

RECEIVED

JAN 24 2018

LANCASTER COUNTY CLERK

SPECIAL EVENTS PERMIT APPLICATION Lancaster County, Nebraska

**Application must be received by the County Clerk
a minimum of three (3) weeks prior to the event.**

PLEASE READ THE GENERAL REQUIREMENTS PRIOR TO COMPLETING THE APPLICATION. THE HOLD HARMLESS AGREEMENT MUST BE SIGNED AND SUBMITTED AT TIME OF APPLICATION.

APPLICANT INFORMATION

Applicant Name: Noah Burke
Business/Organization Name (if applicable): University of Nebraska-Lincoln Cycling Club
Full Mailing Address: 55 Campus Recreation 841 N 14TH ST, Lincoln, NE 68588
Phone #: (402) 429-7663 Alternate Phone #: (402) 418-1510
E-mail Address: ndaleburke@gmail.com

EVENT INFORMATION

Event Name: TOUR DE HUSKER 2018
Event Description: Cycling Road Race
*Date of Event: 3/17/2018 Alternate Date: _____
Start Time: 8:30 am End Time: 6:00 pm

**In the event of cancellation, the County shall be notified by the applicant as soon as possible, however, not later than the day preceding the scheduled date.*

- Will the event be in/on a road? Yes No
- Will the event be in/on sidewalk space? Yes No
- Is part of the proposed route within the city limits of Lincoln or any other incorporated city or village? Yes No

If yes, please contact the City or Village Clerk of that jurisdiction to inquire about other necessary permits.

SPECIAL EVENTS PERMIT APPLICATION
Lancaster County, Nebraska

Planned Route (describe in detail and attach map): Attached with map

(Attach additional sheets if necessary.)

Expected number of people attending: 250

Location(s) of event marshals/monitors: Intersections of major roads, Lieber's Point

*Do you need sheriff escort/traffic control? Yes No

*Do you need traffic control equipment (i.e., signs, cones, barricades)? Yes No

**Applicant shall be responsible for reimbursing the County for such expenses.*

Additional Comments: _____

The applicant agrees to pay all costs incurred by Lancaster County, Nebraska.

Signature: *Noah Burke*

Date: 1/24/2018

Return this application at least three (3) weeks prior to the event to:
Lancaster County Clerk
555 S. 10th Street, Room 108
Lincoln, NE 68508

If you have questions regarding Special Event Permits,
please contact the Clerk's Office at:
Phone: (402) 441-7484
E-mail: coclerk@lancaster.ne.gov
Web site: lancaster.ne.gov

For Office Use Only:	<input type="checkbox"/> Application	<input type="checkbox"/> Engineer	<input type="checkbox"/> Building & Safety
	<input type="checkbox"/> Hold Harmless	<input type="checkbox"/> LLCHD	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Map	<input type="checkbox"/> Planning	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Certificate of Insurance	<input type="checkbox"/> Sheriff	<input type="checkbox"/> WITHDRAWN _____

SPECIAL EVENTS PERMIT APPLICATION
Lancaster County, Nebraska

HOLD HARMLESS AGREEMENT

Event Name: Tour DE Husker 2018

Date of Event: 3/17/2018

The applicant shall indemnify and hold harmless, to the fullest extent allowed by law, Lancaster County, Nebraska (the "County"), and its agents, employees and representatives from all claims, demands, suits, actions, payments, liability, judgments (including court-ordered attorneys fees), arising out of or resulting from the special event listed above that results in bodily injury, sickness, disease, death, civil rights liability or damage to or destruction of tangible property including loss of use resulting therefrom, and that is caused in whole or in part by the acts or omissions of the applicant or anyone directly or indirectly employed by applicant or anyone for whose acts or omissions they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Applicant shall maintain a policy or policies of insurance (or a self-insurance program) sufficient in coverage and amount to pay any judgments or related expenses from or in conjunction with any such claims.

