

### EVENT CONTACT INFORMATION

**Applicant Name:** Kelci Amato

**Address:** 17804 Simms Rd

**City:** Odessa

**State:** FL

**Zip Code:** 33556

**Phone:** 727-481-0568

**Email:** Kelci.SellsRealEstate@gmail.com

Are you requesting that this event be held (at least in-part) on public property?

Yes

☒ No

Are you the property owner/lessee of the event site?

Yes

☒ No\*

*\* If no, please attach a written letter of consent to use the event site from the property owner*

Are you going to be the primary contact for this event?

☒ Yes

| No\*

*\* If no, please provide primary contact information in the section below*

**Primary Contact (if different than applicant):** \_\_\_\_\_

**Role with the Event:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact (MUST BE ON-SITE FOR EVENT):** Brittany Schrader

**Role with the Event:** Wedding Planner-Elle Grey Events

**Phone:** 352-424-1305

**Email:** info@ellegrayevents.com

### EVENT OVERVIEW

**Event Name:** Wedding

**Date of Event:** 2/11/23

**Start Time:** 4

☐ am

/

☒ pm

**End Time:** 10

☐ am

/

☒ pm

**Site Address:** 130 Willadel Dr. Belleair Fl

**Current Zoning of the Subject Parcel:** \_\_\_\_\_

**Expected # of Attendees:** 95

**Expected # of Vehicles (Including Vendors):** 45

Provide a detailed description of the proposed event below (or attach a separate sheet). Please explain the event's purpose and activities, and describe why the event is requesting exemption(s) from the existing Code, citing the special relief checkboxes on pages 3 and 4 of this application:

This event is a wedding being held for Kelci Amato and Josh Colón at 130 Willadel Dr. The ceremony will begin at 4pm and the reception will end at 10pm. This event will have 100 guests max. The event will have all licensed and insured vendors on the property at all times. We will have one tent with tables and chairs set for guests to eat, drink and relax. A licensed catering company, Banquet Masters will provide the food. A licensed and insured mobile bar tending company will provide the alcohol and servers, by the name of Bar Artistry.

Are you going to contract any private security services/officers on-site? Yes\* ☒ No

*\* If yes, please provide the name of the business and the name(s) and cell phone numbers of the person(s) who will be on-site. Attach additional sheets as necessary.*

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you going to utilize any parking services for this event? | Yes\* ☒ No

*\* If yes, provide the name(s) of the vendor(s) below along with company contact information.*

Vendor: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor: \_\_\_\_\_ Phone: \_\_\_\_\_

Provide the name(s) of any other commercial vendor(s) contracted for the event:

Banquet Masters

Gabro Event Services

Bar Artistry

### **REQUIRED APPLICATION ATTACHMENTS**

*Unless exempted by the Town Manager, please attach the following documents to this application.*

- ☒ **Site Layout:** May be printed out or hand-drawn on an 8.5" x 11" piece of paper or larger.
- ☒ **Parking Plan:** May be printed or drawn on a map that is 8.5" x 11" or larger. Plan must designate space for public safety services access and parking.
- ☒ **Neighbor Input Letters:** Signed letters from at least four (4) neighbors who reside within three lots of the event-site that include a statement of approval or disapproval.

### **SPECIAL RELIEF DOCUMENTATION**

*Check any sections below that are relevant for your event and attach relevant documentation.*

