



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

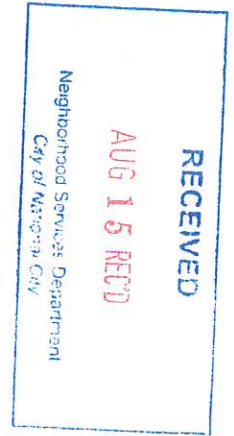
- Fair/Festival
 Parade/March
 Walk or Run
 Concert/Performance
 TUP
 Sporting Event
 Other (specify) _____

Event Name & Location

Event Title Butterfly Release Project
 Event Location (list all sites being requested) Kimball Park

Event Times

Set-Up Starts 0800 am Day of Week Saturday
 Date 10/01/2022 Time _____ Day of Week _____
 Event Starts 10am Day of Week Saturday
 Date 10/1/2022 Time _____ Day of Week _____
 Event Ends 5pm Day of Week Saturday
 Date 10/01/2022 Time _____ Day of Week _____
 Breakdown Ends 6:30pm Day of Week Saturday
 Date 10/01/2022 Time _____ Day of Week _____



Applicant Information

Applicant (Your name) Shanelle D. Johnson Sponsoring Organization Urban Restoration Counseling Center
 Event Coordinator (if different from applicant) _____
 Mailing Address 1925 Euclid Ave, Suite 108, San Diego, CA 92105
 Day Phone 619-648-1158 After Hours Phone _____ Cell 619-219-4260 Fax 6193030449
 Public Information Phone 6196481158 E-mail info@urbanrestorationcounseling.org

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:  Date 08/08/2022

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):

The event is free to the community. The vendor fee is \$75.00 for food vendors and/or vendors selling products and \$50.00 for vendors offering services.

\$ Estimated Gross Receipts including ticket, product and sponsorship sales from this event.
2500

\$ Estimated Expenses for this event.
5000

\$ 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:

The Butterfly Release Project is a family fun event designed to increase mental health awareness for communities of color.

Estimated Attendance

Anticipated # of Participants: 100 Anticipated # of Spectators: 200

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): _____

Date and time of street closure: _____ Date and time of street reopening: _____

Other (explain) _____

Requesting to post "no parking" notices? Yes No

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

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: _____

We have partnered with two community agencies that are able to provide crowd control for this event.

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 Positive Thinking CPR

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:
The event will use the Accessibility Plan of Kimball Park as is.

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 _____

50 # of tents size 10X10

No canopies/tents being set up

Setting up tables and chairs?

Furnished by Applicant or Contractor

20 _____ # of tables No tables being set up

160 _____ # 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) volleyball net

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) DJ and speaker

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 ▶ # _____¹⁰ ▶ 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: Food Truck
 GAS ELECTRIC CHARCOAL OTHER (Specify): _____

Vendors bringing pre-packaged food ▶ # _____¹⁰ ▶ Business License # _____

Vendors bringing bottled, non-alcoholic beverages (i.e., bottled water, can soda, etc.) ▶ # _____²⁰

Vendors selling food # _____¹⁰ ▶ Business License #(s) _____

Vendors selling merchandise # _____²⁵ ▶ Business License #(s) _____

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

Vendors selling services # _____²⁵ ▶ Business License #(s) _____

▶ Explain services _____

Vendors passing out information only (no business license needed) # _____²⁵

▶ 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 # ²⁻³ _____ Rock climbing wall Height _____

Inflatable bouncer slide # ¹ _____ 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)
4-6

Yes, we will have banners # _____
Urban Restoration Counseling Center - Butterfly Release Project

What will signs/banners say? _____
We will use retractable banners

How will signs/banners be anchored or mounted? _____
see map of area

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: _____
2

▶ Total number of ADA accessible portable toilets: _____
1

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:

**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>Butterfly Release Project</u> | |
| Event Address: <u>1925 Euclid Ave, Suite 108, San Diego, Ca 92105</u> | Expected # of Attendees: <u>200</u> |
| Event Host/Coordinator: <u>Shanelle D. Johnson</u> | Phone Number: <u>619-219-4260</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>15</u> | X | | |
| Will enough recycling bins provided for the event? Provide number of recycle bins: <u>10</u> | X | | |
| Will all portable toilets have secondary containment trays? (exceptions for ADA compliant portable toilets) | | | |
| Do all storm drains have screens to temporarily protect trash and debris from entering? | | | |
| Are spill cleanup kits readily available at designated spots? | | | |

* 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
Urban Restoration Counseling Center

