



Saint Louis County

Public Works Department • Richard H. Hansen Transportation and Public Works Complex
4787 Midway Road, Duluth, MN 55811 • Phone: (218) 625-3830 • www.stlouiscountymn.gov

Division _____ Permit Number (office use) _____

Special Use Permit Application

Applicant Information

Permit Fee: \$35.00

Applicant Name John Doe Organization Name ABC Racing
Address/City/State/Zip Code 123 5k Drive
Phone Number (218) 555-1234 E-Mail Address myemail@address.com

Event Information

Name of Event My Race 5k
Type of Event fun-run/walk
Event Location (township/municipality) Somewhere, MN/Township Name
Road(s) to be used for Event CR 2 (West Tischer), Eagle Lake Road, Riley Road
& (CSAH 37) Jean Duluth Road
Date(s) of Event 01/01/2014 Time(s) of Event 9am-12pm
Estimated Number of Participants XX Estimated Number of Spectators XXX

Requirements (the applicant must attach documentation of the following items to this application)

1. General Liability Insurance
 - a. \$500,000 for claims of wrongful death and each claimant for other claims
 - b. \$1,500,000 each occurrence for claims
 - c. No less than \$2,000,000 aggregate coverage
 - d. St. Louis County must be named as an additional insured on the insurance certificate
2. Traffic control plan and adequate personnel to ensure the safety of the participants, spectators, and traffic

I, We, the undersigned, herewith accept and agree with the terms and conditions of this permit application and agree to fully comply therewith to the satisfaction of the St. Louis County Highway Engineer.

Applicant's Signature John Doe Date 11/30/2013

AUTHORIZATION OF PERMIT (PERMIT NOT VALID UNLESS BEARING SIGNATURE AND NUMBER)

In consideration of his/her/their compliance in all respects with the regulations of St. Louis County covering such events, permission is hereby granted for the event as described in this application. It is understood that this permit is issued subject to the approval of the local city or township authorities having supervision over the location of this event. It is further understood that this permit can be revoked by St. Louis County for violation of the permit requirements or the laws of the State of Minnesota.