- ☒ **Alcohol Licensure (Code Section 6-2):** If requesting to serve alcohol on public property or to sell alcohol, attach all necessary alcohol licensure applications, including State Form ABT 6003.
- ☐ **Noise Mitigation Plan (Code Section 74-484):** If requesting to exceed noise limits, explain anticipated noise impacts, including the nature, duration, and location of any amplified sound.
- ☐ **Road Closures:** If the proposed event will require the temporary closing of Town roads or other public spaces, attach a map of these closures and an explanation for their necessity.
- ☐ **Sanitary Plans:** If regular on-site restrooms are not sufficient for the event and other accommodations are to be made, provide a written explanation of those plans and include their location(s) on the required site layout.
- ☒ **Special Event Insurance:** Proof of special events insurance coverage if requesting to hold the event on public property, with the Town of Belleair listed as additional insured.
- ☐ **Street Vending:** If planning to contract street vending for this event (i.e. food trucks), attach a letter explaining the vendor's purpose and impact, along with the vendor(s) contact information.
- ☐ **Temporary Signage (Code Section 74-572):** If requesting to place temporary signage in excess of what the Code allows, attach a plan for the signage and a statement of its purpose.
- ☐ **Waste Elimination/Restoration Plans:** If the event will create a level of waste that requires a dumpster or other cleanup not covered by regular pickup, provide an explanation of waste removal.

### **AUTHORIZATION**

By signing below, the applicant certifies that all information provided on this application is complete and correct and that all necessary attachments have been included. The applicant also agrees to the relevant fee schedule set forth by the Town, and assumes all responsibility for any and all damages to public property that may result from the requested event.

**THE COMPLETION OF THIS FORM DOES NOT CONSTITUTE APPROVAL FOR A SPECIAL RELIEF PERMIT.**



*Applicant signature*

12/29/2022

*Date*

**END OF APPLICATION**

**STAFF WORKFLOW (FOR TOWN USE ONLY)**

**Date of Application Submission to the Police Department:** 1/10/23

**Received By (Initials):** JT **Approved By (Initials):** UT

**Does the Police Department have any objections to this permit?** ☐ Yes ☒ No

**If yes, provide an explanation here or attach another sheet:**

**Date of Receipt by Parks and Recreation Department:** 1/10/23

**Received By (Initials):** RJY **Approved By (Initials):** RJY

**Does the Parks and Recreation Dept. have any objections to this permit?** ☐ Yes ☒ No

**If yes, provide an explanation here or attach another sheet:**

**Date of Receipt by Town Manager:**

**Does the Town Manager have any objections to this permit?** ☐ Yes ☒ No

**If yes, provide an explanation here or attach another sheet:**

[Signature] 1/10/23

**Date of Commission Decision:**

☐ **Special Relief Permit is approved\***

☐ **Special Relief Permit is denied**

**Assessed Fee:** \_\_\_\_\_ **Due Date for Fee:** \_\_\_\_\_

\_\_\_\_\_  
*Town Manager's signature*

\_\_\_\_\_  
*Date of approval/denial*

*\*If approved by the Commission, the Police Department will issue a Special Relief Permit to the applicant within three (3) business days. The Police Department will be responsible for enforcing the conditions of the permit before, during, and after the event.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/13/2022

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).

|  |  |  |  |
|--|--|--|--|
| <b>PRODUCER</b><br>Jack Rice Insurance<br>9455 Koger Blvd N<br>Suite #100<br>St. Petersburg FL 33702 |  | <b>CONTACT NAME:</b> Administrator<br><b>PHONE (A/C, No, Ext):</b> (727) 530-0684<br><b>FAX (A/C, No):</b> (727) 532-9602<br><b>E-MAIL ADDRESS:</b>  |  |
| <b>INSURED</b><br>Bar Artistry, LLC<br>17665 Bellavista Loop, #1325<br>Lutz FL 33558                 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> United States Liability Ins Co<br><b>INSURER B:</b> Mount Vernon Fire Ins. Co.<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

COVERAGES CERTIFICATE NUMBER: CL2210774026 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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|--------------------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                    | GL1068923B    | 10/04/2022              | 10/04/2023              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPIOP AGG \$ 2,000,000<br>OTHER: \$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |                    |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>OTHER: \$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>  |                    |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>OTHER: \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N <input type="checkbox"/> N/A   |                    |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| B        | Liquor Liability  |                    | LQ2002465B    | 10/04/2022              | 10/04/2023              | Aggregate 2,000,000<br>Each Occurrence 1,000,000  |

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

MICHAEL & BARBARA GALINSKI

## CERTIFICATE HOLDER

## CANCELLATION

PROPERTY APPRAISERS OWNERSHIP: CHATEAU GALINSKI LLC  
130 WILLADEL DR.

