

City of Dania Beach

100 West Dania Beach Blvd., Dania Beach, FL 33004

SPECIAL EVENTS APPLICATION – EVENTS ON PRIVATE / PUBLIC PROPERTY

Please PRINT or TYPE

NOTE: ALL APPLICATIONS MUST BE COMPLETED AND SUBMITTED TO THE CITY FOR APPROVAL 60 DAYS PRIOR TO THE EVENT INCLUDING PAYMENT OF ALL APPLICATION FEES (SEE ATTACHED).

Event Name, Date, and Time:

Dania Beach Relay for Life 2012 - March 23 and 24th 2012, Event begins at 6 pm (Setup beginning at Noon)

*Brief Description of the Event:

AMERICAN CANCER SOCIETY (ACS)

Relay for life is an all night event to celebrate and honor Survivors and Caregivers who have experienced Cancer.

Address/Location of Event: 300 NE 2nd Street Dania Beach Flor 33004 (FROST PARK)

Event Coordinator: LOU ANN PATELLARO,

Telephone #1: 954-924-6805 X3645

E-mail Address: Lcunningham@ci.dania-beach.fl.us

Telephone #2: 954-651-5021

Fax: 954-922-2687

Additional Contact Person for the Event: Mark Felicetty

Telephone #1: 954-924-3638

E-mail Address: mfelicetty@ci.dania-beach.fl.us

Telephone #2: _____

Fax: 954-924-3669

Organization or Sponsor of Event: City of Dania Beach

Address: 100 W Dania Beach Blvd

City, State, Zip Code: Dania Beach FL 33004

Telephone: 954-924-6800

Fax: _____

Cell: _____

Is this a Non-Profit Organization? Yes No Tax ID #: _____

Corporation Name (As it appears in the Articles of Incorporation):

Date of Incorporation: _____

State of Incorporation: _____

Federal ID #: _____

Authorizing Official for the Organization: _____

Telephone #1: _____

E-mail Address: _____

Telephone #2: _____

Authorizing Official for the Organization: _____

Telephone #1: _____ E-mail Address: _____
 Telephone #2: _____

*Property Owner: City of Dania Beach

***Please Note – A letter of Consent is required from the property owner for the approval of this application.**

Is the letter attached? Yes No

Will any portion of this event take place on Public or City Property? Yes No

Will there be a charge for admission? Yes No If yes, how much? _____

Has this event been held in the past? Yes No

If so, indicate the city location of last event: (same) Frost Park

Is the event to take place: Indoors Outdoors Both

Number of Expected Daily Attendants: 300 (BSO or Fire Details may be required - refer to page 6)

Please indicate the duration of the event:

DAY	DATE	START TIME	END TIME	TOTAL # OF HOURS
Friday	3-23-2012	12 Noon		12
Saturday	3-24-2012		11:45 am	12

Anticipated Date and Time to Begin Set-Up: 3/23/12 Noon

Anticipated Date and Time for Completion of Break-Down: 3/24/12 11:45 am

*Do you have a site plan for the event to be submitted with this application? Yes No

***Please Note** – A site plan indicating the following conditions must accompany the application or the application will be rejected, resulting in a significant time delay. The fire department must have easy access to the special event area. The site plan must include the following: entrances and exits, emergency vehicle access routes, parking, general vehicular drive paths, fire hydrant locations, fire department connections, street closure requests, fenced areas, grandstand, bleacher or other seating locations, tent and stage locations, cooking areas, and locations of any pyrotechnical material, fireworks, etc. In addition, the site plan must include the location of any rides (animal or mechanical), petting zoos, exhibits, DJ's, bands, performers, sanitary facilities, recreation vehicles for overnight housing, etc.

Is there a request for any road closures? Yes No

Please identify the street name(s) and/or locations for closure requests: _____

Please Note – These streets must also be identified on the site plan.

*Are you requesting to fence the event area? Yes No

Please Note – You must identify any fencing area on the site plan.

