



City of National City ■ Neighborhood Services Department  
1243 National City Boulevard ■ National City, CA 91950  
(619) 336-4364 ■ fax (619) 336-4217  
www.nationalcityca.gov

## Special Event Application

### Type of Event

- Fair/Festival   
  Parade/March   
  Walk or Run   
  Concert/Performance  
 TUP   
  Sporting Event   
 Other (specify) Charity Ride starting Point

### Event Name & Location

Event Title RD4L-Aosarito Beach Motorcycle Run  
 Event Location (list all sites being requested) 3201 Hoover Ave, National City, Ca 91950

### Event Times

Set-Up Starts  
 Date 9-16-22 Time 7:30 am Day of Week Friday

Event Starts  
 Date 9-16-22 Time 8:00 am Day of Week Friday

Event Ends  
 Date 9-16-22 Time 12:00 pm Day of Week Friday

Breakdown Ends  
 Date 9-16-22 Time 12:30 pm Day of Week Friday

### Applicant Information

Applicant (Your name) Alie Clark Sponsoring Organization Coronado Beach H-D

Event Coordinator (if different from applicant) \_\_\_\_\_

Mailing Address 3201 Hoover Ave, National City, Ca 91950

Day Phone 619-477-4477 After Hours Phone " " Cell N/A Fax 619-477-4470

Public Information Phone 619-477-4477 E-mail alclark@wisersiders.com

Applicant agrees to investigate, defend, indemnify and hold harmless the City, its officers, employees and agents from and against any and all loss, damage, liability, claims, demands, detriments, costs, charges, expense (including attorney's fees) and causes of action of any character which the City, its officers, employees and agents may incur, sustain or be subjected to on account of loss or damage to property or the loss of use thereof and for bodily injury to or death of any persons (including but not limited to the employees, subcontractors, agents and invitees of each party hereto) arising out of or in any way connected to the occupancy, enjoyment and use of any City premises under this agreement to the extent permitted by law.

Applicant understands this TUP/special event may implicate fees for City services, which will have to be paid in the City's Finance Department 48 hours prior to the event set-up. The undersigned also understands and accepts the City's refund policy for application processing and facility use and that fees and charges are adjusted annually and are subject to change.

Signature of Applicant: Alie Clark Date 6-1-22

# Special Event Application (continued)

Please complete the following sections with as much detail as possible since fees and requirements are based on the information you provide us.

## Fees/Proceeds/Reporting

Is your organization a "Tax Exempt, nonprofit" organization? Yes  No

Are admission, entry, vendor or participant fees required? Yes  No

If YES, please explain the purpose and provide amount (s):

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\$ Estimated Gross Receipts including ticket, product and sponsorship sales from this event.

\$ 0 Estimated Expenses for this event.

\$ 0 What is the projected amount of revenue that the Nonprofit Organization will receive as a result of this event?

## Description of Event

First time event  Returning Event  include site map with application

Note that this description may be published in our City Public Special Events Calendar:

Starting point for a Charity ride going to  
Rosarito - 18<sup>th</sup> Anniversary

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## Estimated Attendance

Anticipated # of Participants: 450-900 Anticipated # of Spectators: 50-100

**Traffic Control, Security, First Aid and Accessibility**

Requesting to close street(s) to vehicular traffic? Yes  No

List any streets requiring closure as a result of the event (provide map): see attached

Date and time of street closure: 9-16-22 7am Date and time of street reopening: 9-16-22 1pm

Other (explain) Request 2 officers - traffic control - same as last year's permit

Requesting to post "no parking" notices? Yes  No

Requested "No Parking" on city streets and/or parking lots (list streets/parking lots) (provide map):

See attached

Other (explain) \_\_\_\_\_

**Security and Crowd Control**

Depending on the number of participants, your event may require Police services.

Please describe your procedures for both Crowd Control and Internal Security: Coronado Beach  
H-D staff, RD4 Charities Volunteers, police services  
requested for traffic control

Have you hired Professional Security to handle security arrangements for this event?

Yes  No  If YES, name and address of Security Organization \_\_\_\_\_

Security Director (Name): \_\_\_\_\_ Phone: \_\_\_\_\_

If using the services of a professional security firm and the event will occur on City property, please provide a copy of its insurance certificate, evidencing liability with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate, as well as and additional insured endorsement naming the City of National City, its officers, employees, and agents as additional insureds. Evidence of insurance must be provided by the vendor or its insurer to the Neighborhood Services Department at the time of submission.