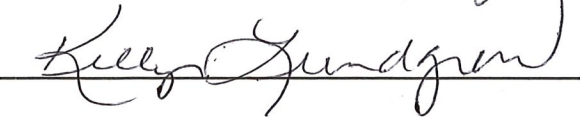
In claims against any person or entity indemnified under this agreement by an employee or the applicant or anyone directly or indirectly employed by the applicant or anyone for whose acts they may be liable, the indemnification obligation under this agreement shall not be limited by a limitation on amount or type of damages, compensation or benefits payable by or for the applicant under workers' or workmen's compensation acts, disability benefit acts or other employee benefit acts.

Dated this 24 **day of** JANUARY, **20** 18.

Applicant Signature: 

Printed Name: NOAH BURKE

Title/Legal Capacity: President of UNL Cycling Club

Witness to Signature: 

REMINDER: The applicant must also provide the County with proof of insurance; see General Requirements for coverage type and amounts.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/23/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UNDER THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102	CONTACT NAME: Fairly Group Certificates	
	PHONE (A/C, No, Ext): (806) 376-4761	FAX (A/C, No): (806) 337-1859
E-MAIL ADDRESS: certs@fairlygroup.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Lexington Insurance Company		19437
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

USA Cycling, Inc.
 210 USA Cycling Point, Suite 100
 Colorado Springs, CO 80919


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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event			015375404	12/31/2017	12/31/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Job 2018-761
 Endorsement LEXDOC021 (LX0404) SCHEDULE OF NAMED INSUREDS: Event Organizers and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC Event Permit Application and coverage will be afforded only for the specific event and date on the permit.

Event Number: 2018-761
 Event Name: Tour de Husker
 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER Noah Burke 5821 Fieldcrest Way Lincoln, NE 68512	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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ADDITIONAL REMARKS SCHEDULE

AGENCY Fairly Consulting Group, LLC		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Event Location: Lincoln, NE
 Event Date(s): 03/17/2018 - 03/18/2018
 Set-up Dates: 03/16/2018 - 03/16/2018
 Tear-down Dates: 03/19/2018 - 03/19/2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/23/2018

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E-MAIL ADDRESS: certs@fairlygroup.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Lexington Insurance Company		19437
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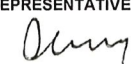
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	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job 2018-761

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The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between a named insured and the certificate holder that requires such status. Please see attached endorsement LX4309 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER Lancaster County 555 South 10th Street #108 Lincoln, NE 68510	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 



ADDITIONAL REMARKS SCHEDULE

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POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
(06/14) - Additional Insured - Designated Person or Organization.

Event Number: 2018-761
Event Name: Tour de Husker
Event Location: Lincoln, NE
Event Date(s): 03/17/2018 - 03/18/2018
Set-up Dates: 03/16/2018 - 03/16/2018
Tear-down Dates: 03/19/2018 - 03/19/2018

ENDORSEMENT # 006

This endorsement, effective 12:01 AM 12/31/2017

Forms a part of policy no.: 015375404

Issued to: USA CYCLING, INC.

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG2026 04/13)

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

AS REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

All other terms and conditions of the policy remain the same.



Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/23/2018

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	E-MAIL ADDRESS: certs@fairlygroup.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Lexington Insurance Company	
	NAIC # 19437	
INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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							E.L. DISEASE - EA EMPLOYEE	\$
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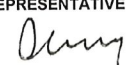
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job 2018-761

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The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between a named insured and the certificate holder that requires such status. Please see attached endorsement LX4309
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Branched Oak Lake 1200 Branched Oak Road Raymond, NE 68036	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 



ADDITIONAL REMARKS SCHEDULE

AGENCY Fairly Consulting Group, LLC		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

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FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
(06/14) - Additional Insured - Designated Person or Organization.

Event Number: 2018-761
Event Name: Tour de Husker
Event Location: Lincoln, NE
Event Date(s): 03/17/2018 - 03/18/2018
Set-up Dates: 03/16/2018 - 03/16/2018
Tear-down Dates: 03/19/2018 - 03/19/2018

ENDORSEMENT # 006

This endorsement, effective 12:01 AM 12/31/2017

Forms a part of policy no.: 015375404

Issued to: USA CYCLING, INC.

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG2026 04/13)

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COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

AS REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

All other terms and conditions of the policy remain the same.

A handwritten signature in black ink, appearing to be initials followed by a surname, positioned above a horizontal line.

Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/23/2018

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	E-MAIL ADDRESS: certs@fairlygroup.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	INSURER A: Lexington Insurance Company NAIC # 19437	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event			015375404	12/31/2017	12/31/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							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						EACH OCCURRENCE	\$
							AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job 2018-761

Endorsement LEXDOC21 (LX0404) SCHEDULE OF NAMED INSUREDS: Event Organizers and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC Event Permit Application and coverage will be afforded only for the specific event and date on the permit.

Event Number: 2018-761
Event Name: Tour de Husker
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER University of Nebraska-Lincoln 55 Campus Recreation 841 N 14th St Lincoln, NE 68588	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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Fairly Consulting Group, LLC		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:Event Location: **Lincoln, NE**Event Date(s): **03/17/2018 - 03/18/2018**Set-up Dates: **03/16/2018 - 03/16/2018**Tear-down Dates: **03/19/2018 - 03/19/2018**

Kelly S. Lundgren

From: Tom J. Cajka
Sent: Friday, January 26, 2018 10:57 AM
To: Kelly S. Lundgren
Subject: RE: Tour De Husker - Special Permit

No objection

Tom Cajka, Planner II
County Planner
Lincoln-Lancaster County Planning
402-441-5662

From: Tom J. Cajka
Sent: Thursday, January 25, 2018 3:21 PM
To: Tom J. Cajka <tcajka@lincoln.ne.gov>
Subject: FW: Tour De Husker - Special Permit

Tom Cajka, Planner II
County Planner
Lincoln-Lancaster County Planning
402-441-5662

From: Kelly S. Lundgren
Sent: Thursday, January 25, 2018 2:50 PM
To: Angela S. Keim <AKEim@lincoln.ne.gov>; Barbi M. Loschen <blschen@lancaster.ne.gov>; David A. Derbin <DDerbin@lancaster.ne.gov>; David R. Cary <dcary@lincoln.ne.gov>; Greg R. Topil <gtopil@lincoln.ne.gov>; Jenifer T. Holloway <JHolloway@lancaster.ne.gov>; Jeremy J. Schwarz <JSchwarz@lancaster.ne.gov>; Josh D. Clark <JClark@lancaster.ne.gov>; Justin L. Daniel <jdaniel@lincoln.ne.gov>; Ken D. Schroeder <kschroeder@lancaster.ne.gov>; Robert K. Simmering <RSimmering@lincoln.ne.gov>; Steve S. Henrichsen <shenrichsen@lincoln.ne.gov>; Terry A. Kathe <tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>
Subject: Tour De Husker - Special Permit

Please find attached the special permit for Tour De Husker Cycling Road Race scheduled for March 17, 2018 from 8:30 a.m. to 6:00 p.m. This will be scheduled for the February 13, 2018 Board of Commissioners meeting. Please have your recommendations to me by Wednesday, February 7th.

Thank you!

Kelly Lundgren, Records Specialist
Lancaster County Clerk
555 S. 10th Street, Room 108
Lincoln, NE 68508
Direct: 402-441-7485
Main: 402-441-7484

Kelly S. Lundgren

From: Laura G. Conant
Sent: Monday, January 29, 2018 8:30 AM
To: Angela S. Keim; Kelly S. Lundgren
Cc: Justin L. Daniel
Subject: RE: Tour De Husker - Special Permit

LLCHD approves this event.

Laura Conant, REHS, CP-FS
Environmental Health Specialist
Lincoln-Lancaster County Health Department
402-441-8025

From: Angela S. Keim
Sent: Thursday, January 25, 2018 3:00 PM
To: Laura G. Conant <LConant@lincoln.ne.gov>
Cc: Justin L. Daniel <jdaniel@lincoln.ne.gov>
Subject: FW: Tour De Husker - Special Permit

Angie Keim
Environmental Public Health
Lincoln-Lancaster County Health Dept.
3140 N Street
akeim@lincoln.ne.gov
402-441-8026

