

COUNTY OF SANTA CRUZ  
DEPARTMENT OF PUBLIC WORKS  
Special Event Permit Application Package

**General Information**

1. Applications must be completed and returned to the Santa Cruz County Department of Public Works, Attention: Event Permits, 701 Ocean Street, Room 410, Santa Cruz, California 95060. Applications must be complete and submitted to Public Works at least 90 days prior to the event date.
2. An event permit is required for all parade road closures, races, triathlons, running or walking events and all bicycle events that will mark or sign the County right-of-way or significantly impact the traveling public.
3. The applicant shall provide Comprehensive or Commercial General Liability Insurance coverage in the minimum amount of \$1,000,000 combined single limit, including coverage for: (a) bodily injury, (b) personal injury, (c) broad form property damage, (d) contractual liability and (e) cross-liability. All insurance forms must be submitted to Public Works no later than thirty (30) days prior to the event.
4. The applicant shall provide Automobile Liability Insurance for each vehicle used in the parade or bicycle event, including but not limited to owned, non-owned (e.g., not owned by the Applicant, its staff, employees, or volunteers), leased or hired vehicles, in the minimum amount of \$1,000,000 combined single limit per occurrence for bodily injury and property damage. All insurance forms must be submitted to Public Works no later than thirty (30) days prior to the event.
5. All required Automobile and Comprehensive Commercial Liability Insurance shall be endorsed to contain the following clause:

“The County of Santa Cruz, its officials, employees, agents and volunteers are added as an additional insured as respects to the operations and activities of, or on behalf of, the named insured performed under Permit with the County of Santa Cruz.”
6. All required insurance policies shall be endorsed to contain the following clause:

“This insurance policy shall not be cancelled until after thirty (30) days prior written notice has been given to: County of Santa Cruz, Department of Public Works, Road Operations, Senior Civil Engineer, 701 Ocean Street, Room 410, Santa Cruz, CA 95060.”
7. For all bicycle, walking and running events, turn by turn directions for all routes to be used shall be provided with the application, as well as 8 ½”x11” legible maps that are reproducible.
8. For all parades, races and triathlons, an 8 ½”x11” barricade plan and/or map showing streets to be closed and detours to be used shall be provided with the application. The plan or map must include legible street names and must be reproducible.

9. All special events require the review and approval of the Santa Cruz County Sheriffs Office and the California Highway Patrol no later than thirty (30) days prior to the event.
10. The County reserves the right to revoke the current parade or event permit and to refuse to issue future permits when any of the permit conditions approved by the Board of Supervisors are not met.
11. Parade and Event Permit Fees are as outlined in the Santa Cruz County Department of Public Works Service and Capital Improvement Fee Schedule. Fees are to be submitted to Public Works no later than ten (10) days prior to the event.
12. If there are any questions, please contact Event Permits at (831) 454-2160.

**COUNTY OF SANTA CRUZ SPECIAL EVENT PERMIT APPLICATION**

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_      Bike Event / Parade / Triathlon / Running Event (Circle One)

**Organization / Company Information (Permittee)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Pre-Event Contact Information**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Name of Insured Party Providing Insurance for the Event (if different from Organization or Company Information)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Event Details**

Date(s) of Event: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_

Event Times      Start: \_\_\_\_\_ End: \_\_\_\_\_

**Event Day Contact Information**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Event Description**

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**Provide 8 1/2"x11" legible and reproducible route map.**

## Agreement to Release, Indemnify and Hold the County of Santa Cruz Harmless

A. In consideration of the County of Santa Cruz's (hereinafter known as "County") issuance of a parade, race, triathlon, running or walking event or bicycle event permit to Permittee, Permittee hereby agrees on behalf of itself, its agents and employees, to indemnify and hold harmless the County and the County's representatives, officers, agents, employees and volunteers (hereinafter jointly referred to as "Releasees") against all damage, loss, claims, suits or action of any kind or nature whatsoever, including attorney fees, arising from damage to real or personal property, or personal injuries to or death of any person, resulting or alleged to have resulted directly or indirectly, wholly or partially, from the parade or the event or from the conduct of the Permittee.

B. Additionally, Permittee hereby agrees to indemnify Releasees against and hold Releasees harmless from all damage, loss, claims, suits or action of any kind whatsoever, including attorney fees, which Releasees may sustain or incur, in whole or in part, as a consequence of the Permittee's negligence, intentional misconduct, or failure to adhere to the Permit Conditions.