*Will Canopies (tent structure with no sides) be used for this event? Yes No (10x10)

Please Note - All tent structures with canopies in excess of 400 square feet [Per NFPA 1: Table 1.12.19(a)] require building permits and inspections. All canopies must be flame retardant. A certificate of flame retardancy and a sample of the canopy fabric for field testing must be submitted for product approval with this application. This information can be obtained from the canopy manufacturer or the canopy rental company. Please apply for the permit at the Building Department located at 100 W. Dania Beach Blvd. Please allow 8-10 working days for permit approvals.

*Will Tents (With Sides) be used for this event? Yes No (10x10)

Please Note – All tents in excess of 200 square feet [Per NFPA 1: Table 1.12.19(a)] require building permits and inspections. All tents must be flame retardant. A certificate of flame retardancy and a sample of the tent fabric for field testing must be submitted for product approval with this application. This information can be obtained from the tent manufacturer or the tent rental company. If the tents have sides, they are treated as buildings. They must have two separate exits remotely located from each other with electrically illuminated exit signs that have a battery back-up. In addition, they must have emergency egress lighting and fire extinguishers. Provide a life safety plan for these tents indicating the location of all Exits, Exit Signs, Emergency Lighting, Aisle Spacing, Fire Extinguisher locations, etc. Permits must be obtained for all tents and electrical work. Please apply for all permits at the Building Department located at 100 W. Dania Beach Blvd. Please allow 8-10 working days for permit approvals.

*Will electricity be required for this event?

(for lighting, sound, cooking, other power needs, etc.) Yes No

*How will this electricity be supplied? On-Site Generator Combination of Both

Please Note – The use of generators, temporary wiring, temporary electrical connections, etc. require permits and inspections. Please apply for the permit(s) prior to setting up at the Building Department located at 100 W. Dania Beach Blvd. Events requiring electricity are the responsibility of the applicant and must have a master electrician on site. Please allow 8-10 working days for permit approvals. Any generator less than 5KW does not require a permit.

Will there be live entertainment at this event? Yes No

Please indicate the type (Band, DJ, Live Performers, etc.): DJ & Live Performers

Please specify the hours of entertainment:

DAY	DATE	START TIME	END TIME	TOTAL # OF HOURS
FRIDAY	3-23-12	5 PM	MIDNIGHT	7 HOURS
SATURDAY	3-24-12	7:30 AM	11:00 AM	3.5 HOURS

*Will a stage(s) be used in this event? Yes No

*Please note Fire Extinguisher Requirement in the next question.

*Do you have adequate fire extinguishers for this event? Yes No

Please Note - Fire extinguishers must be supplied for each tent, canopy, cooking appliance and stage. They must be accessible from anywhere in the tent or on the stage without having to travel any further than 75 feet for access. Extinguishers must be easily accessible and not obscured from view. Fire extinguishers must be commercial "ABC Multi-Purpose" (minimum 5lbs.) fire extinguishers that are currently certified and tagged by a licensed company. You

need to demonstrate that this requirement will be met by making a note on the site plan indicating compliance with all of the above requirements or providing a letter to the City fire prevention bureau to that effect.

*Will there be concessions or sales of food at this event? Yes No

Please specify: _____

***Please Note STATE HEALTH INSPECTIONS FOR FOOD:** Pursuant to Florida law (Chapter 509, Florida Statutes) event sponsors are required to contact the State Health Inspector no less than 3 days prior to the event. Advance notification of 7 to 10 days is advisable. Please send a fax with your event plans and contact information to Fax Number (954) 956-5699. The Inspector's office will contact you to discuss food vendors and amounts and types of food you plan to make available to the public, whether it is being given away or sold.

An original Certificate of Liability Insurance and Workers' Compensation Certificate is required from all vendors. You must ensure that the Liability Certificate is for this specific event, has the proper dates, and names the City of Dania Beach as an Additional Insured. No event will be approved without this insurance.

*Will any type of cooking appliances be used by either the Sponsor of the Event or any of its vendors? No Yes

*If so, indicate the type of appliance(s) to be used and the number of each appliance to be used:

- N/A
- Electric Grill(s); # _____
- Gas Grill(s); # 2
- Charcoal Grill(s); # _____
- Smoker Grills(s); # _____
- Grease Fryer(s); # _____
- Oven(s); # _____
- Electric Range Burner(s); # _____
- Gas Range Burner(s); # _____

***Please Note** - Grease Fryers are not permitted indoors unless they are protected with an approved Hood and a UL300 Compliant Wet Chemical Automatic Fire Suppression System in accordance with NFPA 96.