Is this a night event? Yes  No  If YES, please state how the event and surrounding area will be illuminated to ensure safety of the participants and spectators: \_\_\_\_\_

**First Aid**

Depending on the number of participants, your event may require specific First Aid services. First aid station to be staffed by event staff? Yes  No  First aid/CPR certified? Yes  No

First aid station to be staffed by professional company. ▶ Company \_\_\_\_\_

If using the services of a professional medical organization/company and the event will occur on City property, please provide a copy of its insurance certificate, evidencing liability with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate, as well as and additional insured endorsement naming the City of National City, its officers, employees, and agents as additional insureds. Evidence of insurance must be provided by the vendor or its insurer to the Neighborhood Services Department at the time of submission.

**Accessibility**

Please describe your Accessibility Plan for access at your event by individuals with disabilities:

Handicap parking spots will be designated  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Elements of your Event**

Setting up a stage? Yes  No

Requesting City's PA system

Requesting City Stage; if yes, which size?  Dimensions (13x28)  Dimensions (20x28)

Applicant providing own stage ▶ \_\_\_\_\_(Dimensions)

**Setting up canopies or tents?**

\_\_\_\_\_ # of canopies size \_\_\_\_\_

\_\_\_\_\_ # of tents size \_\_\_\_\_

No canopies/tents being set up

**Setting up tables and chairs?**

Furnished by Applicant or Contractor

4 # of tables  No tables being set up

10 # of chairs  No chairs being set up

(For City Use Only) Sponsored Events – Does not apply to co-sponsored events

\_\_\_\_\_ # of tables  No tables being set up

\_\_\_\_\_ # of chairs  No chairs being set up

Contractor Name \_\_\_\_\_

Contractor Contact Information \_\_\_\_\_  
Address City/State Phone Number

**Setting up other equipment?**

Sporting Equipment (explain) \_\_\_\_\_

Other (explain) \_\_\_\_\_

Not setting up any equipment listed above at event

Having amplified sound and/or music? Yes  No

PA System for announcements  CD player or DJ music

Live Music ▶  Small 4-5 piece live band ▶  Large 6+ piece live band

Other (explain) \_\_\_\_\_

If using live music or a DJ. ▶ Contractor Name \_\_\_\_\_

▶ \_\_\_\_\_  
Address City/State Phone Number

Using lighting equipment at your event? Yes  No

Bringing in own lighting equipment

Using professional lighting company ▶ Company Name \_\_\_\_\_

\_\_\_\_\_

Address City/State Phone Number

Using electrical power? Yes  No

Using Kimball Park Bowl  
Lighting (from \_\_\_\_\_ to \_\_\_\_\_)

Using on-site electricity  For sound and/or lighting

For food and/or refrigeration

Bringing in generator(s)  For sound and/or lighting

For food and/or refrigeration

### Vendor Information

**PLEASE NOTE: You may be required to apply for a temporary health permit if food or beverages are sold or given away during your special event. Also see 'Permits and Compliance' on page 8 in the Special Event Guide. For additional information on obtaining a temporary health permit, please contact the County of San Diego Environmental Health at (619) 338-2363.**

Having food and non-alcoholic beverages at your event? Yes  No

Vendors preparing food on-site ▶ # \_\_\_\_\_ ▶ Business License # \_\_\_\_\_

If yes, please describe how food will be served and/or prepared: \_\_\_\_\_

If you intend to cook food in the event area please specify the method:

GAS  ELECTRIC  CHARCOAL  OTHER (Specify): \_\_\_\_\_

Vendors bringing pre-packaged food ▶ # \_\_\_\_\_ ▶ Business License # \_\_\_\_\_

Vendors bringing bottled, non-alcoholic beverages (i.e., bottled water, can soda, etc.) ▶ # \_\_\_\_\_

