



CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

Permit #: _____

Applicant Information	Legal Name of the Permit Applicant (Company or Individual): SATCHMO BLUES BAR AND GRILL INC		Today's Date: 1/10/19		
	Contact Person for this Permit Application: Harald Neuweg				
	Contact Person Phone: 305-774-1883	Contact Person Fax: 305-774-1528	Contact Person Email: MiamiBierhaus@aol.com		
	Permit Applicant Address: 60 Merrick Way		City: Coral Gables	State: FL	Zip: 33134
	Permit Applicant Phone: 305-774-1883	Permit Applicant Fax: 305-774-1528	Permit Applicant Email: MiamiBierhaus@aol.com		
	Is the Contact Person an Officer of the Legal Entity? <input checked="" type="checkbox"/> YES* <input type="checkbox"/> NO** *If YES, attach verification from Sunbiz.org. **If NO, go to next question				
	Is the Contact Person an Authorized Agent of Applicant? <input checked="" type="checkbox"/> YES* <input type="checkbox"/> NO *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.				
Event Information	Name of Event Der Deutsche Klassiker (German Soccer Classic)		Event Date(s) April 6 2019		
	Hours of Event 11am-5pm	Set-up Time April 5 2019	Take Down Time April 6 2019		
	Location of Event Bierhaus Plaza (Aragon Plaza)		Is Location Reserved? NO		
	A list of all staff, monitors, and volunteers assisting in this event and must be provided with this application including a sample of the badge or unique name tag that will be used at the event identifying your staff, monitors and volunteers from the participants and/or general public. Bierhaus Staff				
	Anticipated Attendance 300		Admission Fees N/A		
	# of year's event has been in existence? 1	Previous Location(s)? Bierhaus Plaza	Past Attendance 200		
	Event Description: (Provide an attachment if additional space is needed.) A soccer viewing party for all sports fans in south Florida. Two of Germany's best soccer teams will play each other on April 6th. Soccer fans will be able to enjoy the city beautiful and watch this great match on a 16ft screen located on the Aragon Plaza.				

Event Information (Continued from page 1)	List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.) N/A
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.) N/A
	Will there be any live music or recorded music at this event? What type of music will be played? (Provide an attachment if additional space is needed.) Music from the Bierhaus Speakers.
	Number, type and location of all loud speakers and amplifying devices. (This information can be provided on a map as an attachment to this application.)

Vendor Information	Number of Food Vendors	Vendors list provided to the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Food vendors have all permits/licenses.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Number of Other Vendors	Vendor list provided to the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Will there be alcohol at this event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, has liquor license been issued?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Is this a charitable event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the name of the charity/organization?	C.G.C.A.C.
	Have you completed the City application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Have you completed the State application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you checked yes to any of the questions above, you must contact the City of Coral Gables Licensing, Tax, & Utility Service office at (305) 460-5607.		

