


Permit #: 705

# CITY OF CORAL GABLES FACILITY RENTAL PERMIT APPLICATION

<b>Renter Information</b>	<i>Legal Name of the Permit Applicant (Company or Individual):</i> <b>HISTORIC PRESERVATION ASSOCIATION OF CORAL GABLES</b>			<i>Today's Date:</i> <b>MARCH 19, 2014</b>	
	<i>Contact Person for this Permit Application:</i> <b>KARELIA CARBONELL</b>				
	<i>Contact Person Phone:</i> <b>305 992 7449</b>		<i>Contact Person Fax:</i>		<i>Contact Person Email:</i> <b>KARELIA.M.CARBONELL@GMAIL.COM</b>
	<i>Permit Applicant Address:</i> <b>P.O. BOX 347944</b>		<i>City:</i> <b>CORAL GABLES</b>		<i>State:</i> <b>FL</b>
	<i>Permit Applicant Phone:</i> <b>305 992 7449</b>		<i>Permit Applicant Fax:</i>		<i>Permit Applicant Email:</i> <b>KMARTINEZCARBONELL@HISTORICCORALGABLES.ORG</b>
	<i>Is the Contact Person an Officer of the Legal Entity?</i> <input checked="" type="checkbox"/> YES* <input type="checkbox"/> NO**  <i>* If Yes, attach verification from Sunbiz.org.</i>  <i>** If NO, go to next question.</i>				
	<i>Is the Contact Person an Authorized Agent of Applicant?</i> <input type="checkbox"/> YES* <input type="checkbox"/> NO**  <i>*If Yes, Contact Person (Authorized Agent) must provide the City with a Limited Power of Attorney evidencing that they are authorized to execute legally binding contracts on behalf of the permit applicant.</i>  <i>**If No, then this Agreement must be executed (signed) by an Officer or Authorized Agent of the Legal Entity.</i>				
	<b>Rental/Event Information</b>	<i>Facility Requested: (include room location if applicable)</i> <b>VENETIAN POOL</b>			<i>Date(s) Requested:</i> <b>APRIL 26, 2014</b>
<i>Hours of Rental:</i> <b>5</b>		<i>Set-up Time to Begin:</i> <b>5:00 P.M.</b>		<i>Clean Up Time to End:</i> <b>10:00 P.M.</b>	
<i>Type of event to be held (i.e. family reunion, birthday party, wedding etc.):</i> <b>HAPPY SPRING SOCIAL AND FUNDRAISER</b>					
<i>Anticipated Attendance: (must be completed)</i> <b>100</b>			<i>Admission Fee Charged?</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

Additional  
Event  
Information

For a complete listing of the rules and regulations for use of a facility owned and/or managed by the City of Coral Gables Parks and Recreation Department, see the attached Facility Rental Usage Policies.

Should any of the services above be self provided, please write the word "SELF" on the blank line above.

*Please check all that apply & provide the name of the company and the contact information for the company providing these services on the corresponding blank line:*

- ☐ Inflatable Device(s) \_\_\_\_\_  
(Allowed in designated facilities only)
- ☐ Grill(s) (Allowed in designated facilities only) \_\_\_\_\_
- ☒ Alcohol Allowed in designated facilities only)  
SELF
- ☐ Music (Recorded) No amplified music is permitted
- ☐ Music (Live) \_\_\_\_\_
- ☐ Amplifying Devices Or Loud Speakers Is not permitted due to noise ordinance
- ☐ Catered Event \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Internal Use only:

Approved: ☐ YES ☐ NO

Permit # \_\_\_\_\_

Date Received: 3/21/14

Date of Rental: 4/26/14

Date Insurance Submitted: 3/21/14

Rental Fee: Non-profit rate  
3/18/14 \$ 840.00

Security Deposit: \$ 275.00

Date Insurance Approved:

Insurance Compliance Documentation is Attached (circle one): Yes No

Authorized Signatory Documentation (sunbiz.org printout or letter from corporate officer) is Attached (circle one):  
Yes No