*Does each cooking appliance have its own dedicated Fire Extinguisher? Yes No

***Please Note** - Each cooking appliance must have its own dedicated fire extinguisher. Class K fire extinguishers are required for fryers. You need to demonstrate that this requirement will be met by making a note on the site plan indicating compliance with all of the above requirements or providing a letter to the fire prevention bureau.

*Does each cooking area have the proper clearances from all other event areas? Yes No

***Please Note** - Cooking areas can be located no closer than 30 feet from any tent or canopy structure, event rides, stages, grandstands or bleachers, etc. Ensure that this measurement is demonstrated on the site plan.

*Will there be sales of alcohol at this event? Yes No

***Please Note** - An original certificate of liquor liability insurance naming the City of Dania Beach as additional insured and a 1/2/3 Day Special Sales License is required to be submitted with this application. The license must be obtained from the State of Florida Department of Business and Professional Regulation.

If Yes, Please Specify Types of Alcohol to be Sold: N/A Beer Wine Liquor
 Mixed Drinks Other: _____

If alcohol is being served, please indicate how the beverages will be served: N/A
 Draft Truck Cold Plate Mini-Bar Beer Tub Table Service

Other: _____

Will there be alcohol given away at this event? Yes No

Please Specify Types of Alcohol to be given away: N/A Beer Wine Liquor
 Mixed Drinks Other: _____

Will there be retail sales at this event? Yes No

Please Specify: _____

*Will there be any carnival rides, mechanical or vehicular rides, or animal rides at this event?
 Yes No

*If yes, please describe: _____

What is the name of the vendor or vendors providing the rides? N/A

***Please Note** - If carnival rides are to be present, the rides must be inspected by a state inspector, city electrical inspector, and fire inspector 48 hours prior to the rides opening.

Are you providing to us a copy of the ride vendor's Certificate of Liability and Workers' Compensation Insurance with this application? Yes No

***Please Note** - An original Certificate of Liability and Workers' Compensation Insurance is required for any and all rides. Ensure that the Certificate is for this specific event, has the proper dates, and names the City of Dania Beach as an Additional Insured. No event will be approved without this insurance.

*Will recreational vehicles be used for temporary overnight housing? Yes No

***Please Note** - Indicate the locations of these on the site plan.

*Will there be any use of pyrotechnics or fireworks displays at this event? Yes No

***Please Note** - Pyrotechnics fireworks displays require special applications, permits and inspections as well as an original Certificate of Liability and Workers' Compensation Insurance. In addition, a Fire Inspector will be required to be present during set-up and displays. This expense will be passed on to the event. (BSO or Fire Details may be required - refer to page 6)

*Will there be use of any Grandstands or Bleachers for seating at this event? Yes No

***Please Note** - Bleachers and Grandstands may have to meet special safety code requirements. Locations must be indicated on the site plan. Plumbing permit is required for portable toilets.

*Are portable, ADA compliant sanitary facilities being provided for this event? Yes No

If so, How many? _____ N/A FROST PARK

***Please Note** - Provide the locations of all sanitary facilities on the site plan.

*Is there a request for any temporary signage for this event? Yes No

***Please Note** - Any questions regarding temporary signage should be directed to City Code Compliance, (954)924-6810.

Are there any services being requested from the City of Dania Beach? Yes No

If yes, please explain: Fee Waiver Fee Waivers

Please list any other conditions, terms or relevant information related to this event that may be of interest to the City: Please see Attached Request for donation: IN KIND SERVICES submitted to the City of Dania Beach via application for Charitable FUNDING.

BSO DETAIL REQUIREMENT

Based upon anticipated attendance, site or building size, site location, and ability to assure public safety requirements, a Broward Sheriff's Office Detail may be required.