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

<p align="center">Special Events Permit</p> <p align="center">Cover Sheet</p> <p align="center">For</p> <p align="center">Evidencing Insurance to the City of Coral Gables</p>	<p>Legal Name of Permit Applicant (Individual or Company): <u>Satchmo Blues Bar & Grill INC.</u></p> <p>Insurance is being submitted for an ongoing Special Event (circle one): <u>YES</u> or NO</p> <p>Insurance is being submitted for one Special Event permit (circle one): <u>YES</u> or NO</p> <p>Will liquor be served at the Special Event (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 align="center">Certificate Holder should read:</p> <p align="center">City of Coral Gables Insurance Compliance P.O. Box 100085 - CE Duluth, GA 30096</p> <p>Email address: <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 align="center">Insurance Requirements</p> <p align="center">For</p> <p align="center">Companies</p>	<p>Companies are required to evidence the following Insurance to the City;</p> <table border="0"> <thead> <tr> <th><u>Insurance Coverage Type</u></th> <th><u>Limit of Liability Required</u></th> <th></th> </tr> </thead> <tbody> <tr> <td>Commercial General Liability</td> <td>Each Occurrence \$1,000,000</td> <td>Aggregate \$2,000,000</td> </tr> <tr> <td>Liquor Liability (required if liquor is served)</td> <td>Each Occurrence \$1,000,000</td> <td>Aggregate \$2,000,000</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • 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. • All insurance policies evidenced to the City shall contain A Waiver of Subrogation Endorsement in favor of the City of Coral Gables. • 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. <p>Companies evidencing insurance must provide the following documents to the City;</p> <ol style="list-style-type: none"> 1. This Cover Sheet with all of the questions above answered. 2. 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. 3. 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 & Non-Contributory Basis. 4. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required. 	<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>									
Commercial General Liability	Each Occurrence \$1,000,000	Aggregate \$2,000,000								
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Personal Liability Insurance (including host liquor liability coverage is if liquor is served)	Each Occurrence \$300,000									
<p align="center">If Applicant Does Not Have Insurance</p>	<p>Alternatively, Companies & Individuals may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City @ www.ebi-ins.com/tulip.</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 align="center">City of Coral Gables Insurance Compliance Contact Information</p> <p align="center">Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com</p>									

City Services	Police	# of Officers 2	Date(s) Required March 2 2019	Hours Needed (i.e. 8 a.m.-5 p.m.) 11-3pm
		The final number of Coral Gables Regular-Off-Duty Police Officers required for an event will be determined by the Coral Gables Police Department upon the approval of all required permits for this event. Please contact the Coral Gables Police Department to obtain an Off-Regular-Duty Police Services Permit Application and Fee Schedule by calling (305) 460-5427.		
		Clearance Form received: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Fire/Medical	<input type="checkbox"/> On Call <input type="checkbox"/> On Site		
		Contact the Coral Gables Fire Department Administration Division for questions or costs associated with onsite coverage at (305) 442-1600.		
		Clearance Form received: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	City Facilities	Location	If using a park, do you need the restrooms opened? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Electrical Requirements	Please list all electrical requirements including the type of electricity (i.e. 110V), amperage needed, the number of outlets and the type of equipment needing the electricity (i.e. sound system, popcorn machine, etc.): N/A		
		Dates needed	Hours per day needed	
	Trash	Who will be responsible for trash pick-up during the event?		Hours per day needed
City Equipment	<input type="checkbox"/> Barricades Contact PW –Barricades Div. to reserve equipment at (305) 460-5173.			
Signs/Banners	Please list any requests for use of City signs and/or location of signs:			
Other	Please list any other requests for City services (be specific):			
All booths, stands, signs/banners must be removed immediately following the event. For additional information call Code Enforcement at (305) 460-5266.				

Additional Event Features (Applicants must check all that apply)	<input type="checkbox"/> Temporary Fencing	<input type="checkbox"/> Inflatable	<input checked="" type="checkbox"/> Music (Recorded)
	<input checked="" type="checkbox"/> Signs/Banners	<input type="checkbox"/> Open Flames	<input type="checkbox"/> Music (Live)
	<input checked="" type="checkbox"/> Port-A-Johns	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Amplifying Devices Or Loud Speakers
	<input checked="" type="checkbox"/> Tents or Canopies 10x10	<input type="checkbox"/> Carnival/Amusement Rides	
	<input checked="" type="checkbox"/> Barricades	<input type="checkbox"/> Electrical Services/Generators	
Company Name: _____			
Contact: _____ Phone Number: _____			
If any of the following apply, a separate narrative description of each additional feature shall be provided to the City with this application.			

