the departments affected.

**Approved**                       **Denied**                       **Not Applicable**

*EMMA GONZALES 9/30/2016*





602-540-6283  
PO Box 47553 Plix, AZ 47553  
TheErrolCup.com  
Jay@TheErrolCup.com

# ***Errol Camp EMT Plan***

***Station #1 - Landon Richardson***

***(520) 483-1836 richardson.landon@gmail.com***

***Critical Care RN / CPR***

***Station #2 - Scherie Boyter***

***letthereberock2001@yahoo.com***

***EMT - Expert / Army - Medic / CPR / NREMT***

***Station #3 - Tym Roy***

***(602) 326-8287 smoke438@gmail.com***

***SABC / CPR / HCP / TFCC / TFR / EMTa***

***Mobile - Michael Alvarez***

***(602) 473-0452 azmikealvarez480@gmail.com***

***US Army "Life-Saver 40" Certified***

***Errol Cup will supply:***

***Three First-Aid Stations spread around camp***

***A NEW EMS 1st RESPONDERS KIT at each station***

***A Mobile EMS kit and Electric Cart for mobile response***





**PES CONTRACT**  
**ERRL CAMP MEDICATED CAMPING EVENT & FESTIVAL 2016**

**Security:**

**\*Hourly Security Rate: \$18.00**

- \* Uniform personnel
- \* On call availability

|           |        |  |
|-----------|--------|--|
| 10 guards | Oct 29 | From 10:00am – 6:00pm = 80.0 hrs = \$1,440.00        |
| 5 guards  | Oct 29 | From 6:00pm – 10:00am = 80.0 hrs = \$1,440.00        |
| 10 guards | Oct 30 | From 10:00am – 4:00pm = 60.0 hrs = <u>\$1,080.00</u> |
|           |        | Total = \$3,960.00                                   |

This contract has been submitted to ERRL Cup for security services at the Domes at Casa Grande, located in Casa Grande, Arizona. All the above conditions will be met as part of the contract with P.E.S. Security. The dates and times are as listed above. PES requires a six-hour minimum for all security provided. An invoice will be submitted and payment of \$3,960.00 will be due upon completion of services.

Any questions or changes in connection with this contract can be directed to Edward Garner at 480-777-5565.

Thank you

\_\_\_\_\_  
Date

\_\_\_\_\_  
Edward Garner, Manager      Signed

Acceptance of Contract:

\_\_\_\_\_  
Date

\_\_\_\_\_  
ERRL Cup Rep      Signed





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/18/2016

|  |  |   |                        |
|--|--|---|------------------------|
| <b>PRODUCER</b><br>Inzone Insurance Services, Inc.<br>Rich Lemon<br>2701 Citrus Rd. Suite C<br>Tempe, AZ 85281<br>Phone: (877) 308-9663 Email: carriers@inszoneins.com |  | 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. |                        |
| <b>INSURED</b><br>AZFDA LLC - DBA The Eri Cup/Eri Camp<br>James Morrison<br>PO BOX 47553<br>Phoenix, AZ 85088  |  | <b>INSURERS AFFORDING COVERAGE</b><br>INSURER A: Evanston Insurance Company<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:   | <b>NAIC #</b><br>35378 |

**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 ADDL | LTN INSRD | TYPE OF INSURANCE   | POLICY NUMBER    | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS  |
|-----------|-----------|---|------------------|------------------------------------|-------------------------------------|---|
| A         | Y         | <input checked="" type="checkbox"/> GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>Host Liquor Liability<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC<br>Retail Liquor Liability | 3DS5450-M1455370 | 10/24/2016                         | 11/01/2016                          | EACH OCCURRENCE <del>INSURER</del> \$ 1,000,000<br>BODILY INJURY & PROPERTY DAMAGE<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>DEDUCTIBLE \$ 1,000<br>\$ |
|           |           | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |                  |                                    |                                     | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|           |           | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO   |                  |                                    |                                     | AUTO ONLY - EA ACCIDENT \$<br>EA ACC \$<br>OTHER THAN AUTO ONLY: AGG \$   |
|           |           | EXCESS/UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE \$<br>RETENTION \$   |                  |                                    |                                     | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$  |
|           |           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below   |                  |                                    |                                     | WC STATUTORY LIMITS OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|           |           | OTHER   |                  |                                    |                                     |   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Certificate holder listed below is named as additional insured per attached CG 20 28 07 04.  
 Attendance: 2500, Event Type: Trade Show - Outdoor.