Vendors selling food # \_\_\_\_\_ ▶ Business License #(s) \_\_\_\_\_

Vendors selling merchandise # \_\_\_\_\_ ▶ Business License #(s) \_\_\_\_\_

Food/beverages to be handled by organization; no outside vendors

Vendors selling services # \_\_\_\_\_ ▶ Business License #(s) \_\_\_\_\_

▶ Explain services \_\_\_\_\_

Vendors passing out information only (no business license needed) # \_\_\_\_\_

▶ Explain type(s) of information \_\_\_\_\_

No selling or informational vendors at event

Having children activities? Yes  No

**PLEASE NOTE:** In the event inflatable jumps are provided at the event, The City of National City requires commercial liability insurance with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate. In addition, the City of National City must be named as an Additional Insured pursuant to a separate endorsement, which shall be provided by the vendor or its insurer to the City's Risk Manager, along with the Certificate of Insurance, for approval prior to the event. The application should be filed out at least one week prior to the event. For questions or to obtain a copy of the "Facility Use Application", please contact the Engineering/Public Works Department at (619) 336-4580.

Inflatable bouncer house # \_\_\_\_\_  Rock climbing wall Height \_\_\_\_\_

Inflatable bouncer slide # \_\_\_\_\_  Arts & crafts (i.e., craft making, face painting, etc.)

Carnival Rides \_\_\_\_\_  Other \_\_\_\_\_

Having fireworks or aerial display? Yes  No

Vendor name and license # \_\_\_\_\_

Dimensions \_\_\_\_\_ Duration \_\_\_\_\_

Number of shells \_\_\_\_\_ Max. size \_\_\_\_\_

**PLEASE NOTE:** In the event fireworks or another aerial display is planned for your event, The City of National City requires commercial liability insurance with limits of at least \$2 Million dollars per occurrence/ \$4 Million dollars aggregate. In addition, the City of National City must be named as an Additional Insured pursuant to a separate endorsement, which shall be provided by the vendor or its insurer to the City's Risk Manager, along with the Certificate of Insurance, for approval prior to the event. Depending on the size and/or nature of the fireworks display, the City reserves the right to request higher liability limits. The vendor must also obtain a fireworks permit from the National City Fire Department and the cost is \$545.00

Arranging for media coverage? Yes  No

Yes, but media will not require special set-up

Yes, media will require special set-up. Describe \_\_\_\_\_

**Event Signage**

PLEASE NOTE: For City sponsored or co-sponsored events, banners publicizing the event may be placed on the existing poles on the 1800 block and 3100 block of National City Boulevard. The banners must be made to the City's specifications. Please refer to the City's Special Event Guidebook and Fee Schedule for additional information.

Are you planning to have signage at your event? Yes  No

Yes, we will post signage # \_\_\_\_\_ Dimensions \_\_\_\_\_

Yes, having inflatable signage # \_\_\_\_\_ ▶ (complete Inflatable Signage Request form)

Yes, we will have banners # \_\_\_\_\_

What will signs/banners say? \_\_\_\_\_

How will signs/banners be anchored or mounted? \_\_\_\_\_

Location of banners/signage \_\_\_\_\_

**Waste Management**

PLEASE NOTE: One toilet for every 250 people is required, unless the applicant can show that there are sufficient facilities in the immediate area available to the public during the event.

Are you planning to provide portable restrooms at the event? Yes  No

If yes, please identify the following:

▶ Total number of portable toilets: \_\_\_\_\_

▶ Total number of ADA accessible portable toilets: \_\_\_\_\_

Contracting with portable toilet vendor. ▶ \_\_\_\_\_  
Company Phone

▶ Load-in Day & Time \_\_\_\_\_ ▶ Load-out Day & Time \_\_\_\_\_

Portable toilets to be serviced. ▶ Time \_\_\_\_\_

**Set-up, Breakdown, Clean-up**

Setting up the day before the event?

Yes, will set up the day before the event. ▶ # of set-up day(s) \_\_\_\_\_

No, set-up will occur on the event day

Requesting vehicle access onto the turf?

Yes, requesting access onto turf for set-up and breakdown (complete attached Vehicle Access Request form)

No, vehicles will load/unload from nearby street or parking lot.



**NPDES-Litter Fence**

City to install litter fence

Applicant to install litter fence

N/A

**Breaking down set-up the day after the event?**

Yes, breakdown will be the day after the event. ▶ # of breakdown day(s) \_\_\_\_\_

No, breakdown will occur on the event day.

**How are you handling clean-up?**

Using City crews

Using volunteer clean-up crew during and after event.

Using professional cleaning company during and after event.