Closure of Streets Or City Right-of-Way	City Streets	Does this event propose closure or use of any street(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		If yes, please fill in information below:			
		Street Name	From/To	Date(s)	Time(s)
	City Sidewalks	Does this event propose closure or use of any sidewalks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		If yes, please fill in information below:			
		Sidewalk Location	From/To	Date(s)	Time(s)
	City Alleys	Does this event propose closure or use of any alleys? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		If yes, please fill in information below:			
		Alley Location	From/To	Date(s)	Time(s)
	Public Parking Lot	Does this event propose closure or use of any parking lot? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		If yes, please fill in information below:			
		Parking Lot Location	From/To	Date(s)	Time(s)
	City Right-Of-Way	Does this event propose closure or use of any City right-of-way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		If yes, please fill in information below:			
Right-of-way location		From/To	Date(s)	Time(s)	
Parade Route	Does this event propose closure or use of any street(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	If yes, please fill in information below:				
	Parade Route	From/To	Date(s)	Time(s)	
If you checked yes to any of the above, a site plan showing all of the above requests must be provided and a street closure permit may be needed. Please call (305)460-5607 for more information.					

Schedule of Fees, Performance Bonds and Exceptions

- A. The schedule of fees, bonds and exemptions for special events shall be as follows:

SPECIAL EVENT FEE STRUCTURE				
Event Type	Base Fee (Does not include Additional fees as described further below)			
	1 day	2 day	3 day	4 days
NON-PROFIT/GOVERNMENT ORGANIZED EVENT				
Event of up to 500 persons/day	\$300	\$450	\$550	\$700
Event between 500 - 1,000 persons/day	\$400	\$700	\$950	\$1150
Event of more than 1,000 persons/day	\$500	\$900	\$1,200	\$1,500
FOR-PROFIT EVENT				
Event of up to 500 persons/day	\$600	\$1,000	\$1,300	\$1,500
Event between 500 - 1,000 persons/day	\$800	\$1,400	\$1,800	\$2,100
Event of more than 1,000 persons/day	\$1,000	\$1,800	\$2,400	\$2,800

*** All applications must be received 30 days in advance of date or a 25% additional fee will be applied.**

- B. The City may waive one or more of the enumerated charges for nonprofit organizations based upon experience with previous events, size, duration, location, nature of the event and the likelihood of un-removed litter or damage to property. In the event that the nonprofit organization demonstrates that it has contracted for clean-up activities with a city-approved group, the performance bond shall be waived.
- C. Neighborhood or block parties shall be exempt from the provisions of this article so long as no commercial activity is conducted, no admission fee is charged, and members of the general public are not allowed access. Provided, however, that individuals or organizations should notify the City Manager's Office when a neighborhood party is planned so that police, fire, and other emergency service organizations will be aware of the time, place, and scope of the event.
- D. The closing fee set forth in this article shall be construed as being in addition to other fees or charges imposed for labor, materials, police or fire protection services, or any other charges for City services incidental to the assembly or street closing and other fees shall still be levied and collected in addition to the closing fee herein provided.
- E. Political or public issue events shall be exempt from the provisions of this Section. Individuals or organizations planning such an event shall notify the City Manager's Office when a political or public issue event is planned so that police, fire, and other emergency service organizations will be aware of the time, place, and scope of the event and the name or names of persons in charge.
- F. Funeral processions shall be exempt from the terms of this article.
- G. ADA Notice: The City welcomes individuals with disabilities. To request a modification to a policy, practice or procedure or to request an auxiliary aide or service (such as a sign language interpreter) in order to participate in a City program, activity or event, please contact the City's ADA Coordinator Dona Spain or the Director of the sponsoring department at least three (3) business days in advance. ADA Coordinator Dona Spain may be reached by email: dspain@coralgables.com, or by telephone: 305-460-5095 (voice) or 305-460-5010 (TTY/TDD).
- H. All Expanded Polystyrene (Styrofoam) containers is prohibited. Special events permittees and their subcontractors are prohibited from selling, using or providing food/drinks in, or offering the use of, expanded polystyrene articles. Upon warning, the permittee or subcontractor must discontinue use. Failure to do so within a reasonable amount of time may lead to the discontinuation of the service, sale or participation in the event. Violations may also lead to the imposition of fines, the revocation of the permit, the placement of conditions on future special events permits or the denial of future special events permits. (Sec. 62-230, City of Coral Gables Code) <http://coralgables.com/index.aspx?page=1203>
- I. Applicant must comply with such other requirements the City may deem necessary in order to provide for traffic control, street and property maintenance, and the protection of the public's health, safety and welfare.