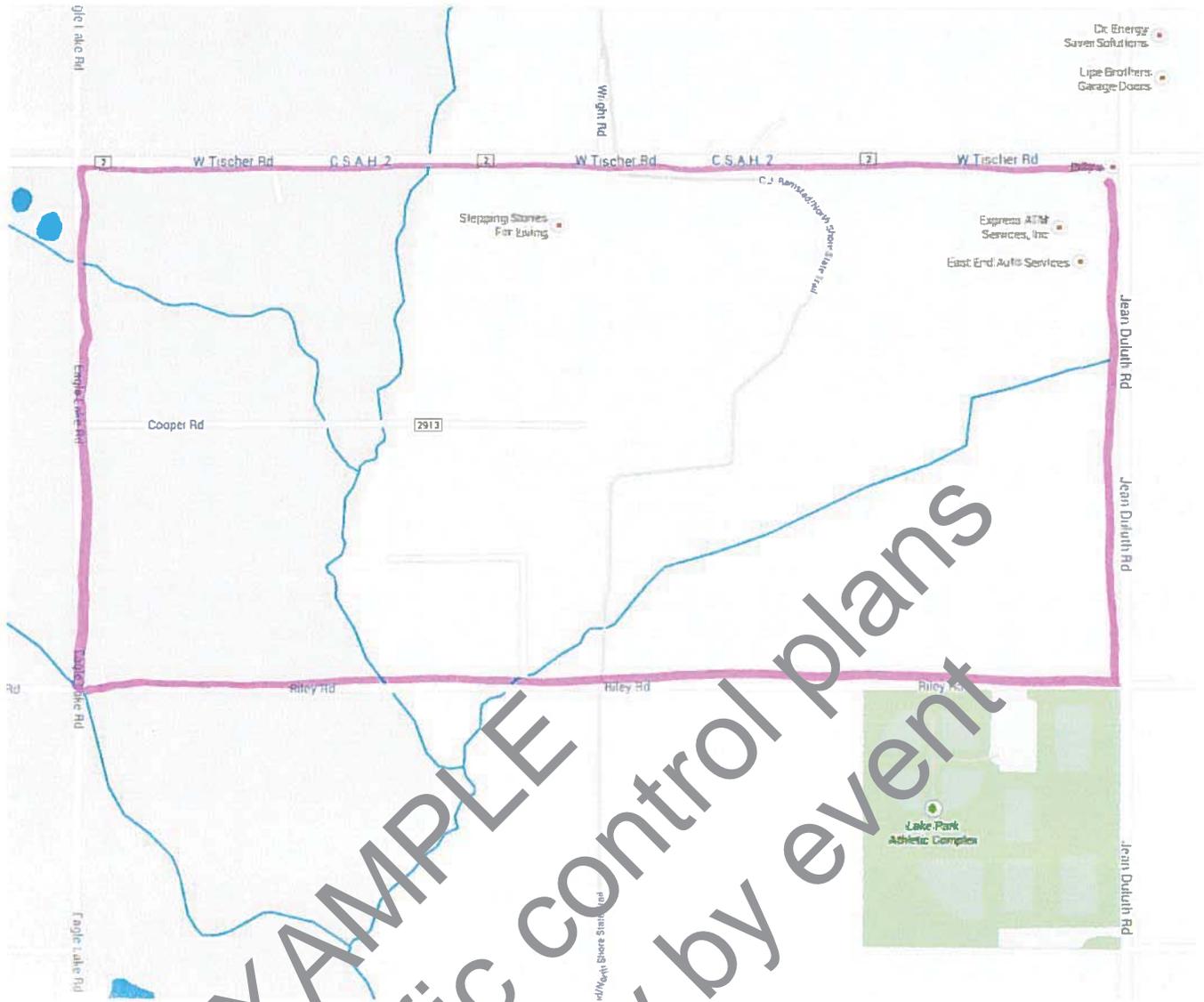
Authorized Signature _____ Date _____

Return to: St. Louis County Public Works Department, 4787 Midway Road, Duluth, MN 55811 no later than 30 days before the event date in order to allow time for processing. Permits submitted within 30 days of the event date may not be approved.

Terms

1. The Permittee shall restore the area and roads used to original condition.
2. St. Louis County may require the use of law enforcement officers and/or flaggers, which shall be at the cost and expense of the Permittee. All flaggers shall conform to the *Minnesota Flagging Handbook* which is included in the *Minnesota Temporary Traffic Control Zone Layouts Field Manual*. Flagging requirements include, but are not limited to, retroreflective clothing, stop/slow paddles and two-way radios.
3. St. Louis County will not provide traffic control services or traffic control devices to the event organizers. Design of all traffic control layouts, and deployment and maintenance of traffic control devices shall conform to the *Minnesota Manual on Uniform Traffic Control Devices* and shall be the responsibility of the Permittee.
4. The Permittee shall perform periodic inspection during the event and removal of traffic control devices as soon as safely possible after the event.
5. The event organizers must ensure the following items are completed before the closure of a county road:
 - a. St. Louis County Special Use Permit is approved
 - b. Notification of 911 Emergency Communications
 - c. Traffic control devices are in place (including a detour if required by St. Louis County)
 - d. Informing of occupants of abutting properties, either orally or by written notice, of parking prohibitions or access limitations
6. This permit does not imply an easement on private property. Any incursions or damages on such property shall be the sole responsibility of the Permittee.
7. This permit does not release the Permittee from any liability or obligation imposed by Federal or Minnesota law, local ordinances or other agency regulations relating thereto and any necessary permits relating thereto shall be applied for and obtained by the Permittee.
8. The Permittee shall indemnify and save harmless St. Louis County, its employees, and its agents from all claims, actions, demands, and judgments of any kind arising in whole or in part from any act or omission of the Applicant, and their agents, servants, or employees, incident to the performance of the contract and from all expenses in connection with such claims, actions, demands and judgments, and shall assume, without expense to the County, the defense of any such claims, actions, demands and judgments, irrespective of whether it is alleged, claimed, or proved in connection with such act or omission that negligence of the County or its representatives caused or contributed thereto.

(Revised April, 2013)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2014

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 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 Company ABC 456 A Street Somewhere, MN 23456 1-555-333-3333	CONTACT NAME: PHONE (A/C, No, Ext): 555-333-1234 E-MAIL ADDRESS: FAX (A/C, No): 555-333-4321																					
INSURED My Business 123 Any Street Anytown, MN 12345	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Insurance Company</td> <td></td> <td>12345</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Insurance Company		12345	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 38749939

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	GENERAL LIABILITY <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		X	ABC-123-555555-123	01/01/14	01/01/14	EACH OCCURRENCE \$ 1,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</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>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

St. Louis County is listed as additional insured

CERTIFICATE HOLDER

St. Louis County
4787 Midway Road
Duluth, MN 55811

USA

CANCELLATION

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
Authorized Representative Signature

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