**Miscellaneous**

Please list anything important about your event not already asked on this application:

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**Please make a copy of this application for your records.  
We do not provide copies.**



# Special Events

## Pre-Event Storm Water Compliance Checklist

### I. Special Event Information

Name of Special Event: <u>RD41C - Rosarito Beach Motorcycle Run</u>	
Event Address: <u>3201 Hoover Ave, National City, Ca, 91950</u>	Expected # of Attendees: <u>450-900</u>
Event Host/Coordinator: <u>Coronado Beach A-D</u>	Phone Number: <u>619-477-4477</u>

### II. Storm Water Best Management Practices (BMPs) Review

	YES	NO	N/A
Will enough trash cans provided for the event? Provide number of trash bins: <u>4</u>	X		
Will enough recycling bins provided for the event? Provide number of recycle bins: _____			X
Will all portable toilets have secondary containment trays? (exceptions for ADA compliant portable toilets)			X
Do all storm drains have screens to temporarily protect trash and debris from entering?	X		
Are spill cleanup kits readily available at designated spots?	X		

\* A Post-Event Storm Water Compliance Checklist will be completed by City Staff.

# City of National City

## PUBLIC PROPERTY USE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Persons requesting use of City property, facilities or personnel are required to provide a minimum of \$1,000,000 combined single limit insurance for bodily injury and property damage which includes the City, its officials, agents and employees named as additional insured and to sign the Hold Harmless Agreement. Certificate of insurance must be attached to this permit. The insurance company issuing the insurance policy must have a A.M. Best's Guide Rating of A:VII and that the insurance company is a California admitted company; if not, then the insurance policy to the issuance of the permit for the event. The Certificate Holder must reflect:

City of National City  
Risk Management Department  
1243 National City Boulevard  
National City, CA 91950

Organization: Coronado Beach Harley-Davidson  
Person in Charge of Activity: Alie Clark  
Address: 3201 Hoover Ave, National City, Ca 91950  
Telephone: 619-477-4477 Date(s) of Use: 9-16-22

### HOLD HARMLESS AGREEMENT

As a condition of the issuance of a temporary use permit to conduct its activities on public or private property, the undersigned hereby agree(s) to defend, indemnify and hold harmless the City of National City and the Parking Authority and its officers, employees and agents from and against any and all claims, demands, costs, losses, liability or, for any personal injury, death or property damage, or both, or any litigation and other liability, including attorney's fees and the costs of litigation, arising out of or related to the use of public property or the activity taken under the permit by the permittee or its agents, employees or contractors.

Signature of Applicant: Alie Clark

Official Title: Marketing Director Date: 6-1-22

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*For Office Use Only*

Certificate of Insurance Approved \_\_\_\_\_ Date \_\_\_\_\_

Mossy Nissan  
National City  
Nissan dealer

San Diego  
Regional Center

Frank Subaru Service  
Subaru dealer

Frank Subaru  
Subaru dealer

Westcott Mazda  
Mazda dealer

United Barber &  
Beauty Supply  
Delivery

ABC Supply Co., Inc  
Delivery

MO Business  
& Tax Service

Cesar's Taco Shop  
Takeout

National City

Use & Gasket  
Westflex Inc

L3 Harris

F.S.E. Inc  
Restaurant supply store

Penske Truck Rental

Frank Hyundai  
Hyundai dealer

Keystone Trailer Park

South Bay Volkswagen  
Volkswagen dealer

A-1 Self Storage

Shell

National City  
Mile Of Cars  
Car dealer

National/54 Self Storage

Coronado Beach  
Harley-Davidson  
Harley-Davidson dealer

W 32nd St

N 32nd St

National City Blvd

Sweetwater River

American Hwy

Walmart Auto  
Care Centers  
Tire Shop

Google



Satellite

Please see map for parking/staging.

From 30<sup>th</sup> st southbound up thru 33<sup>rd</sup> National City Blvd.\

Parking lanes will be closed for motorcycles. Entry/exits to existing buildings will be open and available.

Directly in front of CB Harley Parking lane will be closed for motorcycles.

Please let me know if you have any other questions.

Thank you,

Alie Clark

Coronado Beach H-D, Marketing Director

707-330-3984

[aclark@wisericiders.com](mailto:aclark@wisericiders.com)



# CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY)  
07/14/2022

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).

