Special Event Application:
Downtown Carriage Rides - LGBCP

12/02/15

LONG GROVE B-1 HISTORIC BUSINESS DISTRICT
*EVENT ORGANIZER SPECIAL EVENT APPLICATION

RECEIVED
NOV 19 2015
VILLAGE OF LONG GROVE

OFFICE USE ONLY

- [x] Event Application
- [ ] Site Plan
- [ ] Property Owner Permission
- [ ] COI & Waiver Certificates
- [x] Roads & Barricades
- N/A [ ] Security & Sheriff
- [x] Signage
- N/A [ ] Electrical
- N/A [ ] Fire Inspection
- [ ] Vendors & Support Docs.
- N/A [ ] Temp. Liquor License App.
- N/A [ ] App. To Conduct Raffle
- N/A [ ] Applicable Fees

*Definition of an **Event Organizer**:
Any entity, including existing Long Grove Businesses and Non For Profit Organizations, along with outside businesses and organizations, conducting an event within the B1 District, outside of any Brick & Mortar building, different than their day to day operations and business license agreement with the Village.

NOTE: LGBCP Members, Vendors, Merchants or Sponsors, participating in LGBCP Organized Events, must complete a **Vendor Application, not an Organizer App.**

- [x] **LGBCP**
- [ ] **OTHER** _____

Applications should be sent to:
Long Grove Business and Community Partners (LGBCP)
308 Old McHenry Road
Long Grove, IL 60047
847-634-0888 Fax: 847-634-3673
info@visitlonggrove.com

FOR OFFICE USE ONLY

Received by LGBCP 11 / 17 / 15 [x] Approved [ ] Rejected 11 / 17 / 15
by LGBCP Board of Directors

Submitted to Village Hall 11 / 19 / 15 [ ] Approved [ ] Rejected ___/___/___
by Village Board of Trustees

This form must be completed in its entirety, and submitted, no more than 1 year in advance and no less than 150 days prior to the event, with all required attachments. Applicant will be notified by the LGBCP of the Village and LGBCP's approval or rejection within 45 days of submission.
Upon approval, applicant will be notified of fees and may accept or decline participation.

EVENT INFORMATION

Event Name: LGBCP CARRIAGE RIDES Location(s) in the B1 District: BOARDING MILL POND

Description/Type of Event: CARRIAGE + HORSE, TRAVEL ON MAIN STREETS FROM MILL POND AND BACK. EA. RIDE LASTS ~~APP~~ APPROX. 10 MIN.

Estimated Number of Attendees 100 Estimated Number of Vendors (1)

Event Date / Dates & Time:

Day 1 - Date: NOV. 27, 2015 Hours: 1P to 6P

Day 2 - Date: NOV. 28, 2015 Hours: 1P to 6P

Day 3 - Date: DEC. 5, 12, 19 2015 Hours: 1P to 6P

Set Up - Date ~~Nov.~~ Ø Hours: ____ to ____ **Dismantling** - Date Ø Hours ____ to ____

EVENT ORGANIZER: LONG GROVE BUSINESS AND COMMUNITY PARTNERS

Long Grove Business and Community Partners (LGBCP)
A 501c3 Not For Profit Organization
308 Old McHenry Road, Long Grove, IL 60047
847-634-0888 Fax: 847-634-3673
info@visitlonggrove.com

Street Address: 308 OLD MCHENRY Rd City: LONG GROVE State: IL Zip: 60047

Phone Number: 847-634-0888 Fax Number: 634-3673

Contact Person: SHARON FINE / MARIAN WARD Phone Number: SAME

E-mail Address: SFINE@VISITLONGGROVE.COM

Include with this application:

N/A 1. **SITE PLAN** of all areas of the B-1 District covered by the event. Include sanitary facilities and auxiliary parking lots (if applicable).

2. **PROPERTY OWNER** written permission.

3. **CERTIFICATE OF INSURANCE / WAIVER OF SUBROGATION** naming **both** of the following as "additionally insured":
   - Long Grove Business and Community Partners
   - Village of Long Grove

N/A 4. **ROADS & BARRICADES** - Indicate the areas of the roadway and parking that will need to be closed and barricaded for this event. Fees may apply. - PARKING SPACES NEXT TO GALENA CANNING (6)

N/A 5. **SECURITY and SHERIFF'S RESERVES** - Provide the estimated number of security and Sheriff Reserves needed and the times for each. Cost for security: $70/hour per deputy. Payment must be submitted with application.