FIRE WATCH REQUIREMENT

A Fire-Watch may be imposed depending on the type of event, number of persons present and hazards involved. The number of personnel and apparatus required may vary depending on the type of event and hazards involved. Below are the current rates charged for the presence of a fire watch detail, fire inspector or both:

Off-Duty detail assignment services performed by Dania Beach Fire Rescue Personnel will be paid at their current overtime rate of pay with benefits (3 Hour Minimum). In addition, a City administrative fee of 10% will also be charged based on the total cost of personnel and apparatus. Personnel costs are currently estimated to be \$84.42 per hour, per person (3 hour minimum).

The cost of apparatus is as follows:

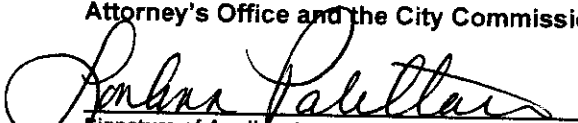
Rescue Truck - \$32.00 per hour

Engine (1500 gpm) - \$71.00 per hour

Ladder (1500 gpm) - \$80.00 per hour

The City of Dania Beach requires payment 14 days in advance for the detail services and fees are to be made payable to The City of Dania Beach by means of cash advance or a cashier's check. Fees are based on individual employee's overtime rates which vary from person to person. The amount estimated is based on the highest overtime rate currently payable in addition to fees for FICA, Medicare, Worker's Compensation and Administrative fees. In the event that the entire estimated amount is not required for services, the City will refund the money, less the expenses incurred for the service. Should the amount of time required for the fire watch detail exceed that agreed upon before the event, the Event sponsor will be required to pay for any overage based on the actual cost for the Fire Watch. The Event sponsor will be responsible to pay the actual service price incurred.

The information I have provided on this application is true and complete to the best of my knowledge. I understand that approval of this event is contingent upon review and approval of all City Disciplines, the City Attorney's Office and the City Commission.