BELLEAIR

FL 33756

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

*Cynthia M. Webster*



BANQMAS-01

CERTS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2022

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## PRODUCER

Construction Casualty Insurance, LLC  
3637 4th Street North  
Suite 310  
Saint Petersburg, FL 33704

## CONTACT NAME: Certificates

PHONE (A/C, No, Ext): (727) 502-2190

FAX (A/C, No):

E-MAIL ADDRESS: certs@cci-ins.com

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Kinsale Insurance Co

38920

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

Banquet Masters Inc; dba Gatsby's  
13355 49th St. N.  
Clearwater, FL 33762

catering

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| 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                            | X         | X        | 0100197283    | 7/2/2022                | 7/2/2023                | EACH OCCURRENCE \$ 1,000,000                          |
|          |   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 |
|          |   |           |          |               |                         |                         | MED EXP (Any one person) \$                           |
|          |   |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                    |
|          |   |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                        |
|          |   |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                   |
|          |   |           |          |               |                         |                         | \$  |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         |   |
|          | OTHER:  |           |          |               |                         |                         |   |
|          | <b>AUTOMOBILE LIABILITY</b>   |           |          |               |                         |                         |   |
|          | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Per accident) \$               |
|          | <input type="checkbox"/> SCHEDULED AUTOS  |           |          |               |                         |                         | BODILY INJURY (Per person) \$                         |
|          | <input type="checkbox"/> HIRED AUTOS ONLY   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                       |
|          | <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                     |
|          |   |           |          |               |                         |                         | \$  |
|          | <b>UMBRELLA LIAB</b>  |           |          |               |                         |                         | EACH OCCURRENCE \$                                    |
|          | <b>EXCESS LIAB</b>  |           |          |               |                         |                         | AGGREGATE \$  |
|          | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE                                       |           |          |               |                         |                         | \$  |
|          | DED RETENTION \$  |           |          |               |                         |                         |   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |           |          |               |                         |                         |   |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | Y/N       | N/A      |               |                         |                         | PER STATUTE OTH-ER                                    |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |               |                         |                         | 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)

When required by written contract, the certificate holder is listed as an additional insured with regard to the General Liability policy. A waiver of subrogation applies in favor of the certificate holder on the General Liability policy.

Event being held 2023 Feb 11 on Mike & Barb Galinski's property: 130 Willadel Dr. Belleair FL 33766