Facility Supervisor: Carolina Vester  
Print Name

[Signature]  
Signature

Date: 3/21/14

♦THIS COVER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS♦

<p><b>Facility Rental Permit</b></p> <p><b>Cover Sheet</b></p> <p><b>For</b></p> <p><b>Evidencing Insurance to the City of Coral Gables</b></p>	<p>Legal Name of Permit Applicant (Individual or Company): <u>HISTORIC PRESERVATION ASSOCIATION OF CORAL GABLES</u></p> <p>Insurance is being submitted for an ongoing rental permit (circle one): YES or NO</p> <p>Insurance is being submitted for a one time rental permit (circle one): <u>YES</u> or NO</p> <p>Will liquor be served at the City facility being rented (circle one): <u>YES</u> or NO</p> <p>Without limiting PERMIT APPLICANT'S indemnification of the CITY, and during the term of this Agreement, PERMIT APPLICANT shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY and shall be primary to and not contributing with any other insurance or self-insurance program maintained by the CITY. Certificates or other evidence of coverage shall be delivered via email, fax or US mail to;</p> <p><b>Certificate Holder should read:</b> City of Coral Gables Insurance Compliance PO Box 12010 - CE Hemet, CA 92546-8010</p> <p><b>Email address:</b> <u>cityofcoralgables@ebix.com</u></p> <p>Such certificates or other evidence of coverage shall be delivered prior to commencing performance under this Permit, and shall contain the express condition that the CITY is to be given written notice of at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.</p>						
<p><b>Insurance Requirements</b></p> <p><b>For</b></p> <p><b>Companies</b></p>	<p><b>Companies are required to evidence the following Insurance to the City;</b></p> <table border="1"> <thead> <tr> <th><u>Insurance Coverage Type</u></th> <th><u>Limit of Liability Required</u></th> </tr> </thead> <tbody> <tr> <td>Commercial General Liability</td> <td>Each Occurrence \$1,000,000      Aggregate \$2,000,000</td> </tr> <tr> <td>Liquor Liability (required if liquor is served)</td> <td>Each Occurrence \$1,000,000      Aggregate \$2,000,000</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>All insurance policies evidenced to the City shall name the City of Coral Gables as an Additional Insured on a Primary and Non-contributory basis.</li> <li>All insurance policies evidenced to the City shall contain A Waiver of Subrogation Endorsement in favor of the City of Coral Gables.</li> <li>All insurance companies providing coverage must have an A.M. Best rating of at least (A-/VI) or an equivalent rating given by a recognized rating agency.</li> </ul> <p><b>Companies evidencing insurance must provide the following documents to the City;</b></p> <ol style="list-style-type: none"> <li>This Cover Sheet with all of the questions above answered.</li> <li>A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured on a primary and non-contributory basis including a Waiver of Subrogation in favor of the City.</li> <li>A copy of the Endorsements evidencing that Additional Insured status has been provided to the City and that this coverage has been provided on a Primary &amp; Non-Contributory Basis.</li> <li>A copy of the all Waiver of Subrogation Endorsements for each line of coverage required.</li> </ol>	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Commercial General Liability	Each Occurrence \$1,000,000      Aggregate \$2,000,000	Liquor Liability (required if liquor is served)	Each Occurrence \$1,000,000      Aggregate \$2,000,000
<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>						
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Personal Liability Insurance (including host liquor liability coverage is if liquor is served)	Each Occurrence \$300,000						
<p><b>If Applicant Does Not Have Insurance</b></p>	<p><b>Alternatively, Companies &amp; Individuals may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City @ <a href="http://www.ebi-ins.com/tulip">www.ebi-ins.com/tulip</a>.</b></p> <p>The City of Coral Gables reserves the right to require additional types of insurance coverage or higher limits of liability for any event. This determination will be made by the Risk Management Division.</p> <p><b>City of Coral Gables Insurance Compliance Contact Information</b> Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: <a href="mailto:cityofcoralgables@ebix.com">cityofcoralgables@ebix.com</a></p>						

# Indemnification:

For and in consideration of the City of Coral Gables consent to allow the Facility Rental Permit Applicant to use a city owned facility located within Miami-Dade County Florida, the Facility Applicant agrees as follows:

The Facility Rental Permit Applicant jointly and severally, hereby hold harmless, indemnify and defend the City of Coral Gables, its representatives, officers, agents, affiliates, employees, the administration and elected and appointed officials from and against all liability, suits, actions, claims, costs, expenses or demands (including, without limitation, suits, actions, claims, costs, expenses or demands resulting from death, personal injury and property damage) or expenses of every kind and character, including reasonable attorney's fees, costs and appeals, arising or resulting in whole or in part, as a result of any tort, intentional action, negligent acts or omissions on the part of the Facility Rental Permit Applicant or any of the contractors, subcontractors, participants and/or guests associated with the Facility Rental outlined in this application. This indemnification provision shall survive the termination of this contract and shall be in full force and effect beyond the term or termination of this contract, however, terminated. This indemnification provision includes claims made by the entitlement, if any, to immunity under section 440.11, Florida Statutes. Nothing contained herein shall be construed as a waiver of any immunity or limitation of liability the City may have under the doctrine of sovereign immunity of section §768.28, Florida Statutes.

I/We hereby acknowledge that a copy of the Facility Rental Usage Policies containing the rules and regulations for use of facilities owned and/or managed by the City of Coral Gables Parks and Recreation Department has been received and that I/We have read, understand and agree to abide by these rules & regulations governing the usage of the Facility being rented.

X [Signature]  
Authorized Signatory of the Permit Applicant or Authorized Agent

X 3/19/2014  
Date

KARELIA MARTINEZ CARBONELL  
Print Name of Authorized Signatory

PRESIDENT HPACG  
Title of Authorized Signatory (if applicable)

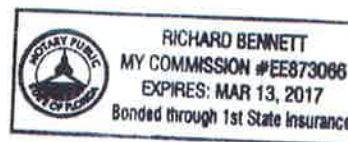
532 AUTAZA AVE.  
Address

CORAL GABLES FL  
City State

33146  
Zip Code

Subscribed and sworn to before me, this 19 day of MARCH 2014

[Signature]  
Notary Public State of Florida at Large



Approved by:

[Signature]  
Department Director

[Signature]  
Signature of Department Director

3/31/14  
Date

\* Comm. Services Director not available for signature

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS****Detail by Officer/Registered Agent Name****Florida Non Profit Corporation**

HISTORIC PRESERVATION ASSOCIATION OF CORAL GABLES, INC.

**Filing Information**

<b>Document Number</b>	N41683
<b>FEI/EIN Number</b>	650261797
<b>Date Filed</b>	01/14/1991
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	11/07/2012
<b>Event Effective Date</b>	NONE

**Principal Address**532 Altara Avenue  
CORAL GABLES, FL 33146

Changed: 02/27/2014

**Mailing Address**P.O. BOX 347944  
CORAL GABLES, FL 33134

Changed: 02/03/2012

**Registered Agent Name & Address**BENNETT, LISA  
1200 ANASTASIA AVENUE  
OFFICE SUITE 360  
CORAL GABLES, FL 33134

Name Changed: 04/10/2009

Address Changed: 04/10/2009

**Officer/Director Detail****Name & Address**

Title PRESIDENT

CARBONELL, KARELIA



532 Altara Avenue  
CORAL GABLES, FL 33146

Title VP

GOODMAN, ANN  
6828 CORSICA AVENUE  
CORAL GABLES, FL 33146

Title Treasurer

BRITO, HERBERT  
1136 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134

Title Executive Secretary

MACINTYRE, DOLLY  
409 VISCAYA AVENUE  
CORAL GABLES, FL 33134

#### Annual Reports

Report Year	Filed Date
2012	02/03/2012
2013	04/24/2013
2014	02/27/2014

#### Document Images

<a href="#">02/27/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/24/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/07/2012 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">02/03/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/09/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/04/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/14/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/22/2008 -- Name Change</a>	<a href="#">View image in PDF format</a>
<a href="#">01/07/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/23/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/12/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/12/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/23/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/23/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/15/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/27/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/02/1999 -- ANNUAL REPORT</a>	

	<a href="#">View image in PDF format</a>
<a href="#">02/05/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/22/1997 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<p><small><a href="#">Copyright</a> and <a href="#">Privacy Policies</a> State of Iowa, Department of State</small></p>	

# TENANT USERS LIABILITY INSURANCE

## CERTIFICATE BINDER

THIS CERTIFICATE/BINDER REPRESENTS A SUMMARY OF THE INSURANCE PROVIDED. INSURANCE PROVIDED IS SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