Event Fee \$ 1000 Performance Bond \$ _____

* Fees are set by the Parks and Recreation Director. The Performance Bond must be issued by a separate check and all checks must be made payable to the City of Coral Gables.

Indemnification:

For and in consideration of the City of Coral Gables consent to allow the Applicant to hold a Special Event, Parade or Public Assembly (as defined by City Ordinance) within the limits of the City of Coral Gables, the Applicant agrees as follows:

The 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 Permit Applicant or any of the participants of the Event 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.

Signature of Authorized Agent or Applicant

Date

Print Name

Title

Address

City/State/Zip Code

Phone

Subscribed and sworn to before me, this _____ day of _____, 20____.

Notary Public State of Florida at Large

Approval Signatures Required:

Fred Couceyro
Parks and Recreation Director

Gilbert Hernandez
Fire Division Chief

Brian Lawrence
Police Major

William Ortiz
Code Enforcement Director

Application, performance bond(s), comprehensive site plans, event publications, flyers, and insurance must accompany this application and must be submitted to:

Special Projects Coordinator
Parks and Recreation Division/Special Events
405 University Drive; Coral Gables, FL 33134
Phone: (305) 460-5607 • Fax: (305) 460-5639
E-mail: ngavarrete@coralgables.com

Expanded Polystyrene or Styrofoam Clause:

Special events permittees and their subcontractors are prohibited from selling, using or providing food/drinks in, or offering the use of, expanded polystyrene articles. Upon warning, the permittee or subcontractor must discontinue use. Failure to do so within a reasonable amount of time may lead to the discontinuation of the service, sale or participation in the event. Violations may also lead to the imposition of fines, the revocation of the permit, the placement of conditions on future special events permits or the denial of future special events permits. (Sec. 62-230, City of Coral Gables Code)



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Profit Corporation

SATCHMO BLUES BAR AND GRILL, INC.

Filing Information

Document Number P99000024439
FEI/EIN Number 65-0905261
Date Filed 03/17/1999
State FL
Status ACTIVE

Principal Address

60 MERRICK WAY
 CORAL GABLES, FL 33134

Mailing Address

60 MERRICK WAY
 CORAL GABLES, FL 33134

Registered Agent Name & Address

NEUWEG, HARALD
 60 MERRICK WAY
 CORAL GABLES, FL 33134

Officer/Director Detail

Name & Address

Title President

NEUWEG, HARALD
 1800 N. BAYSHORE DRIVE
 # 1601
 MIAMI, FL 33132

Annual Reports

Report Year	Filed Date
2016	01/29/2016
2017	04/07/2017
2018	03/20/2018

Document Images

[03/20/2018 -- ANNUAL REPORT](#)

[View image in PDF format](#)

POS SALES RECEIPT**War Memorial Youth Center**

Clerk: mmartinez

Date: 01/25/2019 @ 2:19 pm

H/H: Harald Neuweg

H/H #: 3040

Harald Neuweg

Description	Ext Price
SE-1 Day 500 Person Event Permit	600.00

Special Questions:

What is the name of the event? El Clasico

What is the location/address? Bierhaus Plaza
(Aragon Plaza)

What is the date of the event? March 2 2019

What is the time? 11 am - 5pm

What type of event is this? Soccer Viewing
Party**SE-1 Day 500 Person Event Permit 600.00**

Special Questions:

What is the name of the event? Der Deutsche
Klassiker (German Soccer Classic)What is the location/address? Bierhaus Plaza
(Aragon Plaza)

What is the date of the event? April 6 2019

What is the time? 11 am - 5 pm

What type of event is this? Soccer Viewing
Party**SE-1 Day 500 Person Event Permit 600.00**

Special Questions:

What is the name of the event? Champions
League Final 2019What is the location/address? Bierhaus Plaza
(Aragon Plaza)