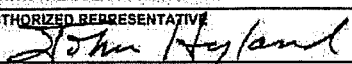
<b>PRODUCER</b> Sentry Insurance 1800 North Point Drive Stevens Point, WI 54481	<b>CONTACT NAME:</b> Sentry Customer Service <b>PHONE (A/C, No, Ext):</b> 800-473-6879 <b>EMAIL ADDRESS:</b> businessproducts_direct@sentry.com	<b>FAX (A/C, No):</b> 800-514-7191	
	<b>INSURER(S) AFFORDING COVERAGE:</b>		<b>NAIC #</b>
<b>INSURED</b> Coronado Beach Wise Riders, Inc. DBA Coronado Beach Harley-Davidson 3201 Hoover Ave National City, CA 91950	<b>INSURER A:</b> Sentry Select Insurance Company		21180
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

<b>COVERAGES</b>	<b>PROD / CUSTOMER ID:</b>	<b>CERTIFICATE #:</b> 2317029	<b>REVISION #:</b>
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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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS	X		2526167004	07/01/2022	07/01/2023	AUTO ONLY (Ea accident)	\$ 500,000
							OTHER THAN AUTO ONLY	EA ACCIDENT \$ 500,000 AGGREGATE \$ 2,500,000
A	<input type="checkbox"/> GARAGE KEEPERS LIABILITY <input type="checkbox"/> LEGAL LIABILITY DIRECT BASIS <input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS	X		2526167004	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> COMP / OTC SPECIFIED PERILS <input checked="" type="checkbox"/> COLLISION	LOC 1 \$ 500,000 LOC \$ LOC 1 \$ 500,000 LOC \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S			2526167005	07/01/2022	07/01/2023	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 45,000,000 PRODUCTS - COMP/OP AGG \$ 45,000,000
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under: REMARKS below	N/A					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Refer to attached

<b>CERTIFICATE HOLDER</b> City of National City c/o Risk Manager 1243 National City Blvd National City, CA 91950-4301	<b>CANCELLATION</b> 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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Bruce Johansen		NAMED INSURED Coronado Beach Wise Riders, Inc. DBA Coronado Beach	
POLICY NUMBER 2528167004			
CARRIER Sentry Select Insurance Company	NAIC CODE 21180	EFFECTIVE DATE: 07/01/2022	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: ACORD 30 FORM TITLE: Certificate Of Garage Insurance

**Auto Dealers**

The City of National City, its Officials, Agents, Employees and Volunteers are named as additional insureds.

**Garagekeepers Liability**

Location #	State	Basis	Collision Limit	Comp/OTC/Specified Perils Limit
4	CA	Natural Disasters Legal Liability	\$ 350,000	\$ 350,000
9	CA	Natural Disasters Legal Liability	\$ 400,000	\$ 400,000
11	CA	Natural Disasters Legal Liability	\$ 500,000	\$ 500,000
12	CA	Natural Disasters Legal Liability	\$ 350,000	\$ 350,000
14	CA	Natural Disasters Legal Liability	\$ 350,000	\$ 350,000
16	CA	Natural Disasters Legal Liability	\$ 200,000	\$ 200,000
17	NV	Natural Disasters Legal Liability	\$ 360,000	\$ 360,000
18	NV	Natural Disasters Legal Liability	\$ 300,000	\$ 300,000
20	CA	Natural Disasters Legal Liability	\$ 360,000	\$ 360,000
24	CA	Natural Disasters Legal Liability	\$ 500,000	\$ 500,000
26	CA	Natural Disasters Legal Liability	\$ 250,000	\$ 250,000
27	CA	Natural Disasters Legal Liability	\$ 500,000	\$ 500,000
30	CA	Natural Disasters Legal Liability	\$ 750,000	\$ 750,000
32	AZ	Natural Disasters Legal Liability	\$ 750,000	\$ 750,000
33	CA	Natural Disasters Legal Liability	\$ 500,000	\$ 500,000
38	CA	Natural Disasters Legal Liability	\$ 75,000	\$ 75,000
40	CA	Natural Disasters Legal Liability	\$ 200,000	\$ 200,000
42	CA	Natural Disasters Legal Liability	\$ 60,000	\$ 60,000
45	CA			



