

SPECIAL EVENTS PERMIT APPLICATIONLancaster County, Nebraska

JAN 2 4 2018

LANCASTER COUNTY CLERK

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

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 Webraska-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?							
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 Clark of that jurisdiction							

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

SPECIAL EVENTS PERMIT APPLICATIONLancaster County, Nebraska

Planned Route (describe in detail and attach map): Attached with map									
(Attach additional sheet	s 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? Ves VINo.									
*Do you need she	riff escort/traffic control?	'∐ Yes ∑ No							
*Do you need traf	ffic control equipment (i.e	., signs, cones, k	parricades)? $oxedsymbol{\square}$ Yes $oxedsymbol{oxed}$ No						
*Applicant shall be resp	onsible for reimbursing the County	for such expenses.							
Additional Comme	ents:								
The applicant agrees to pay all costs incurred by Lancaster County, Nebraska. Signature: Date: 1/24/2018									
Return thi	Return this application at least three (3) weeks prior to the event to: Lancaster County Clerk 555 S. 10 th 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									
or Office Use Only:	☐ Application ☐ Hold Harmless ☐ Map ☐ Certificate of Insurance	☐ Engineer☐ LLCHD☐ Planning☐ Sheriff	☐ Building & Safety ☐ Other ☐ Other ☐ WITHDRAWN						

SPECIAL EVENTS PERMIT APPLICATION Lancaster County, Nebraska

HOLD HARMLESS AGREEMENT

	Tour DE Husuer 2018	
Event Name:	TOUR DE HUSHER 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 $\frac{Q}{Q}$ da	ay of JANUARY, 20 18
Applicant Signature:	Mah Bu
Printed Name:	NOAH BURKE
Title/Legal Capacity:	President of UNL Cycling Club
Witness to Signature:	Keen Sundgran

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

University of Nebraska-Lincoln Cycling Club --- Noah Burke - ndaleburke@gmail.com

This will be a cycling road race that begins at Lieber's Point in Branched Oak Lake Park and will go clockwise around the lake. It will start from the road leading to Lieber's Point and will emerge on NW 140TH RD and go right. From there a right hand turn on W ROCK CREEK RD onto W DAVEY RD. From there follow the curve onto NW GROUNSE RD and then right on NW 140TH RD. Races will do at least 2 loops of this course and at most 5 loops. Final loop of each race turns right back into the park to finish back at Lieber's Point.



Lieber's Point, Branched Oak Lake - Raymond, NE 68428

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 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 have ADDITIONAL INSURED provisions or be endorsed.

th	is certific	ate does not	confer rights to	o the	certi	terms and conditions of ficate holder in lieu of su	ich end	orsement(s)						
	DUCER						CONTACT Fairly Group Certificates							
Fair 1800	ly Consult) S. Washi	ing Group, L ington, Suite	LC 400				PHONE (A/C, No, Ext): (806) 376-4761 FAX (A/C, No): (806) 337-185						337-1859	
Ama	Amarillo, TX 79102				ADDRE	_{ss:} certs@fa	airlygroup.c	om						
								INS	SURER(S) AFFOR	RDING CO	OVERAGE			NAIC #
						INSURE	RA: Lexingt	on Insuran	ce Co	mpany			19437	
INSU	IRED						INSURE	RB:						
	USA Cycling, Inc.						INSURER C:							
			ing Point, Suite)		INSURE	RD:						
	(Solorado Spr	ings, CO 80919	,			INSURE	RE:						
							INSURE	RF:						
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INSR LTR		TYPE OF INSUR	ANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			LIMIT	s	1 000 000
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	c	LAIMS-MADE	X OCCUR			015375404		12/31/2017	12/31/2018	PREMIS	SES (Ea occ	urrence)	\$	1,000,000
										MED EX	KP (Any one	person)	\$	Excluded
										PERSO	NAL & ADV	INJURY	\$	1,000,000
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	POLIC		LOC							PRODU	ICTS - COM	P/OP AGG	\$	2,000,000
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	(Mandatory	in NH)	J:							E.L. DIS	SEASE - EA	EMPLOYEE	\$	
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Job Endo cove affor Ever Ever	2018-761 prsement lerage that a ded only f nt Number: nt Name: 3	EXDOC021 (l	LX0404) SCHED promoters for vocevent and date	OULE whom	OF N	o 101, Additional Remarks Schedu NAMED INSUREDS: Event erage is afforded under thi ermit.	Organi	zers and/or F	Promoters are	Name				
CE	RTIFICAT	F HOLDER					CANO	ELLATION						
Noah Burke 5821 Fieldcrest Way Lincoln, NE 68512				SHO THE	ULD ANY OF		EREOF	, NOTIC			LLED BEFORE ELIVERED IN			

ACORD 25 (2016/03)

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AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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	NAIC CODE				
SEE PAGE 1	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

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 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.