**Date:** 3/18/2014 2:38 PM  
**Certificate Number:** 54318  
**Broker:** ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES, INC -FL  
**Tenant User:** Historic Preservation Association of Coral Gables  
**Event Title** HPACG Spring Fundraiser at the Venetian Pool  
**Type of Event** Charity Benefits, Dances, Auctions, or Sales  
**Daily Attendance** 100  
**Period of Insurance:** 04/26/2014 12:01 AM To 04/27/2014 12:01 AM

**Policy #1** **GL00785-04**  
Insurance Company: Atlantic Specialty Insurance Company

<u>Coverage</u>	<u>Limits</u>
General Agg.	None
Products Completed Ops	\$1,000,000
Personal/Adv. Injury	\$1,000,000
Each Occurance:	\$1,000,000
Fire Damage:	\$50,000
Medical Payments:	Excluded

**Policy #2** **PF00531-03**  
Insurance Company: Atlantic Specialty Insurance Company

<u>Coverage</u>	<u>Limits</u>	<u>Deductible</u>
Third Party Property Damage:	\$1,000,000	\$1,000

**Premium Computation**

General Liability	\$76.00
Liquor Liability	\$0.00
Third Party Property Damage	\$25.00
Excess Liability	\$0.00
Total Premium	\$101.00
Total Fees	\$1.00
<b>Total Due</b>	<b>\$102.00</b>

**Certificate Holder/Additional Insured** City of Coral Gables  
405 Biltmore Way  
Coral Gables, FL 33134  
Venetian Pool  
2701 DESOTO BOULEVARD  
CORAL GABLES, FL 33134

To obtain a complete copy of the policy with the terms, conditions and exclusions of the policy, you must contact us at: tulip@ebi-ins.com or (800) 507-8414.



**HISTORIC PRESERVATION ASSOCIATION  
OF CORAL GABLES, INC.**

1193

63-1482-670  
450

DATE 3-18-2014

PAY  
TO THE  
ORDER OF

City of Coral Gables

Two hundred and seventy five and <sup>XX</sup>/<sub>100</sub>

\$ 275. <sup>XX</sup>/<sub>100</sub>

DOLLARS



**Bank**

America's Most Convenient Bank®

FOR

deposit for Venetian Pool

Rene Goodman

⑈001193⑈ ⑈067014822⑈ 7600780209⑈



## Receipt

Printed: 21 Mar 2014 11:15 AM

User: cvester3

*The City Beautiful*™

Historic Preservation Association  
Karelia Carbonell  
P.O. Box 347944  
Coral Gables, FL 33134 USA  
Home#:

Receipt #: 583929  
User: cvester3  
Issued: Fri 21 Mar 14 11:14 AM

Description	Amount
Previous Balance	\$275.00
Applied To: 705 - Spring Social Fundraiser	\$275.00
Payment: Check	(\$275.00)
Balance	\$0.00

### Refund Policy:

#### Program/Camp/Activity Registrations:

Refund requests must be made, in writing, 7 days prior to the start of the registered program date. There will be no refunds issued when a request is submitted with less than a 7 day notice.

Requests for emergency medical reasons (i.e. broken bone, hospitalization etc ) will only be accepted with proper documentation.

All refunds must be approved by the Department Director. Approved refunds will be assessed a \$15 processing fee and any applicable program/camp/activity costs (i.e. uniforms, trip fees, materials etc )

No refunds allowed once the registered program concludes.

#### Memberships:

No refunds for any membership purchased and used in conjunction with a program/camp or activity registration

Fitness Center Memberships may be eligible for a refund, less a \$15 processing fee, if the request is received in writing within 3 days from the purchase of the membership.

No refunds for memberships will be issued after the third day from purchase.

#### Transfers:

Requests for transfers will only be permitted at the approval of the facility Supervisor or Assistant Supervisor. No transfers allowed after start of the program/activity/camp.

**HISTORIC**

# **PRESERVATION ASSOCIATION OF CORAL GABLES**

March 18, 2014

To: CITY OF CORAL GABLES  
Re: Venetian Pool rental

PLEASE FIND THE FOLLOWING ATTACHED:

Facility Rental Permit Application for the Venetian Pool  
Tennant Liability Insurance Binder  
Sunbiz.org officer verification  
Check for \$275 security deposit



**P.O. BOX 347944, CORAL GABLES, FL 33134  
WWW.HISTORICCORALGABLES.ORG**