Signature of Applicant

EVENT COORDINATOR
Title

LouAnn Patellaro
Print name of Applicant

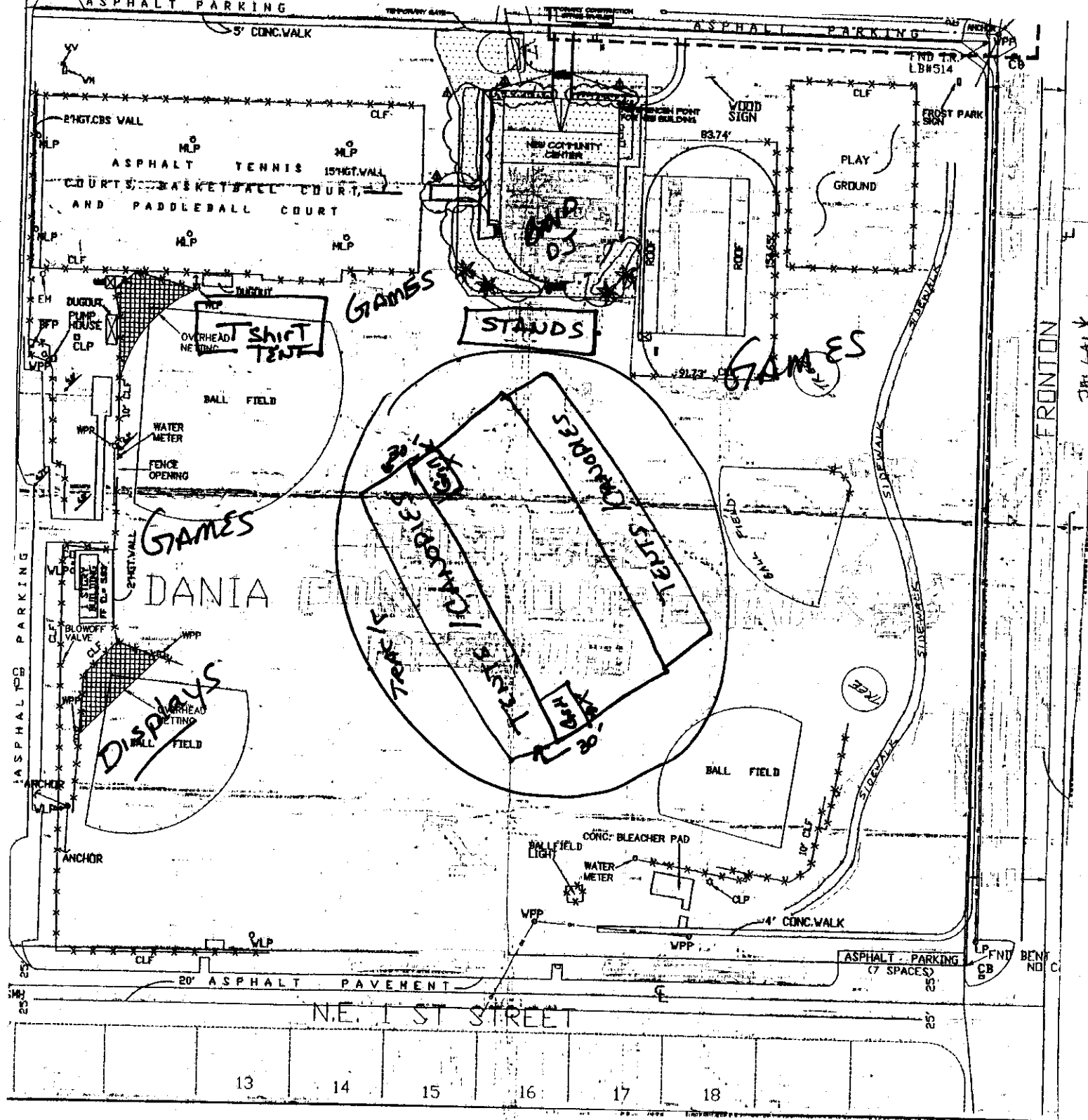
9-27-11
Date

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me on 9-27-11, 200 .
by LOU ANN PATELLARO, who is personally known to me, or, if not, such person produced the
following form of identification: _____.

NOTARY PUBLIC Janice Saunders.
My Commission expires: 7/18/2014
My Commission number: # EE 1297





The grills at the event
 will have their own dedicated
 FIRE Extinguisher

All grills will be separated at least 30'
 from any TENTS or Structures



AMERICAN CANCER SOCIETY RELAY FOR LIFE

Celebrate.

Remember.

Fight Back.

September 14, 2011

City of Dania Beach Donation Review Committee:

Colin Donnelly, Asst. City Manager

Kristen Jones, Recreation Director

Mark Bates, Finance Director

Kurt Ely, Chair Parks, Recreation & Community Affairs Board (245 SW 1st Avenue)

Clive Taylor, Chair – Marine Advisory Board (642 NE 3 St)

RE: Request for Donation for the 2012 Dania Beach Relay for Life Event

It is with great honor to be appointed to serve as the Event Chairperson for the 2012 Dania Beach Relay for Life Event. Last year's event Chaired by Myrtle Corbin was a huge success bringing over \$30,000 in donations to the American Cancer Society. My goal is to exceed last year's amount in addition to encouraging even more participation by our citizens, business owners and Dania Beach City staff, family and friends. In the past, the City of Dania Beach has always generously contributed to this event with monetary donations and in-kind services.

On October 26, 2010, Ms. Corbin requested a \$10,000 donation for the 2011 Dania Beach Relay for Life Event. The City Commission generously approved \$5,000 on October 26th and proposed that an additional \$5,000 would be discussed for distribution at the following Commission Meeting, after a review of a City Donation Policy (see minutes attached.)

I would like to formally request a donation in the amount of \$10,000 for the 2012 Dania Beach Relay for Life Event payable to the "American Cancer Society". The Relay for Life Event is an International Event co-sponsored by cities, educational institutes, and business corporations throughout the world. The community participation, education, and fundraising efforts toward the fight against Cancer is tremendous and brings a positive sense of community to the City of Dania Beach. The Dania Beach citizens serving on the committee are dedicated and passionate about this fight and look forward to this event each year.

Thank you for your anticipated consideration of the committee's request, and please contact me if there is any further information needed or to discuss optional donation alternatives.

Sincerely,

Lou Ann Patellaro
Event Chair, 2012 Dania Beach Relay for Life

Cc: Myrtle Corbin, Tem Development Chair
Dania Beach City Commission

**City of Dania Beach
100 W. Dania Beach Blvd.
Dania Beach, Florida 33004**

The City does not make charitable donations to businesses, athletics, civic and social groups. Only charitable organizations with IRS exemptions (501-c3 and the like) having no affiliations to religious entities or city businesses.