C. Permittee further agrees not to assert any claim against, sue, attach the property of, or prosecute Releasees for injury or damage or any kind arising out of the application and issuance of the Permit, or the conduct of the parade or the event.

NAME (Printed): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/07/2010

PRODUCER  
**INSURANCE PROVIDER**

INSURED  
**APPLICANT**

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Greenwich Insurance Company	
INSURER B:	N/A	N/A
INSURER C:	N/A	N/A
INSURER D:		
INSURER E:		

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$100,000 SJR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		11/15/2009	11/15/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		11/15/2009	11/15/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<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				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

THE COUNTY OF SANTA CRUZ, ITS OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS ARE NAMED AS ADDITIONAL INSURED AS RESPECTS THE OPERATIONS AND ACTIVITIES, OF, OR ON BEHALF OF, THE NAMED INSURED PERFORMED UNDER PERMIT WITH THE COUNTY OF SANTA CRUZ ON THE GENERAL LIABILITY AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

COUNTY OF SANTA CRUZ  
DEPARTMENT OF PUBLIC WORKS  
ATTN: **BEATRIZ BARRANCO**  
70 OCEAN STREET, ROOM 410  
SANTA CRUZ, CA 95060

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 of Marsh USA Inc. *Sharon A. Hammer*

**COUNTY OF SANTA CRUZ SPECIAL EVENT PERMIT WAIVER CERTIFICATION**

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bike Event / Parade / Triathlon / Running Event (Circle One)

**Organization / Company Information (Permittee)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Event Information**

Event Date: \_\_\_\_\_

Event Title: \_\_\_\_\_

Number of Registered Participants: \_\_\_\_\_

Number of Waivers Received: \_\_\_\_\_

I hereby certify that the event organizers have received and have on file the signed waivers from each participant in the above referenced event. Each participant was made aware of and agreed to the items as outlined in the approved event permit conditions.

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Attach one signed example of participant waiver.**

PERMITTEE  
1234 MAIN STREET  
ANYTOWN, CA 00000

SUBJECT: ABC PARADE PERMIT

Dear Committee Members:

Pursuant to the Board of Supervisors' action dated \_\_\_\_\_, 20XX, permission to hold the ABC Parade on \_\_\_\_\_, 20XX, is granted with the following conditions:

1. The following locations shall be closed to traffic by the placement of barricades completely across the road: (LIST ROADS TO BE CLOSED)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
2. PERMITTEE shall furnish, at their cost, all barricades, personnel and other traffic control devices. Uniformed police officers will be required at locations a, b, c, and e, Item 1 above.
3. Two signs shall be placed on \_\_\_\_\_ between \_\_\_\_\_ two days prior to the parade advising residents that the street will be closed between \_\_\_\_\_.(DATE AND TIME)
4. Signs shall be placed at \_\_\_\_\_ and \_\_\_\_\_ two days prior to the parade advising motorists that \_\_\_\_\_ will be closed between \_\_\_\_\_ between \_\_\_\_\_.(DATE AND TIME)
5. Road closure shall be from \_\_\_\_\_ A.M. (30 minutes prior to parade start) to no later than \_\_\_\_\_ P.M.
6. "No Parking/Tow Away Zone" signs shall be posted within the parade route area to safely accommodate detours and parade traffic.

7. The PERMITTEE shall provide verification that it has met with the California Highway Patrol and the Santa Cruz County Sheriff's Office to coordinate final traffic control plans and enforcement. The PERMITTEE shall also provide verification that each agency has been supplied with an event route map. Verification shall be provided to the County of Santa Cruz at least 30 days prior to the event.
8. Formation of the parade and crowd control shall be coordinated with the Sheriff's Office.
9. The PERMITTEE shall provide access for emergency vehicles during the street closure.
10. The PERMITTEE shall be responsible for any damage to landscaping, fences, or private property on and adjacent to the parade route.
11. Immediately following the parade, a clean-up shall be made of the parade route by the PERMITTEE.
12. The PERMITTEE shall exonerate, indemnify, defend, and hold harmless, the County of Santa Cruz, including without limitation, its officers, agents, employees and volunteers from and against any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature, including attorneys fees, which the County may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the Event or PERMITTEE's performance under the terms of this Permit, excepting any liability arising out of the sole negligence of the County. Such indemnification includes any damage to the person(s), or property(ies) of the County of Santa Cruz and third persons.
13. The PERMITTEE, at its sole cost and expense, for the full term of this Permit (and any extensions thereof), shall obtain and maintain at minimum compliance with all of the following insurance coverage(s) and requirements. Such insurance coverage shall be primary coverage as respects County and any insurance or self-insurance maintained by County shall be excess of the PERMITTEE insurance coverage and shall not contribute to it.
  - a. Automobile Liability Insurance for each vehicle used in the performance of this Permit, including owned, non-owned (i.e. not owned by the PERMITTEE, its staff or employees or volunteers), leased or hired vehicles, in the minimum amount of \$1,000,000 combined single limit per occurrence for bodily injury and property damage.
  - b. Comprehensive or Commercial General Liability Insurance coverage in the minimum amount of \$1,000,000 combined single limit, including coverage for: (a) bodily injury, (b) personal injury, (c) broad form property damage, (d) contractual liability, and (e) cross-liability.