AGENCY CUSTOMER ID: XXXXXX8328

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

**ADDITIONAL REMARKS SCHEDULE**Page 3 of 3

<b>AGENCY</b> Bruce Johansen		<b>NAMED INSURED</b> Coronado Beach Wise Riders, Inc. DBA Coronado Beach	
<b>POLICY NUMBER</b> 2526167004			
<b>CARRIER</b> Sentry Select Insurance Company	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b> 07/01/2022	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
**FORM NUMBER:** ACORD 30 **FORM TITLE:** Certificate Of Garage Insurance

		Natural Disasters Legal Liability	\$	250,000	\$	250,000
48	CA	Natural Disasters Legal Liability	\$	360,000	\$	360,000
49	CA	Natural Disasters Legal Liability	\$	360,000	\$	360,000

ACORD 101 (2008/01)

2526167  
Sentry Select Insurance Company  
3 00002 000000000 22195 0 N

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07/14/2022

7955ddd4-5136-4fb1-85b2-2950930bd7f6



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

### SCHEDULE

**Name of Person or Organization:**

City of National City  
c/o Risk Manager

**Start Date of Show:**

**End Date of Show:**

**Event Name:**

**Event Location:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Section II - General Liability Coverages, Paragraph D. Who Is An Insured** is amended by the addition of the following:

The following are "insureds" for "auto dealer operations";

The person or organization listed in the Schedule above, but only with respect to liability arising out of your "auto dealer operations" or premises owned by or rented to you.

All other terms and provisions of the policy remain unchanged.

Change effective 07/14/2022

CA 88 04 10 13

2526167

Sentry Select Insurance Company

Includes copyrighted material of Insurance Services Office, Inc.,  
with its permission.

Page 1 of 1

07/14/2022

# City of National City BUSINESS TAX CERTIFICATE



## 2022

TO BE POSTED IN A CONSPICUOUS PLACE  
AND  
NOT TRANSFERABLE OR ASSIGNABLE

"For Services Provided in National City, California Only"

**Business Name** CORONADO BEACH HARLEY-DAVIDSON  
**Business Location** 3201 HOOVER AVE  
NATIONAL CITY, CA 91950-7223  
**Business Owner(s)** CORONADO BEACH WISE RIDERS, INC.

**Business Type** Retail Sales - General  
**Account Number** 09049107  
**Effective Date** January 01, 2022  
**Expiration Date** December 31, 2022

CORONADO BEACH HARLEY-DAVIDSON  
641 ORANGE DR  
VACAVILLE, CA 95687-3100

City Manager

**NOTE: IT IS YOUR OBLIGATION TO RENEW THIS  
CERTIFICATE WHETHER OR NOT YOU RECEIVE A  
RENEWAL NOTICE**

For all inquiries regarding this certificate, contact HdL  
Business Tax Support Center at (619) 382-2596.

**THIS BUSINESS TAX CERTIFICATE DOES NOT PERMIT A BUSINESS  
THAT IS OTHERWISE PROHIBITED.**

CORONADO BEACH HARLEY-DAVIDSON

Thank you for your payment on your National City Business Tax Certificate. **ALL CERTIFICATES MUST BE AVAILABLE FOR INSPECTION UPON REQUEST.** If you have questions concerning your business license, contact the Business Support Center via email at: [NationalCity@HdLgov.com](mailto:NationalCity@HdLgov.com) or by telephone at: (619) 382-2596

Keep this portion for your license separate in case you need a replacement for any lost, stolen, or destroyed license. A fee may be charged for a replacement or duplicate certificate.

This certificate does not entitle the holder to conduct business before complying with all requirements of the National City Municipal code and other applicable laws, nor to conduct business in a zone where conducting such business violates law.

If you have a fixed place of business within the National City, please display the Business Tax Certificate below in a conspicuous place at the premises. Otherwise, every Business Tax Certificate holder not having a fixed place of business in the City shall keep the Business Tax Certificate upon his or her person, or affixed in plain view any cart, vehicle, van or other movable structure or device at all times if required by the Collector.

Starting January 1, 2021, Assembly Bill 1607 requires the prevention of gender-based discrimination of business establishments. A full notice is available in English or other languages by going to: <https://www.dca.ca.gov/publications/>



BUSINESS TAX SUPPO  
CENTER  
8839 N CEDAR AVE #212



## City of National City BUSINESS TAX CERTIFICATE

CORONADO BEACH HARLEY-DAVIDSON  
641 ORANGE DR  
VACAVILLE, CA 95687-3100

**Account Number:** 09049107  
**Date of Issue:** 01/01/2022