SAUSALITO ART FESTIVAL SIGN PLAN

LOCATION			
	DESCRIPTION		
S/B US 101	Cal-Trans Festival Sign		
S/B US 101 – Marin City off-ramp	Cal-Trans Festival Sign		
S/B 4000 blk Bridgeway	SAF info signs, parking fees, preferred		
	parking.		
Ebbtide	Residents only		
Gate 5 Road	Businesses open		
Coloma	Business open		
Whiskey Springs	Residents only		
3000 Block Bridgeway	Parking direction signs		
3000 Block Bridgeway	SAF banner		
S/B 2900 B'way to Coloma	Posted No Parking		
Coloma (B'way to MLK) north side	Posted No Parking		
S/B B'way between Coloma and Harbor	Thru traffic keep right, ADA Accessible,		
	Preferred parking.		
3000 Block Bridgeway	Repeat of 4000 block with arrows for		
·	direction		
Nevada Street	Residents Only		
Easterby Ramp	The state of the s		
	Local Businesses Excepted		
Marina Plaza @ SAF (South side)	Posted No Parking along fence line		
Marina Plaza (North side)	Entertainer Heavy Parking		
750 Bridgeway/Anchor Street	Shuttle Bus signs		
N/B Bridgeway Anchor to Johnson	SAF pedestrian signs		
N/B Bridgeway @ Easterby	Art Festival Parking – Next Right		
Spring Street	Residents Only		
Easterby Street			
Olive Street	Residents Only		
	Residents Only		

SAUSALITO ART FESTIVAL GATE PLAN

The following table corresponds to the attached map and pertains to the Gate Plan

GATE#	LOCATION	FUNCTION
1	Debris Yard Entry	Entertainer (Heavy) Load
		in, Service trucks and
		crews, SAF director and
		designees
2	Debris Yard/Stage Access	Entertainer access,
		Refuse/Recycling access,
		service access.
3	Army Corp South/SeaK	Limited access will be use
•	Fish	for food load in prior to an
		after festival hours. Durin
,		festival hours access will b
4	Army Com and 11 0	limited to emergency use.
7	Army Corp south side of Children's Area/Food Gate	This will be the assess poin
	Children's Area/Food Gate	to the food storage area
		which will be secured by
5	Volunteer Check-in	fencing.
	Volunteer Check-in	This will be the first access
5A	Volunteer Check-in (secure)	point to volunteer check in
	voidificer Check-in (secure)	Post check-in access, this
		will be a secure area,
5 .		authorized personnel only
		beyond this point. No
6	Potty-Row	bicycles, dogs, etc. Sanitation clean-out access.
	1 2007	
		Other access by pre-
7	Main Entrance	arrangement only. Bag checks will be
,		
		conducted prior to ticket
		purchase, 4 to 6 check points to limit line time.
		General Public Festival
8	Main Exit	General Public Footing I Edit
9	Artist Load-In	General Public Festival Exit Limited to Artist Load-in

10 Wine Garden	before and after festival, closed during festival hours Limited to load-in before and after festival hours. Access limited to emergency use during festival hours.
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Client#: 1494 SAUSAART

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/21/2010

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).

certificate holder in lieu of such endorsement(s).		, no to the
PRODUCER	CONTACT NAME:	
Haas & Wilkerson Insurance	PHONE 042 422 4400 FAX	
4300 Shawnee Mission Parkway	E-MAIL	
Fairway, KS 66205	ADDRESS: PRODUCER CUSTOMER ID #:	
913 432-4400	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A : ACE American Insurance Co	22667
Sausalito Art Festival Foundation PO Box 10	INSURER B:	
Sausalito, CA 94966	INSURER C:	
Sausanto, CA 94900	INSURER D:	
	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

II C	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 LTR	TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY		G21436835	08/16/2010	08/16/2011	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$500,000		
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	sEXCLUDED		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	\$5,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$5,000,000		
	POLICY PRO- JECT LOC						\$		
Α	AUTOMOBILE LIABILITY ANY AUTO		H08080045	08/16/2010	08/16/2011	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ALL OWNED AUTOS					BODILY INJURY (Per person)	\$		
	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
	X NON-OWNED AUTOS						\$		
							\$		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
	DEDUCTIBLE						\$		
_	RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE			
A	Liquor Liability		G21436835	08/16/2010	00/46/2044	E.L. DISEASE - POLICY LIMIT			
^	Liquoi Liability		G21430033	06/16/2010	00/10/2011	\$1,000,000 each con			
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
(Se	(See Attached Descriptions)								
CE	RTIFICATE HOLDER			CANCELLATION	10 Days fo	or Non-Payment			
	City of Sausalito	City of Sausalito SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							

420 Litho Street Sausalito, CA 94965 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

William R & Solling III

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	DESCRIPTION	S (Continued	from Page 1)	
The certificate holder is named a liability policy but only with resp named insured's operations or p insured per form CG2026/LD-223	pect to liability arising out premises owned by or ren	of the		