H	SU	BROGATION IS V	VAIVED, subject	t to	the	DITIONAL INSURED, the terms and conditions of ficate holder in lieu of su	the po	licy, certain _l lorsement(s)	oolicies may	require an endorse	sions or nent. A	be endorsed. statement on
PRO	DUCE	R					CONTAI NAME:	^{⊂⊤} Fairly Gr	oup Certifi	cates		
180	Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102			PHONE (A/C, No, Ext): (806) 376-4761 FAX (A/C, No): (806) 337-185								
Am	arılıc), IX /9102					ADDRE					NAIC #
										RDING COVERAGE	0	19437
									on insuran	ce Company		19437
INS	URED						INSURE					
		USA Cycling		- 400			INSURE					
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	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.											
INSF	3	TYPE OF INSUR	RANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
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-	+		•							COMBINED SINGLE LIMIT	\$	
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	AND	RKERS COMPENSATION EMPLOYERS' LIABILIT'	Y Y/N							PER O'STATUTE EF	[H- }	
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		ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLO	OYEE \$	
	DES	CRIPTION OF OPERATION	ONS below							E.L. DISEASE - POLICY L	IMIT \$	
Job End cov	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.											
whe	n the	eral Liability policy ere is a written cont FACHED ACORD 10	tract between a	ket a name	utoma d ins	atic additional insured end ured and the certificate ho	older th	at requires su	des addition ich status. P	al insured status to the	ne certifi dorsem	cate holder only ent LX4309
CE	RTIE	ICATE HOLDER					CANO	CELLATION				
		Lancaster Co 555 South 10	ounty th Street #108				THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES E HEREOF, NOTICE WI CY PROVISIONS.		

ACORD 25 (2016/03)

Lincoln, NE 68510

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AUTHORIZED REPRESENTATIVE

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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	NAIC CODE				
SEE PAGE 1	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**

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;
 - 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

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

01/23/2018

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 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)

PROPULED	CONTACT Fairly Group Certificates						
PRODUCER Fairly Consulting Group, LLC	PHONE (A/C, No, Ext): (806) 376-4761 FAX (A/C, No): (806) 337-1859						
1800´S. Washington, Suite 400 Amarillo, TX 79102	E-MAIL ADDRESS: certs@fairlygroup.com						
Amarino, 17, 70102	INSURER(S) AFFORDING COVERAGE NAIC #	ŧ					
	INSURER A: Lexington Insurance Company 19437						
INSURED	INSURER B:						
USA Cycling, Inc.	INSURER C:						
210 USA Cycling Point, Suite 100	INSURER D:						
Colorado Springs, CO 80919	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						

FR	AGES CER	TIFIC	CATE	NUMBER:			REVISION NUMBER:		
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^		v		015375404	12/31/2017	12/31/2018	DAMAGE TO RENTED	\$	1,000,000
-	CEAINIG-MADE X	^		010010101		19		\$	Excluded
-								\$	1,000,000
							GENERAL AGGREGATE	\$	3,000,000
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GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG PRO-JECT \$ **POLICY** OTHER: Per Event X COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY **BODILY INJURY (Per person)** ANY AUTO SCHEDULED AUTOS OWNED AUTOS ONLY **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY **EACH OCCURRENCE** \$ UMBRELLA LIAB **OCCUR** CLAIMS-MADE AGGREGATE **EXCESS LIAB** RETENTION \$ DED PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT

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

N/A

If yes, describe under
DESCRIPTION OF OPERATIONS below

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.

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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Raymond, NE 68036	AUTHORIZED REPRESENTATIVE

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Fairly Consulting Group, LLC				
	Colorado Springs, CO 80919			
NAIC CODE				
SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
	NAIC CODE			

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(06/14) - Additional Insured - Designated Person or Organization.