N/A A. Security officers #_____ Hours _____ to _____

N/A B. Traffic officers / Reserves #_____ Hours _____ to _____

N/A C. Parking Assistance #_____ Hours _____ to _____

6. **SIGNAGE** - Indicate whether there will be any of the following:
Before ordering banners or temporary signs, signage must be approved by the LGBCP and the Village Planner. Contact info: LGBCP – info@visitlonggrove.com / Village Planner – jhogue@longgrove.net

A. Banners	☐ Yes	☐ No
B. Temporary Signs	☒ Yes	☐ No SEE ATTACHED.
C. Other Signage (specify)	☐ Yes	☐ No

If you answered "yes," provide a design, location, time to be placed and written permission of the owner(s) where these items will be placed. AT ENTRY TO MILLPOND PKG. BUT NOT ON DRIVEWAYS OR IN STREET

7. **PR & ADVERTISING** - check all that apply:

☐ Newspapers	☐ Cable T.V.	☐ Internet
☒ Newsletters / e-blasts	☐ Commercial T.V.	☐ Radio
☐ Direct Mailings	☐ Trade Magazines	☒ Other (specify) Fomecore Signs

Use of the LGBCP logo requires proof and approval by the LGBCP Mktg. Committee.
Inclusion on LGBCP's Web-site, Press Releases and Newsletters requires written request, and may be subject to fees. LGBCP Contact Info: info@visitlonggrove.com

N/A 8. **ELECTRICAL NEEDS** - Provide specifics as to mechanical or electronic rides, demonstrations, displays, music, etc..

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N/A

9. **OUTSIDE SERVICES** – must be supplied by a licensed / insured provider, conform to LGBCP appearance guidelines and are subject to Village Fire Marshall and Sheriff inspection / approval.

Service	Qty.	Contact	Company	Phone
Sanitation / Port-o-lets				
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging				
White Tent, Rental, Labor				
Other				

10. **ALL VENDORS must** FREE RIDES/NO $ TRANSACTIONS

- Complete a "Vendor Application." *
- Provide their Illinois Sales Tax ID number as required and submit a form indicating filing of all sales occurring in the Village of Long Grove. Sales Tax Rate is 8%.
- Conform to LGBCP appearance guidelines and are subject to Health Dept., Village Fire Marshall and Sheriff inspection / approval.
- **Food Vendors** must contact the Lake County Dept. of Health (847-360-6700) to apply for a permit.

N/A

11. **CHARITY BENEFIT** – If a charity is benefiting from this event, Proof of Non For Profit Tax Exempt Status, legal name of the charity, address, contact name and phone number.

N/A

12. **RAFFLES** – Submit "Application for License to Conduct Raffle." Raffles must be pre-approved by the Village of Long Grove Board of Trustees.**

N/A

13. **LIQUOR** – Submit "Temporary Liquor License" application with specific address. If liquor is being offered, on a site, other than that which is stated on **A State of Illinois Liquor License, then a Temporary Liquor License must be applied for and issued.** Applications may be downloaded at www.illinois.gov/license.cfm.**

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* **Vendor Applications** can be found on the LGBCP web-site @ visitlonggrove.com under "Applications."

**For a License to Conduct a Raffle Application or a Temporary Liquor License Application, please visit the Village of Long Grove web-site at longgrove.net, under "Forms."

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info@visitlonggrove.com

EVENT ORGANIZER FEES:
Fees are determined by The Village of Long Grove and / or The LGBCP Board of Directors.

Application Processing Fee:	$25
Village Usage Fee:	$ _____
Fire Inspection Fee (if applicable)	$ _____
Other: _____	$ _____
TOTAL FEES	$_____

Please read this form carefully and be aware that in signing, you will be waiving and releasing all claims arising out of this event.

All businesses, sponsors, vendors and merchants, participating in B1 District outdoor events, are required to comply with, and receive approval from, both, the LGBCP Board and The Village Board of Trustees

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

I am fully aware of the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that this may include risks of bodily injury and / or death. I agree to and assume full risk of injuries, including death, and of all costs, damages, and losses that may be sustained as a result of participating in any and all activities connected with or associated with such event.

WAIVER AND RELEASE OF CLAIMS FOR INJURY

I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees, arising out of, connected with, or in any way related to, the event or my participation therein.

INDEMNITY AND DEFENSE

I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the program or my participation therein. My signature also allows the use my photo for promotional purposes. My signature on this form indicates that I have read and understand the above Waiver and execute it of my own free will and without any reservation.

All information submitted is part of the application process to obtain the Long Grove Business and Community Partners (LGBCP) Board of Directors recommendation, to the Village Board of Trustees,

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to participate in or hold a specific event in the B-1 Historic Business District. The event date is for the upcoming year and all of the information is accurate to the best of my knowledge

I have read and understand the above Sharon Fu — 11/19/15
Signature of Applicant — Date

LGBCP Board Approval Marcia Wenk — 11/19/15
Events Committee Chair Signature — Date

Village Board of Trustees Approval _____ — ___/___/___
Village Representative Signature — Date

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CARRIAGE RIDES – HERE!
FREE
CARRIAGE RIDES
• FRIDAY NOV. 27
• SATURDAYS DEC. 5, 12 & 19
LONG GROVE
VisitLongGrove.com — for all that's happening!