APPLICATION FOR CHARITABLE FUNDING

ORGANIZATION: DANIA BEACH RELAY FOR LIFE 2012

Business Address: 100 W DANIA BEACH BLVD

CONTACT: LOU ANN PATELLARO PHONE: 954-651-5021

Email: Lcunningham@ci.dania-beach.fl.us (lac359@gmail.com)

Other Locations: American Cancer Society 3363 W Commercial Blvd #100 Ft Laud 33309

Provide a brief description of the agency's goals:

To eliminate Cancer and save lives through prevention, research, education & advocacy.

Type of Organization (IRS Tax Qualification): 501(c)(3) see 990 report attached

Number of Paid Employees: 0 in our Committee

Number of Volunteers: 30+ Dania Residents

Describe those who you serve and how the funds will be used: Cancer Survivors and Caregivers in Dania Beach. Funding used for Education, Research and Cancer prevention through Relay for Life Event.

Estimated* or Actual Population Served from Dania Beach past Year (s):

*See Financial Report

Estimated* or Actual Population to be served from Dania Beach this Funding Period:

Approx 90+ survivors & caregivers from the Dania Beach Community.

Most Recent Annual Budget: ACS Financial's Attached (please attach budget or audit)

For your organization, what percentage of your budget is spent on overhead

(administration) as opposed to funds that go directly for services?

0 administration % < 3% services %

Do you receive other grant funding? All funding from the Dania Beach Relay will go directly to the ACS

This is a community event that raises donations for the American Cancer Society. There were approximately 90 + Caregivers & Survivors

Will Dania Beach funds be used to match any other funding sources, if yes please describe. No, all funding will be used as the Dania Beach Community's Relay For Life Fundraising efforts

This is a community event Survivors & Caregivers are from the Dania Beach Community
Amount of Funding Requested from Dania Beach: \$ 10,000 (Ten thousand dollars)

If your organization uses volunteers, how many volunteer hours will be used in support of your objective/mission in Dania Beach? 3,600 (10 hours per month, Approx 30 volunteers for 1 year)

* Describe how you arrived at your estimated population figures.

From the list of Survivors and Caregivers in attendance from our Community. Plus Memorials for those in the Community that have passed away

You are welcome to attach additional documentation to help support your application.

Please be advised that there is no guarantee of funding.

The Dania Beach citizens serving on the committee are dedicated and passionate about this fight and look forward to this event each year. Last year's event Chaired by Myrtle Corbin was a huge success bringing over \$30,000 in donations to the American Cancer Society. Our goal is to increase that total from Relay for Life's fundraising efforts and having Dania Beach recognized as being a top 25 community in the State by the ACS.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

9/24/2011

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	Commercial Lines – (404) 923-3700	CONTACT NAME: Andy Adams	
	Wells Fargo Insurance Services USA, Inc. 3475 Piedmont Road NE, Suite 800 Atlanta, GA 30305-2886	PHONE (A/C, No, Ext): 404-923-3526 E-MAIL ADDRESS: andrew.adams@wellsfargo.com FAX (A/C, No): 877-362-9069	
INSURED	American Cancer Society, Florida Division, Inc. 3709 West Jetton Avenue Tampa, FL 33629	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Federal Insurance Company	20281
		INSURER B: Pacific Indemnity Company	20346
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

CERTIFICATE NUMBER: 3292174

REVISION NUMBER: See below

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		35943463	09/01/2011	09/01/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 25,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		73563471 73563476-Puerto Rico 73563477-Hawaii 73563969 (VA)	09/01/2011	09/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
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 <input checked="" type="checkbox"/> N	71741355	9/1/2011	9/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is included as Additional Insured, but only with respect to liability arising from the negligence of American Cancer Society, (Florida division), Inc. during Relay for Life of Dania Beach on March 23-24, 2012, at Frost Park, 300 NE 2nd St., Dania Beach, FL

CERTIFICATE HOLDER

City of Dania Beach
100 W. Dania Beach Blvd.
Dania Beach, FL 33004

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