Event Number: 2018-761 Event Name: Tour de Husker Event Location: Lincoln, NE

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;
 - 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

ACORD

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 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 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

th	is certificate does not confer rights to	the	certi	ficate holder in lieu of su	ch end	orsement(s)							
PRODUCER Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102						CONTACT Fairly Group Certificates							
						PHONE (A/C, No, Ext): (806) 376-4761 FAX (A/C, No): (806) 3					337-1859		
						E-MAIL ADDRESS: certs@fairlygroup.com							
20020000						INS	URER(S) AFFOR	DING COVERAGE			NAIC #		
					INSURE	RA: Lexingt	on Insuran	ce Company			19437		
INSU	IRED			×	INSURER B:								
	USA Cycling, Inc.				INSURER C:								
	210 USA Cycling Point, Suite	100)		INSURER D :								
Colorado Springs, CO 80919					INSURER E:								
				INSURER F:									
CO	VERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:								
	HIS IS TO CERTIFY THAT THE POLICIE				HAVE B	FEN ISSUED				HE PO	LICY PERIOD		
IV.	IDICATED. NOTWITHSTANDING ANY RESTRICTED OR MAY RESTRICTED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIOI THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC THE POLIC	CT OR OTHER ES DESCRIB	DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS		
INSR LTR			SUBR				POLICY EXP (MM/DD/YYYY)		LIMIT	s			
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	. CLIOT HOMBER		(MINI/UU/TTTY)	(MINI/UU/1111)	EACH OCCURRENC		\$	1,000,000		
	CLAIMS-MADE X OCCUR			015375404		12/31/2017	12/31/2018	DAMAGE TO RENT		\$	1,000,000		
				0.0070.10.1		12/01/2011	12/01/2010	MED EXP (Any one		\$	Excluded		
								PERSONAL & ADV		\$	1,000,000		
	OFAUL ACCRECATE LIMIT APPLIES PER							GENERAL AGGREG		\$	3,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMP			2,000,000		
	X OTHER: Per Event							PRODUCTS - COMP	PIOP AGG	\$			
								COMBINED SINGLE	LIMIT	\$			
	ANY AUTO							(Ea accident)		\$			
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$			
								PROPERTY DAMAG (Per accident)	er accident) BE	\$			
	HIRED AUTOS ONLY AUTOS ONLY			v.				(Per accident)		\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION\$							PER	OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$			
Job Endo cove	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL 2018-761 Orsement LEXDOC021 (LX0404) SCHED Grage that all organizers/promoters for w rded only for the specific event and date	ULE	OF N	NAMED INSUREDS: Event erage is afforded under thi	Organi	zers and/or F	romoters are	Named Insured					
Ever	Event Number: 2018-761 Event Name: Tour de Husker SEE ATTACHED ACORD 101												
OF	PTIEICATE HOLDER				CANC	SELL ATION							

OLITII IOATE HOLDER	O) (((O) EEE) (() O) (
University of Nebraska-Lincoln 55 Campus Recreation 841 N 14th St	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lincoln, NE 68588	AUTHORIZED REPRESENTATIVE WWY



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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	NAIC CODE					
SEE PAGE 1 SEE		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

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 < 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 <<u>JClark@lancaster.ne.gov</u>>; Justin L. Daniel <<u>idaniel@lincoln.ne.gov</u>>; Ken D. Schroeder <<u>kschroeder@lancaster.ne.gov</u>>; 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
Barbi M. Loschen@lincoln.ne.gov

; Jenifer T. Holloway@lancaster.ne.gov

; Josh D. Clark
Josh D. Clark
Schwarz@lancaster.ne.gov

; Josh D. Clark
JClark@lancaster.ne.gov

; Justin L. Daniel
Josh D. Clark
JClark@lancaster.ne.gov

; Justin L. Daniel
JClark@lancaster.ne.gov

; Justin L. Daniel
JClark@lancaster.ne.gov

; Ken D. Schroeder
kschroeder@lancaster.ne.gov

; Terry A. Kathe
tkathe@lincoln.ne.gov

; Tom J. Cajka
tkathe@lincoln.ne.gov

; Tom J. Cajka <a href

Subject: Tour De Husker - Special Permit

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Thank you!

Kelly Lundgren, Records Specialist

LANCASTER COUNTY

Pamela L. Dingman, P.E. County Engineer

ENGINEERING

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

DEPARTMENT

DATE:

January 30, 2018

TO:

Kelly Lundgren

County Clerk's Office Sen D. Whoelee

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 < <u>JClark@lancaster.ne.gov</u>>; Justin L. Daniel < <u>idaniel@lincoln.ne.gov</u>>; Ken D. Schroeder < <u>kschroeder@lancaster.ne.gov</u>>; 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

Main:

Direct: 402-441-7485 402-441-7484