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br>Pinal County<br>PO Box 2973<br>Florence, AZ 85132 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL <del>FORWARD TO MAIL</del> <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, <del>WHICH FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</del><br>AUTHORIZED REPRESENTATIVE<br>Rich Lemon |
|--|---|



Policy Number: 3DS5450-M1455370

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

## SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s)  |
|--|
| Pinal County<br>PO Box 2973<br>Florence, AZ 85132  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.





**Essex Insurance Company**  
**COMMON POLICY DECLARATIONS**

POLICY NUMBER: 3DS5450-M1455370

Named Insured and Mailing Address  
AZFDA LLC - DBA The Errl Cup/Errl Camp  
James Morrison  
PO BOX 47553, Phoenix, AZ 85068

Policy Period: From 10/24/16 to 11/01/16 at 12:01 A.M. Standard Time at your mailing address (shown above).

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

| LIMITS OF INSURANCE  |              |                  |
|--|--------------|------------------|
| General Aggregate Limit (other than Products/Completed Operations) | \$ 2,000,000 |                  |
| Products/Completed Operations Aggregate Limit                      | \$ 1,000,000 |                  |
| Personal and Advertising Injury Limit                              | \$ 1,000,000 |                  |
| Each Occurrence Limit  | \$ 1,000,000 |                  |
| Damage to Premises Rented to You Limit                             | \$ 100,000   | Any One Premises |
| Medical Expense Limit  | \$ 5,000     | Any One Person   |
| Deductible   | \$ 1,000     |                  |

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.

| FORMS AND ENDORSEMENTS   |
|--|
| Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue: |
| SEE FORMS SCHEDULE - MDIL 1001   |

| ITEMIZED COSTS    |          |
|-------------------|----------|
| Premium           | \$ 250   |
| Surplus Lines Tax | \$ 7.5   |
| Stamping Fees     | \$ 0.5   |
| Policy Fee        | \$ 85.59 |
| RPG Cost          | \$ 0     |

**Producer Number, Name and Mailing Address**

Citadel Insurance Services, LC  
826 E State Rd. Ste. 100  
American Fork, UT 84003

*Resend above for*

Countersigned: \_\_\_\_\_ By: \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE
DATE





# Errl Camp Camping Event Map



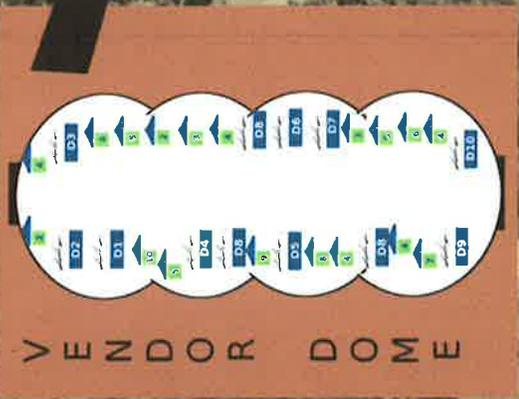
**Key**

|  |              |  |           |
|--|--------------|--|-----------|
|  | Security     |  | Info      |
|  | First Aid    |  | Camp Fire |
|  | Open Camping |  | Store     |
|  | E. C. Inn    |  | Food      |