SAUSAART

Client#: 1494

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/21/2010

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Sausanto, CA 54500	INSURER D:					
	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	GENERAL LIABILITY		G21436835	08/16/2010	08/16/2011		\$1,000,000			
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000			
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$EXCLUDED			
						PERSONAL & ADV INJURY	\$1,000,000			
						GENERAL AGGREGATE	\$5,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$5,000,000			
	POLICY PRO- JECT LOC						\$			
Α	AUTOMOBILE LIABILITY ANY AUTO		H08080045	08/16/2010	08/16/2011	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
			r			BODILY INJURY (Per person)	\$			
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$			
	X NON-OWNED AUTOS						\$			
							\$			
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE				345	AGGREGATE	\$			
	DEDUCTIBLE						\$			
	RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	-			E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)	1				E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
Α	Liquor Liability		G21436835	08/16/2010	08/16/2011	\$1,000,000 each cor	nmon			
	cause / \$1,000,000 agg.									
	cription of operations / Locations / vehicles	CLES (Attach	n ACORD 101, Additional Remarks Schedu	lle, if more space	is required)					
CE	CERTIFICATE HOLDER CANCELLATION 10 Days for Non-Payment									

Attn: Chris Gallagher 2100 Bridegeway Sausalito, CA 94965

U.S. Army Corp of Engineers

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

William R. M. Sherow

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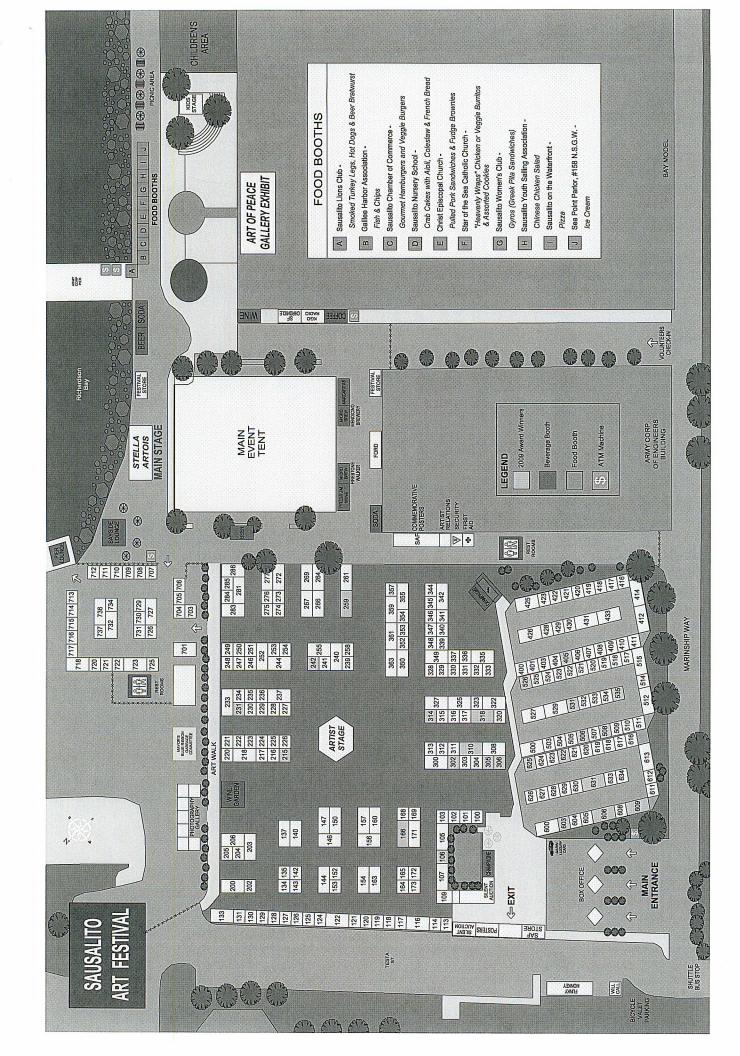
DESCRIPTIONS (Continued from Page 1) The certificate holder is named as an additional insured on the general liability policy but only with respect to liability arising out of the ownership, maintenance, or use of that part of the premises leased or licensed to the named insured and only during the term of the named insured's lease to occupy or license to use and only to the extent of liability resulting from an occurrence arising out of the named insured's

negligence.

AFTER ACTION REPORT - To be completed by the Special Events Coordinator within 10 days of event and reviewed with SERP.

Name of event:
Date/Day of event:
Number of attendees:
Types of people attending and their age range:
Number of officers deployed:
Number of security deployed:
What was the philosophy towards criminal acts/rowdy behavior:
Number and types of arrests:
Number and types of ejections:
What was the type of behavior demonstrated by the crowd:
Were there tailgate parties before or after the event?
Was there an orderly departure after the event?
Any other significant incidents?

(Attach additional pages, if necessary)



NOTES:					
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