14. All required Automobile and Comprehensive or Commercial General Liability Insurance shall be endorsed to contain the following clause:

“The County of Santa Cruz, its officials, employees, agents and volunteers are added as an additional insured as respects the operations and activities of, or on behalf of, the named insured performed under Permit with the County of Santa Cruz.”

15. All required insurance policies shall be endorsed to contain the following clause:

“This insurance shall not be canceled until after thirty (30) days prior written notice has been given to:

County of Santa Cruz, Department of Public Works  
Road Operations, Senior Civil Engineer  
701 Ocean Street, Room 410  
Santa Cruz, CA 95060”

16. The PERMITTEE agrees to provide its insurance broker(s) with a full copy of these insurance provisions.

17. **INSURANCE ENDORSEMENTS MUST BE RECEIVED BY THE DEPARTMENT OF PUBLIC WORKS AT LEAST THIRTY (30) DAYS PRIOR TO THE EVENT OR THIS PERMIT WILL BE CANCELED.** All Insurance Endorsements shall be delivered or sent to: County of Santa Cruz, Department of Public Works, Road Operations, Senior Civil Engineer, 701 Ocean Street, Room 410, Santa Cruz, CA 95060

County of Santa Cruz, Department of Public Works  
Road Operations, Senior Civil Engineer  
701 Ocean Street, Room 410  
Santa Cruz, CA 95060

18. The parade shall start at \_\_\_\_\_ and end \_\_\_\_\_.

19. The PERMITTEE shall establish a first aid station at \_\_\_\_\_ which would be staffed with personnel capable of administering emergency first aid and of summoning or providing emergency transportation for the victim.

20. A critique shall be held on \_\_\_\_\_, 20XX at \_\_\_\_\_ am/pm at the Department of Public Works offices with the PERMITTEE representatives. The PERMITTEE shall arrange for representatives from the California Highway Patrol and the Santa Cruz County Sheriffs' Office to attend as well as other interested parties to discuss recommendations or required changes as determined.
21. The PERMITTEE will furnish the Santa Cruz County Department of Public Works with the name and phone number of the contact person that will be accessible during event hours.
22. The PERMITTEE shall sign a permit containing the above conditions and shall return the signed permit to the Department of Public Works.
23. Failure to comply with permit conditions will result in disapproval of future parade events.

#### NOTIFICATION

1. Notification shall be made in a newspaper of general circulation via press release or paid advertisement giving the time, date, and names of all roads on the parade route no later than five (5) days prior to the event and no sooner than twenty (20) days prior to the event.
2. The PERMITTEE shall notify each resident of the streets subject to closure, in writing, of the time, date, and duration of the closure at least ten (10) days prior to the event.
3. At least thirty (30) days before the event, PERMITTEE shall in writing notify local emergency services including fire, the Santa Cruz County Sheriff's Office, the California Highway Patrol, and the Metropolitan Transit District of the parade and parade routes.
4. The PERMITTEE shall notify all parade participants by printed handout of the following:
  - a) A parade route map showing the staging area, starting point, ending point, barricaded roads, and \_\_\_\_\_.
  - b) Parade participants who have completed the parade route shall remain in \_\_\_\_\_ and not return to the staging area until the parade route has been traversed by all participants.
  - c) There shall be no alcohol consumption by parade participants during the parade.

5. Residents and businesses that have requested notice of parades shall be given written notice by the PERMITTEE of the time, date, and names of roads on the ride route no later than ten (10) days prior to the event.

Please sign below and return the original of this letter to our office.

Yours truly,

JOHN J. PRESLEIGH  
Director of Public Works

KNC:

Attachments

The terms and conditions of this permit are understood, and PERMITTEE will comply with all conditions.

DATE: \_\_\_\_\_ PERMITTEE

By: \_\_\_\_\_

\_\_\_\_\_  
Title