What is the date of the event? June 1, 2019

What is the time? 11 am - 6 pm

What type of event is this? Soccer Viewing
Party

Total New Fees	1,682.25
Discount Applied	0.00
Total New Taxes	117.75
Total Due	1,800.00

Total Fees Paid	1,682.25
Total Taxes Paid	117.75
Total Paid	1,800.00

Household Balance Information

Overall Credit Balance Available	0.00
Overall Balance Due	0.00

Payment of: 1,800.00 Made By: Check With
Reference: 2990

Thank you for visiting the City Beautiful! For additional information on everything the Community Recreation Department has to offer please visit our website at gablesrecreation.com
No rainchecks or refunds due to bad weather.
All sales are final.

Receipt # 147853

Merrick Way

Aragon Ave.

Big Screen

Villiger
Cigars Bar

Tickets

Beer Bar
Merrick

Beer
Bar Aragon

Liquor &
Wine Bar

Sodas
Food
Dessert

Tickets

Bierhaus Outdoor-

Seating area

Entrance
Bierhaus

ATM's



Entrance

Entrance

Port o'lets





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/21/2018

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 JM Private Insurance Agency, LLC 7274 SW 48th Street Miami FL 33155		CONTACT NAME: Bill Beckham PHONE (A/C, No, Ext): (305) 908-1832 E-MAIL ADDRESS: info@jprivateinsurance.com FAX (A/C, No): (305) 907-6168	
INSURED Satchmo Blues Bar & Grill, Inc DBA Fritz & Franz Bierhaus 60 Merrick Way Coral Gables FL 33134		INSURER(S) AFFORDING COVERAGE INSURER A: HOUSTON CASUALTY COMPANY INSURER B: ASCENDANT COMMERCIAL INSURANCE, INC INSURER C: HOUSTON CASUALTY COMPANY INSURER D: INSURER E: INSURER F:	
		NAIC # 42374 13683 42374	

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 <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	HOSPK100197603	04/19/2018	04/20/2019	EACH OCCURRENCE \$ 1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000							
	MED EXP (Any one person) \$ 5,000							
	PERSONAL & ADV INJURY \$ 1,000,000							
C	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						GENERAL AGGREGATE \$ 2,000,000	
	PRODUCTS - COMP/OP AGG \$ 1,000,000							
	Liquor \$ 1,000,000							
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000							
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per person) \$	
	BODILY INJURY (Per accident) \$							
	PROPERTY DAMAGE (Per accident) \$							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	X	WC-67383-2	6/23/18	6/23/19	PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$ 1,000,000							
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000							
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000							

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

Certificate holder is an additional insured on the GL & Liquor Liability policies and provided with a waiver of subrogation on the GL and WC. This coverage shall be primary and non contributory insurance on the GL & Liquor Liability policies. Certificate holder is provided with a 30 day notice of cancellation endorsement on all policies except workers compensation.

CERTIFICATE HOLDER**CANCELLATION**

City of Coral Gables Insurance Compliance PO Box 12010-CE Hemet CA 92546-8010	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
---	---

FRITZ & FRANZ BIERHAUS

60 MERRICK WAY
CORAL GABLES, FL 33134-5319

STONEGATE BANK
121 ALHAMBRA PLAZA
CORAL GABLES, FL 33134

63-1572/670

2990

DATE 1/25/2019

**PAY
TO THE
ORDER OF**

City of Coral Gables

\$ **1,800.00

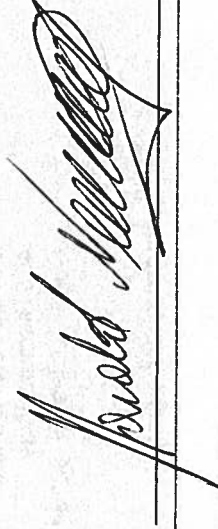
One Thousand Eight Hundred and 00/100*****

DOLLARS

City of Coral Gables
405 Biltmore Way
Coral Gables, Fl. 33134

MEMO

three soccer events



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