Chicago Horse & Carriage Ltd.

CLIENT INFORMATION

Name: Long Grove Community Partners Contact:

Billing Address:

City: Long Grove State: Illinois zip:

Phone Main: Alternate:

Fax #: Email: longgrovevt@gmail.com

RESERVATION DETAILS

Date: 11/27, 11/28, 12/5, 12/12, 12/19 Time: 1p-6p Haul: x Walk to:

Occasion: holiday rides Pre-arranged use time: 3hrs #of carriages: 1

Starting address: downtown long grove

Address #1: requested route

Special Instructions: white carriage with Holiday decorations and sign

CHARGES

Carriage rental 1st hour	$625 x's 5 days = $3125	OVERTIME: $30 per 10mins.
$145 per additional hour. 4 additional hrs. per day	$580 x's 5 day s= $2900	**$3012.50 - 50% DEPOSIT**
Total	$6025	**REQUIRED TO SECURE RESERVATION.**
Driver tip is not included. Passengers to take care of.		**Balance of $3012.50 due by 11/30/14**

AGREEMENT

Chicago Horse & Carriage Ltd. does not offer refunds. You may reschedule only within 1year of reservation ate. Rescheduling date based on availability only.

Deposit of $ 3012.50 due by 11/01/15 received on

Balance of $ 3012.50 due by 11/27/15 received on

Client Signature of Agreement & Payment Date:

Contract Guaranteed by: Date:

175 E. Delaware Place, unit 5401. · Chicago · Illinois · 60611
www.ChicagoCarriage.com · Info@ChicagoCarriage.com
Office: 312.988.9090

Subject: RE: [FWD: City of Chicago]
Date: Thursday, November 19, 2015 at 3:18:25 PM Central Standard Time
From: Michelle Wolff
To: 'Sharon Fine'

I spoke Jack and he said he doesn't see the problem based on my conversation with you that your insurance most likely would not react if there was an incident and that you had also purchased extra insurance through the carriage company

So I will issue a COI for the Village of Long grove listing them as AI for the carriage rides.

Michelle L. Wolff
Senior Account Manager
Cook and Kocher Insurance Group, Inc.
300 S. Northwest Highway, Suite 208
Park Ridge, IL 60068
P (847) 692-9200
F (847) 692-9299

From: Sharon Fine [mailto:sfine@visitlonggrove.com]
Sent: Thursday, November 19, 2015 3:12 PM
To: Michelle Wolff
Subject: FW: [FWD: City of Chicago]

Michelle,
I will send over the Carriage Company's COI, listing the LGBCP and Village of Long Grove, as soon as received.

Thank you,

Sharon

Sharon Fine
LGBCP Executive Director
|O|: 847.634.0888 |F|: 847.634.3673 |C|: 847.609.0407
Long Grove Business & Community Partners
308 Old McHenry Road
Long Grove, IL 60047
VisitLongGrove.com

From: <stacey@chicagocarriage.com>
Date: Thursday, November 19, 2015 at 2:58 PM
To: <skostak@lamblittle.com>, "sfine@visitlonggrove.com" <sfine@visitlonggrove.com>
Subject: [FWD: City of Chicago]

Subject: RE: [FWD: City of Chicago]
Date: Thursday, November 19, 2015 at 3:13:26 PM Central Standard Time
From: stacey@chicagocarriage.com
To: skostak@lamblittle.com, sfine@visitlonggrove.com
CC: larry@chicagocarriage.com

HI Susan - We need to add them as **additionally** insured.
Long Grove Business and Community Partners AND The Village of Long Grove

They know of the fee for this. We do it every year during the holidays. Julia took care of it in years past.

THANK,
Stacey

Please include original e-mail when responding.

