

## FERGUSON TOWNSHIP APPLICATION FOR SPECIAL EVENTS PERMIT

### Use of this Form:

Complete this application if the proposed assemblage, procession, or other special event will require the closure of Township roads, sidewalks, and/or bikeways. Each application must be completed by an authorized agent of the sponsoring organization. Please complete this form in its entirety and submit it to Ferguson Township staff in accordance with the conditions enumerated in this application. For your convenience, this application also includes instructions and timelines for securing Pennsylvania Department of Transportation (PennDOT) and Centre Region Parks and Recreation (CRPR) Department approval should the event require closure of state roads and/or municipal/regional parks. Nothing in this application or associated policy shall supersede or override PennDOT or CRPR permit requirements.

### Definitions:

**Assemblage** – An organized group of people without vehicles, or with vehicles that are stationary, which encroaches onto a street or highway and interferes with the movement of pedestrian or vehicular traffic. The term includes, but is not limited to, street fairs, block parties, organized demonstrations, and other recreational activities. An assemblage is a special event.

**Authorized Agent** – An individual or legal entity that has obtained authorization to act on behalf of the organization responsible for conducting the assemblage, procession, or special event for the purposes of completing all required parts of this application.

**Procession** – An organized group of people, or people with vehicles (including bicycles), animals, or objects, moving along a roadway, or the berm or shoulder of a roadway or bikeway in a manner that interferes with the normal movement of traffic. The term includes, but is not limited to walks, foot races, parades, and marches. A procession shall not include a funeral caravan, military convoy or emergency service convoy. Other processions shall be considered a special event.

**Special Event** – A procession, assemblage, or special activity held within the public right-of-way.

**State Road** – A highway or bridge on the system of highways and bridges over which the Pennsylvania Department of Transportation has assumed or has been legislatively given jurisdiction.

*Any change in this application, regardless of progress in the approval process, must be resubmitted and routed through the same channels as if it were a new application.*

**Applicant Information:**

Name of Applicant/Authorized Agent: Pregnancy Resource Clinic Date: 7/27/20  
Address of Sponsor or Organization: \_\_\_\_\_ Phone: 814.234.7341  
423 S. Pugh Street State College, PA 16801 Cell: —  
Email Address: miranda@seprc.com Fax: —  
Primary Contact: Miranda Smith Phone: 814.234.7341  
Secondary Contact: Chelsea Lahr Phone: 814.234.7341  
Date and time of Activity: Sept. 26<sup>th</sup> From: 8:00 AM To: 12:00 PM  
Rain Date (if applicable): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Activity Detail:**

Describe your event in detail using additional sheets, if necessary:

5k walk/run starting at Stepping Stones Comm. Church, proceeding through neighborhood along bike path/side walks  
10 mile bike ride, starting at same place but proceeding across street to follow bike path

Will this event be held solely on sidewalks and/or bikeways?  No  Yes

Does your event require a street closure?  No  Yes

If yes, select the type of road that will be closed: (For more information, see attached map and list)

- State Road(s) Only (Additional Form Required: PennDOT TE-300 Form)
- Local Road(s) Only

State Road(s) and Local Road(s) (Additional Form Required: PennDOT TE-300 Form)

Listed in order of route, what street(s) would you like closed for this event? (Use additional sheets, if necessary)

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How long will the street closure be in effect? From: \_\_\_\_\_ To: \_\_\_\_\_

Will the event cross any municipal or state roads?  Yes  No

If yes, please indicate which roads the procession will cross:

Science Park Road Bike Path - bike event is not timed and therefore stopping traffic is not needed. We provide a volunteer to monitor safe crossing through this intersection.

Will the event procession cross any state roads?  Yes  No

(If yes, submit PennDOT TE-300 Form)

### **Municipal/Regional Park Usage:**

If this event includes the use of a municipal/regional park, please contact the Centre Region Parks and Recreation (CRPR) Department by phone at (814) 231-3071 or by email at [crpr@crcog.net](mailto:crpr@crcog.net) prior submitting this form (see attached timeline). Special park permits and conditions may also apply. Once the approval is secured from the Centre Region Parks and Recreation Department, please have an authorized official complete the fields below, and attach any conditions associated with the approval to this form.