From: Kelly S. Lundgren
Sent: Thursday, January 25, 2018 2:50 PM
To: Angela S. Keim <AKeim@lincoln.ne.gov>; Barbi M. Loschen <bloschen@lancaster.ne.gov>; David A. Derbin <DDerbin@lancaster.ne.gov>; David R. Cary <dcary@lincoln.ne.gov>; Greg R. Topil <gtopil@lincoln.ne.gov>; Jenifer T. Holloway <JHolloway@lancaster.ne.gov>; Jeremy J. Schwarz <JSchwarz@lancaster.ne.gov>; Josh D. Clark <JClark@lancaster.ne.gov>; Justin L. Daniel <jdaniel@lincoln.ne.gov>; Ken D. Schroeder <kschroeder@lancaster.ne.gov>; Robert K. Simmering <RSimmering@lincoln.ne.gov>; Steve S. Henrichsen <shenrichsen@lincoln.ne.gov>; Terry A. Kathe <tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>
Subject: Tour De Husker - Special Permit

Please find attached the special permit for Tour De Husker Cycling Road Race scheduled for March 17, 2018 from 8:30 a.m. to 6:00 p.m. This will be scheduled for the February 13, 2018 Board of Commissioners meeting. Please have your recommendations to me by Wednesday, February 7th.

Thank you!

Kelly Lundgren, Records Specialist

LANCASTER
COUNTY
ENGINEERING

Pamela L. Dingman, P.E.
County Engineer

Kenneth D. Schroeder, R.L.S.
Deputy County Surveyor

DEPARTMENT

DATE: January 30, 2018

TO: Kelly Lundgren
County Clerk's Office

FROM: Ken D. Schroeder
County Surveyor



SUBJECT: APPLICATION FOR SPECIAL EVENTS PERMIT
UNL CYCLING CLUB TOUR DE HUSKER CYCLING ROAD RACE
MARCH 17, 2018, 8:30 A.M. TO 6:00 P.M.

Upon review, this office would have the following comments:

1. No parking will be permitted along the paved roadways during the times of this event. Temporary "No Parking" signs shall be installed at a minimum of four (4) signs per mile, two on each side of the road. These signs may be obtained from the City of Lincoln.
2. No permanent markings shall be allowed on the pavement.
3. Traffic control coordinators should be used at all County road intersections informing the traveling public of the special events in progress.
4. Safety precautions to be reviewed and approved by the Lancaster County Sheriff's Department.
5. Suggest this application be reviewed by the County Attorney's Office for insurance compliance.

cc: Lancaster County Sheriff's Office
Tom Morrison, Games and Parks Commission
Lancaster County Attorney's Office
Ron Bohaty, Road Maintenance Supervisor

KDS/bml

F:\Clerical\Private\Special Permits Events-Other\UNL Cycling Club Tour De Husker 2018.Mem.docxx

Kelly S. Lundgren

From: Tom J. Cajka
Sent: Wednesday, January 31, 2018 11:26 AM
To: Kelly S. Lundgren
Subject: RE: Tour De Husker

No objections

Tom Cajka, Planner II
County Planner
Lincoln-Lancaster County Planning
402-441-5662

From: Kelly S. Lundgren
Sent: Tuesday, January 30, 2018 7:50 AM
To: Angela S. Keim <AKEim@lincoln.ne.gov>; Barbi M. Loschen <bloschen@lancaster.ne.gov>; David A. Derbin <DDerbin@lancaster.ne.gov>; David R. Cary <dcary@lincoln.ne.gov>; Greg R. Topil <gtopil@lincoln.ne.gov>; Jenifer T. Holloway <JHolloway@lancaster.ne.gov>; Jeremy J. Schwarz <JSchwarz@lancaster.ne.gov>; Josh D. Clark <JClark@lancaster.ne.gov>; Justin L. Daniel <jdaniel@lincoln.ne.gov>; Ken D. Schroeder <kschroeder@lancaster.ne.gov>; Robert K. Simmering <RSimmering@lincoln.ne.gov>; Steve S. Henrichsen <shenrichsen@lincoln.ne.gov>; Terry A. Kathe <tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>
Subject: Tour De Husker

Please find attached the complete special permit application for Tour De Husker. Page 2 was missing from the previous attachment.

Kelly Lundgren, Records Specialist
Lancaster County Clerk
555 S. 10th Street, Room 108
Lincoln, NE 68508
Direct: 402-441-7485
Main: 402-441-7484