Organization: _____
Shanelle D. Johnson

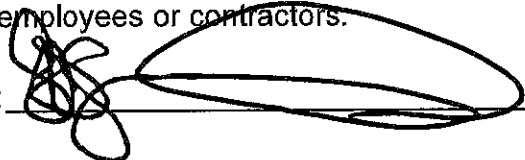
Person in Charge of Activity: _____
1925 Euclid Ave, Suite 108, San Diego, CA 92105

Address: _____
619-648-1158

Telephone: _____ Date(s) of Use: 10/01/2022

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:  _____

Official Title: Vice President _____ Date: _____

For Office Use Only

Certificate of Insurance Approved _____ Date _____



Legend

@@ Porta Potty

** DJ

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 | URBAN RESTORATION COUNSELING CENTER | Business Type | Exempt / Non-Profit |
| Business Location | 1925 EUCLID AVE STE 108 SAN DIEGO, CA 92105-5396 | Account Number | 09051554 |
| Business Owner(s) | SHANELLE D. JOHNSON | Effective Date | October 01, 2022 |
| | | Expiration Date | December 31, 2022 |

URBAN RESTORATION COUNSELING CENTER
1925 EUCLID AVE STE 108
SAN DIEGO, CA 92105-5396

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.**

URBAN RESTORATION COUNSELING CENTER

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 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

URBAN RESTORATION COUNSELING CENTER
1925 EUCLID AVE STE 108
SAN DIEGO, CA 92105-5396

Account Number: 09051554
Date of Issue: 10/01/2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/19/2022

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).

| | | |
|---|---|------------------------------------|
| PRODUCER 858-391-3001 Springbrook Insurance Agency 10650 Treana Street Suite 101 San Diego, CA 92131.2435 Russell Lail | CONTACT NAME: Jennifer Lail | |
| | PHONE (A/C, No, Ext): 858-391-3001 | FAX (A/C, No): 858-391-3010 |
| E-MAIL ADDRESS: jennifer@springbrookins.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : Nonprofits' Insurance Alliance | | 10023 |
| INSURER B : | | |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED
 Urban Restoration Counseling Center
 1925 Euclid Ave, Suite 108
 San Diego, CA 92105

COVERAGES **CERTIFICATE NUMBER:** **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | 202268632 | 05/08/2022 | 05/08/2023 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 |
| | | | | | | | MED EXP (Any one person) \$ 20,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE \$ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| | | | | | | | PROF \$ 1,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | 202268632 - FORM FOLLOWS | 05/08/2022 | 05/08/2023 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | | AGGREGATE \$ |
| | DED RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | PER STATUTE OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

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

| | | |
|---|-----------------|---|
| CERTIFICATE HOLDER ***Proof of Insurance*** | PROOF OF | 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 |



A Head for Insurance. A Heart for Nonprofits.

NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

www.insurancefornonprofits.org

SCHEDULE A - SCHEDULE OF UNDERLYING INSURANCE

POLICY NUMBER: 2022-68632-UMB CONTROL NUMBER: 68632

NAME OF INSURED: Urban Restoration Counseling Center

| TYPE OF POLICY | APPLICABLE LIMITS | INSURER POLICY # | APPLICABLE PERIOD |
|---|---|---|--|
| (A) Automobile Liability Business Auto | Bodily Injury and Property Damage Combined Single Limit Uninsured/Underinsured Motorist | N/A N/A | |
| (B) Commercial General Liability | Each Occurrence Limit General Aggregate Limit Products/Completed Operations Aggregate Limi Personal & Advertising Injury Limit Damage to Premises Rented to You (any one premises) | \$1,000,000 \$3,000,000 \$3,000,000 \$1,000,000 N/A | NIAC 2022-68632 05/08/2022 to 05/08/2023 |
| (Includes Terrorism Coverage - Certified Acts) | | | |
| (C) Social Service Professional Liability | Each Event Limit Aggregate Limit | \$1,000,000 \$3,000,000 | NIAC 2022-68632 05/08/2022 to 05/08/2023 |
| (Does not include: Terrorism Coverage - Certified Acts) | | | |
| (D) Standard Workers Compensation & Employers Liability | Coverage B - Employers Liability Bodily Injury by Accident Bodily Injury by Disease Bodily Injury by Disease | N/A N/A N/A | Each Accident Each Employee Policy Limit |
| (E) Improper Sexual Conduct and Physical Abuse | Each Occurrence Limit General Aggregate Limit | N/A N/A | |
| (F) Directors' And Officers' | Each Wrongful Act Limit Aggregate Limit | N/A N/A | |
| (G) Liquor Liability | Each Common Cause Limit Aggregate Limit | \$1,000,000 \$1,000,000 | NIAC 2022-68632 05/08/2022 to 05/08/2023 |
| (Includes Terrorism Coverage - Certified Acts) | | | |
| (H) Employee Benefits Liability | Each Employee Aggregate Limit | N/A N/A | |