Name: (Print) \_\_\_\_\_ Title of Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

### **Charitable Cause:**

Is the Sponsor an organization with 501(c)(3) tax exempt status?  Yes  No

If this event is to benefit a charitable organization, please identify that organization:

Pregnancy Resource Clinic

**Health Considerations:**

Will there be food and drink provided to the public at this event?  Yes  No

If yes, have you made arrangements for approval/inspections with the Department of Ordinance Enforcement and Public Health?  Yes  No

*all pre-prepared / packaged foods, so we have been told in the past that we don't need this permit*

If no, please complete the form that is attached to this application and obtain approval **prior** to submission of this application.

The Applicant recognizes and AGREES that Ferguson Township requires the proposed event to be conducted in such a manner that minimizes disruption to township residents and be within the limits established by existing ordinances. By signing below, the Applicant AGREES to protect, defend, indemnify and hold Ferguson Township and its officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs or other expenses or liabilities of every kind and character arising directly or indirectly from this event. The Applicant further AGREES to investigate, handle, respond to, provide defense for and defend any such claims, etc., at the Applicant's sole expense and AGREES to bear all other costs and expenses related thereto, even if such claims are groundless, false or fraudulent.

Signature: *Muanda Smith* Date: *7/27/2020*

OFFICE USE ONLY: ROUTING FOR APPROVAL

Police Dept. *CA* *8/3/20* Public Works Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_ Township Manager \_\_\_\_\_

**THIS SERVES AS YOUR PERMIT**

The Ferguson Township Board of Supervisors **approved** your application on: *8/17/20*

Conditions (if any) are as follows: *COVID precautions*

Signature of Chairperson or authorized representative: *Chris Albright*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/03/2020

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).

<b>PRODUCER</b> Patriot Insurance Agency, Inc. PO Box 1298  Sonoita AZ 85637-1298		<b>CONTACT NAME:</b> Erika Hill <b>PHONE (A/C, No, Ext):</b> (520) 455-9252 <b>E-MAIL ADDRESS:</b> ehill@patriot-insurance.com	<b>FAX (A/C, No):</b> (520) 455-9358
<b>INSURED</b> A Woman's Concern: Pregnancy Resource Clinic 423 S. Pugh St.  State College PA 16801		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Spirit Mountain Ins Co RRG Inc <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10754	

**COVERAGES**

CERTIFICATE NUMBER: PKG 20/21

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			SMIC-LPP2020-CP*007	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> PROF. LIAB. INCLUDED						MED EXP (Any one person)	\$ 0
	<input checked="" type="checkbox"/> DED: \$2500						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER: RETRO DATE: 08/15/2005						Professional Liability	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	DED						RETENTION \$	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	<b>PHYSICAL AND SEXUAL ABUSE</b>			SMIC-LPP2020-CP*007	07/01/2020	07/01/2021	PER OCCUR:	\$100,000
							GEN AGGR:	\$300,000

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

Event: You Matter 5k held on 9/25/2020 &amp; 9/26/2020

**CERTIFICATE HOLDER****CANCELLATION**

Stepping Stones Community Church 848 Science Park Rd.  State College PA 16803	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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AGENCY CUSTOMER ID: 00000612

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

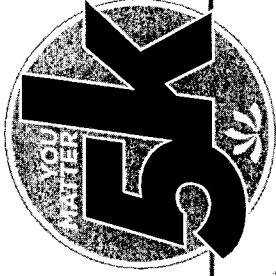
AGENCY Patriot Insurance Agency, Inc.		NAMED INSURED A Woman's Concern: Pregnancy Resource Clinic	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