**Parking  
Owners  
Property**

**Barbwire Fence**



**RV Access**

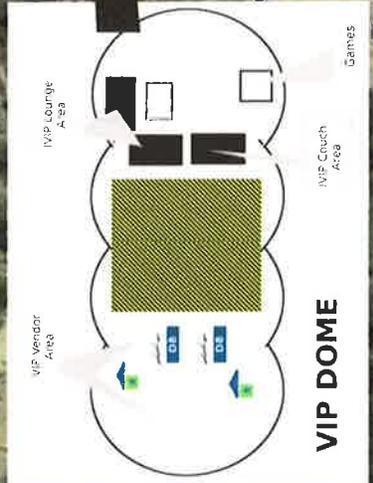
**RV Parking**



**Private  
Company  
Fence**

**Day Parking**

**Bathroom**

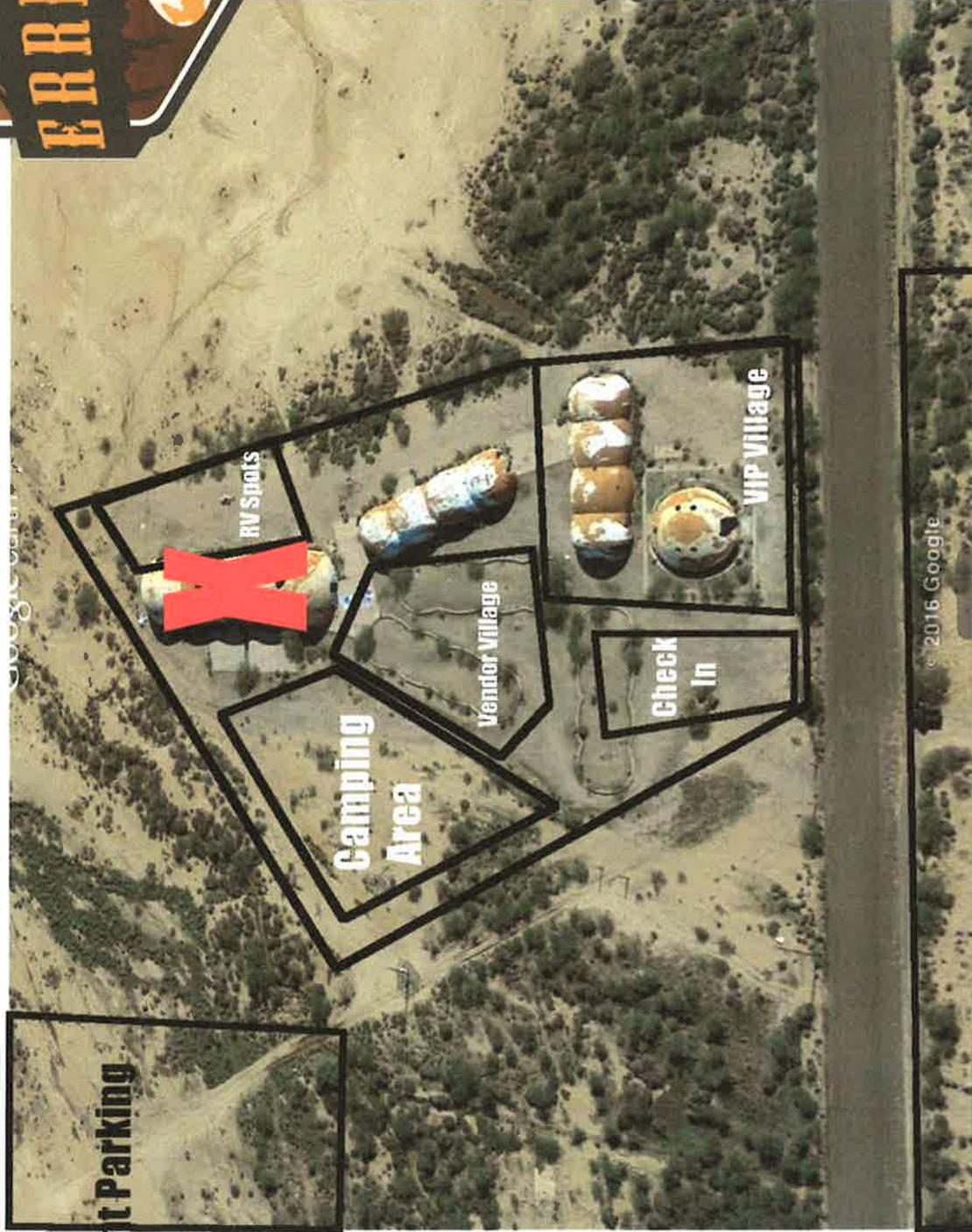




# Erri Camp Event Map



**Oct.  
29th  
& 30th**



**Overnight Parking**

**Day/Expo Parking**