Stacey Ortega
Chicago Horse & Carriage, since 1980
312.988.9090 office
312.420.1420 text ONLY for same day rescheduling/cancellations

PLEASE Keep Horse & Carriages in Chicago!
http://chn.ge/1nnpYGE
PLEASE sign the petition and post on your Facebook or Twitter
Thank you for your support

> -------- Original Message --------
> Subject: [FWD: City of Chicago]
> From: <stacey@chicagocarriage.com>
> Date: Thu, November 19, 2015 2:58 pm
> To: skostak@lamblittle.com, sfine@visitlonggrove.com
>
> Hi Susan- I hope you are doing well.
> I need to get added the following for additionally insure: Long Grove Business and Community Partners AND The Village of Long Grove.
> I will have them pay you direct for the charges for this.
>
> Thank you very much!
>
> Please include original e-mail when responding.
>
> Stacey Ortega
> Chicago Horse & Carriage, since 1980
> 312.988.9090 office
> 312.420.1420 text ONLY for same day rescheduling/cancellations

PLEASE Keep Horse & Carriages in Chicago!
http://chn.ge/1nnpYGE
PLEASE sign the petition and post on your Facebook or Twitter
Thank you for your support

Hi Stacy,
#1 PRIORITY: Need the Certificate of Insurance, ASAP.
Must list both: **Long Grove Business and Community Partners** AND **The Village of Long Grove**
Need to give to Village right away.

#2 NEED by MON., 11/23/15: An invoice for the balance due, so it can be processed by the start date. The contract states "Balance of $3012.50 due by 11/30/14." (should be 2015) Thx! :~)

Sincerely,
Sharon

Sharon Fine
LGBCP Executive Director
|O|: 847.634.0888 |F|: 847.634.3673 |C|: 847.609.0407
Long Grove Business & Community Partners
308 Old McHenry Road
Long Grove, IL 60047
VisitLongGrove.com

-------- Original Message --------
Subject: City of Chicago
From: Susan Kostak <skostak@lamblittle.com>
Date: Wed, November 18, 2015 8:58 am
To: "larry@chicagocarriage.com" <larry@chicagocarriage.com>

Please find attached the certificate of insurance you requested for the above mentioned.

Regards,

Susan Kostak
Account Manager

1101 Perimeter Drive, Suite 500
Schaumburg, IL 60173
847-230-3246 P
847-398-7077 F
skostak@lamblittle.com

Connect with us…

Please be advised that coverage cannot be bound, altered or cancelled via email message.

Due to the overwhelming feedback from our customers as well as in effort to become more environment friendly, Lamb, Little has recently switched over to sending insured's copies of policies, endorsements and audits via email as opposed to mail. However, we understand that you may prefer paper copies. If that is the case, please let us know, otherwise all future paperwork will be sent electronically.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/19/2015

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
Cook and Kocher Insurance Group
300 S. Northwest Highway
Suite 208
Park Ridge IL 60068

CONTACT NAME: Michelle Wolff
PHONE (A/C, No, Ext): (847) 692-9200 **FAX (A/C, No):** (847) 692-9299
E-MAIL ADDRESS: michellew@cookandkocher.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Hartford Casualty Insurance Co.	29424
INSURER B: Twin City Fire Insurance Co.	29459
INSURER C: Lloyd's of London	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
LONG GROVE BUSINESS AND COMMUNITY PARTNERS,
308 OLD MCHENRY RD
LONG GROVE IL 60047

COVERAGES **CERTIFICATE NUMBER:** CL1513002512 **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 X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			83SBAIJ5801	1/1/2015	1/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			83SBAIJ5801	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			83SBAIJ5801	1/1/2015	1/1/2016	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		83WECBO9102	1/1/2015	1/1/2016	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
C	Liquor Liability			LIQ101504.02	4/30/2015	4/30/2016	$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Carriage Rides in Long Grove, Through December 2015
The certificate holder is to be named as additional insured

CERTIFICATE HOLDER
Village of Long Grove
3110 Old McHenry Road
Long Grove, IL 60047

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
Michelle Wolff/MLW

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/19/2015

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 Lamb, Little & Co 1101 Perimeter Drive Suite 500 Schaumburg IL 60173	CONTACT NAME: Susan Kostak PHONE (A/C, No, Ext): 847-398-7060 FAX (A/C, No): 847-398-7077 E-MAIL ADDRESS: skostak@lamblittle.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
INSURED CHICA66 Chicago Horse & Carriage, Ltd. 175 East Delaware, Unit 5401 Chicago IL 60611	INSURER A : Admiral Insurance Co. INSURER B : Travelers Prop/Cas Co of Amer — 25674 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 896077696 **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	X **COMMERCIAL GENERAL LIABILITY**			CA000019056-02	12/31/2015	12/31/2016	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			6JUB2E41706115	8/14/2015	8/14/2016	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A **(Mandatory in NH)**						E.L. EACH ACCIDENT	$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$500,000
							E.L. DISEASE - POLICY LIMIT	$100,000

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

Written notice will be mailed at least 30 days in advance of cancellation to the certificate holder listed below.
RE: Horse Carriages
Additional insured with respects to General Liability: City of Chicago, Long Grove Business and Community Partners; Village of Long Grove

CERTIFICATE HOLDER

BACP's Public Vehicle Operations Division
2350 W Ogden
1st Floor
Chicago IL 60608

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

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