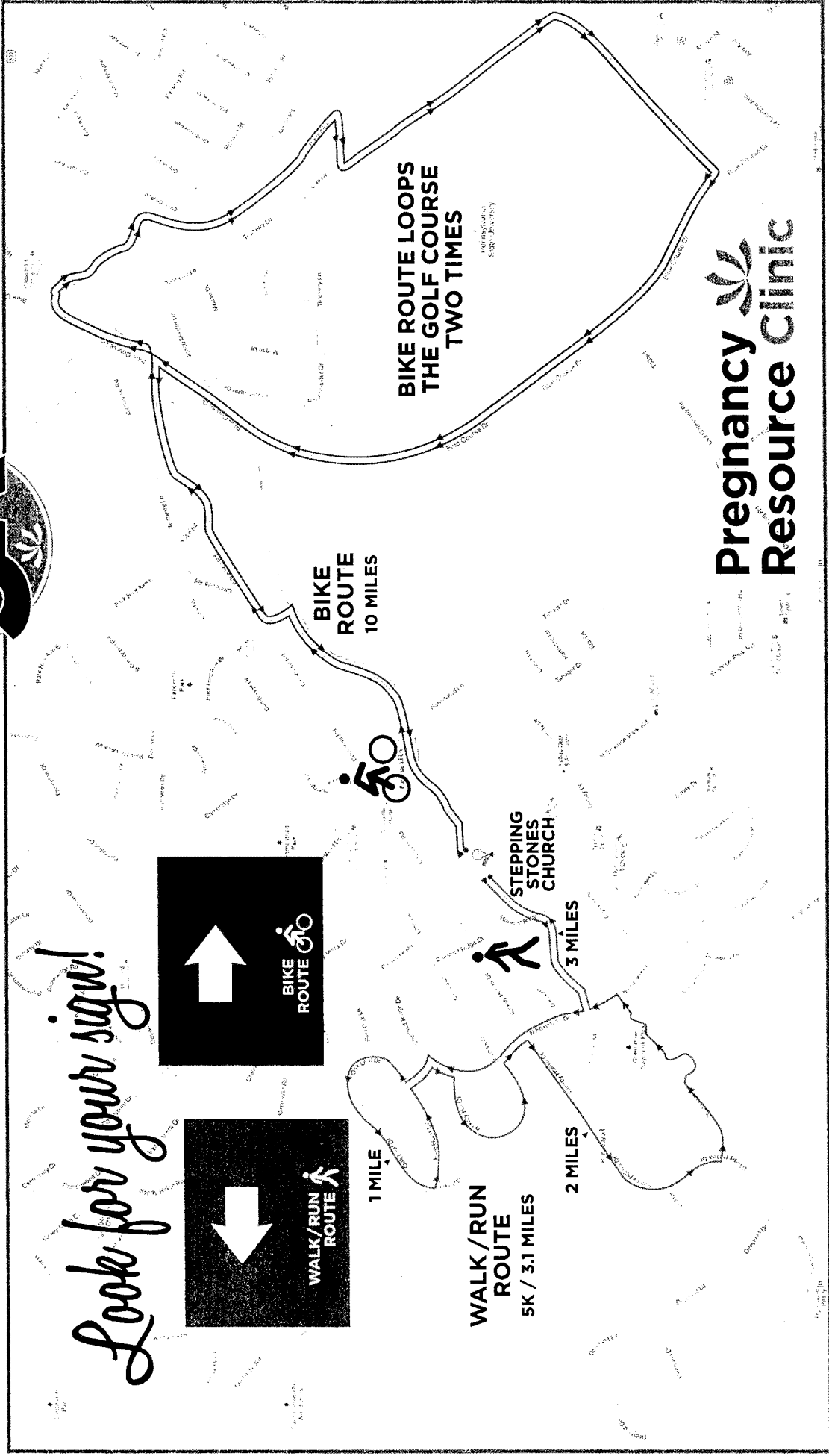
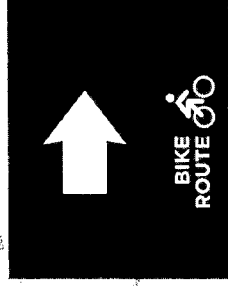
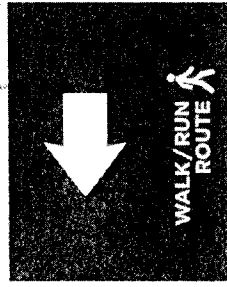
NOTICE: This Certificate of Insurance is based on policy coverage issued by Spirit Mountain Insurance Company Risk Retention Group, Inc., to all members of the International Association of Community Services Organizations. Spirit Mountain Insurance Company Risk Retention Group may not be subject to all the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for Spirit Mountain Insurance Company Risk Retention Group

# PREGNANCY RESOURCE CLINIC



# WALK/RUN/RIDE

*Look for your sign!*



**DIRECTIONS:** Please stay on walking and bike paths.

- **Walk or Run** 5k/3.1 miles following the marked **blue route**.
- **Bike** 10 miles following the marked **pink route**. You will travel around the golf course two times.