## CERTIFICATE HOLDER

Town of Belleair  
130 Willadel Drive  
Belleair, FL 33766

## 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

# CERTIFICATE OF LIABILITY INSURANCE

ISSUE DATE (MM/DD/YYYY)  
12/13/2022

## PRODUCER

Affinity Insurance Services, Inc.  
900 Stewart Avenue  
Garden City, NY 11530

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

## INSURED

Kelci Amato  
17804 SIMMS ROAD  
ODESSA, FL 33556

Event Date: 02/11/2023

## INSURERS AFFORDING COVERAGE

INSURER A: Markel American Insurance Company

## HONOREE(S)

Kelci Amato  
Joshua Colon

## COVERAGE

CERTIFICATE NUMBER: WS00618940

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE ABOVE NAMED INSURED FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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   | POLICY NUMBER      | POLICY EFFECTIVE DATE<br>(MM/DD/YYYY) | POLICY EXPIRATION DATE<br>(MM/DD/YYYY) | LIMITS                                   |             |
|----------|---|--------------------|---------------------------------------|--|--|-------------|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> HOST LIQUOR INCL<br><input checked="" type="checkbox"/> TPPD<br>GENERAL AGGREGATE LIMIT<br>APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | M2WPL0000453820400 | 02/11/2023<br>12:01 AM EDT            | 02/12/2023<br>12:01 AM                 | EACH OCCURRENCE                          | \$1,000,000 |
|          |   |                    |                                       |  | FIRE DAMAGE (Any one fire)               | Included    |
|          |   |                    |                                       |  | MED EXP (Any one person)                 | Excluded    |
|          |   |                    |                                       |  | PERSONAL INJURY                          | Included    |
|          |   |                    |                                       |  | GENERAL AGGREGATE                        | \$1,000,000 |
|          |   |                    |                                       |  | DAMAGE TO RNTD PROP                      | Included    |
|          |   |                    |                                       |  |  |             |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |                    |                                       |  | COMBINED SINGLE LIMIT<br>(Each Accident) |             |
|          |   |                    |                                       |  | BODILY INJURY<br>(Per Person)            |             |
|          |   |                    |                                       |  | BODILY INJURY<br>(Per Accident)          |             |
|          |   |                    |                                       |  | PROPERTY DAMAGE<br>(Per Accident)        |             |
|          | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO   |                    |                                       |  | AUTO ONLY-EA ACCIDENT                    |             |
|          |   |                    |                                       |  | OTHER THAN EA ACC                        |             |
|          |   |                    |                                       |  | AUTO ONLY AGG                            |             |
|          | EXCESS LIABILITY<br><input type="checkbox"/> OCCUR CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  |                    |                                       |  | EACH OCCURRENCE                          |             |
|          |   |                    |                                       |  | AGGREGATE                                |             |
|          | WORKERS COMPENSATION AND<br>EMPLOYERS' LIABILITY  |                    |                                       |  | WC STATU                                 | OTHER       |
|          |   |                    |                                       |  | E.L. EACH ACCIDENT                       |             |
|          |   |                    |                                       |  | E.L. DISEASE-EA EMPLOYEE                 |             |
|          |   |                    |                                       |  | E.L. DISEASE-POLICY LIMIT                |             |
|          | OTHER   |                    |                                       |  |  |             |

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Event Type: A wedding ceremony, reception and/or rehearsal; Wedding Couple: Kelci Amato, Joshua Colon; Event Date: 02/11/2023; Location: Private Residence

If the event continues past 12:00 am at the location named on the Declarations Page, such continuation shall be considered as the event date. Event includes set up and break down and the scheduled rehearsal or rehearsal dinner scheduled within 48 hours of the event if the event is a wedding. Set up and Break down means decoration and removal of decoration at the event location that occurs no more than 24 hours prior to the event and 24 hours after the event.

The certificate holder is included as an insured under the Hosting Facility Liability Coverage, but only in respects to claims arising out of the negligence of the Named Insured.

## CERTIFICATE HOLDER

Private Residence  
130 Willadel Drive  
Belleair, FL 33756

## 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

*Scott Amato*



Aon's Affinity Insurance Services, Inc.  
WedSafe and Private Event Insurance  
900 Stewart Avenue  
Garden City, NY 11530

[www.Wedsafe.com](http://www.Wedsafe.com)

Phone: 877-723-3933

Application Date : 12/13/2022

## Final Summary

### Special Event Insurance

#### Insured Information

First Name: **Kelci**  
Last name: **Amato**  
Address 1: **17804 SIMMS ROAD**  
Address 2:  
City: **ODESSA** State: **Florida** Zip: **33556**  
Phone: **7274810568** Fax: Cell:  
E-mail: **[kelci.sellsrealestate@gmail.com](mailto:kelci.sellsrealestate@gmail.com)**  
How did you hear about us? **Other**

#### Event Information

##### Wedding Couple Details

First Name: **Kelci** Last Name: **Amato**  
First Name: **Joshua** Last Name: **Colon**

##### Venue Details - Venue1

Venue Name: **Private Residence**  
Address 1: **130 Willadel Drive**  
Address 2:  
City: **Belleair** State: **Florida** Zip: **33756**  
Phone: **7274810568**  
Email certificate to the venue? **Yes**  
Venue's E-mail address: **[kelci.sellsrealestate@gmail.com](mailto:kelci.sellsrealestate@gmail.com)**  
Specific Language for Venue:

#### Special Event Liability Insurance

##### Eligibility

Where do you live? **Florida**  
Where will your wedding or event take place? **In the state where I live**  
Type of Event: **A wedding ceremony, reception and/or rehearsal**  
Date of Event: **02/11/2023**  
How many guests will be at the event? **120**  
Will alcohol be served or sold at the event? **No**

##### Ineligible Operations:

- Animals

## Coverage & Limits

|                    | Limit:      | Deductible: |
|--------------------|-------------|-------------|
| General Aggregate: | \$1,000,000 | \$0         |
| Each Occurrence:   | \$1,000,000 | \$0         |
| Property Damage:   | Included    | \$1,000     |

## Special Event Liability Insurance Premium:

**\$195.00**

### Notable Exclusions:

Refer to your policy for all specific coverage terms, conditions and exclusions.

### Terms & Conditions:

1. A discount is applied to your premium if you purchased both a Wedding Event Liability policy and a Wedding Event Cancellation policy.
2. Premiums are 100% fully earned at inception of policy coverage and are non-refundable in the event of the cancellation of coverage at any time by the insured.
3. Any changes that deviate from the original enrollment form must be reported in writing.
4. Coverage is contingent upon receipt of premium payment. No coverage will be deemed in effect until premium is received by the company or their representative.

## Agent Warranty Disclosure

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. The company, as well as any of its authorized representatives, reserves the right to decline/void any ineligible coverage. I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Affinity Insurance Services Inc. is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, Affinity may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Aon. K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined percentage of the total premium. The total may also include an RPG membership fee of up to ten dollars. The insurance purchaser may obtain information about compensation expected to be received by the producer and managing general underwriter based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by emailing a written request to: [info@wedsafe.com](mailto:info@wedsafe.com).

In addition, premiums paid by Clients to Affinity or K&K for remittance to insurers, Client refunds and claim payments paid to Affinity or K&K by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, Affinity or K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against Affinity, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each an "Aon Group Member" of the "Aon Group"). Nothing in this liability limitation section implies that any Aon Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any of your Group Members asserts any claims or makes any demands against us or any Aon Group Member for a total amount in excess of this liability limitation, then you agree to indemnify Affinity for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by Affinity or any Aon Group Member that exceeds this liability limitation.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at [http://www.aon.com/market\\_relationships](http://www.aon.com/market_relationships) for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

#### Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

K&K Insurance Group (K&K), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this on-line transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through K&K, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or on-line registration process shall be requested by me by logging onto this website, or by mailing a written notice to: K&K Insurance; 1712 Magnavox Way; Fort Wayne, IN 46804.
5. I understand that I may obtain a paper copy of any electronic record provided pursuant to this transaction or any subsequent transaction involving my coverage, either by printing a copy for my records or by mailing a written request by to the address provided in paragraph 4 hereof.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents, at any time, by mailing a written request to the address provided in paragraph 4 hereof.
8. Information relating to this transaction shall be maintained private and confidential and subject to the terms of our privacy statement, a copy of which is provided here [Privacy Statement](#)

☒ I accept

Name of the person completing this form: First name: **Kelci** Last name: **Amato**

#### Premium Summary

|  |             |
|--|-------------|
| Total Special Event Liability Insurance:                   | \$ 195.00   |
| Total Cancellation/Postponement Insurance (Inland Marine): | Not Covered |

**\* Premium subject to change if not completing purchase same day as quoting \***

This summary is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions, as they may change from one coverage period to the next. Please remember that you will receive evidence of coverage immediately if purchased online. You may request a copy of the full policy by submitting a written request.

**Fraud Warning**

**Fair Credit Report Act Notice**

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**Applicable in AL, AR, DC, LA, MD, NM, RI and WY**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of, an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in MN**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in VT**

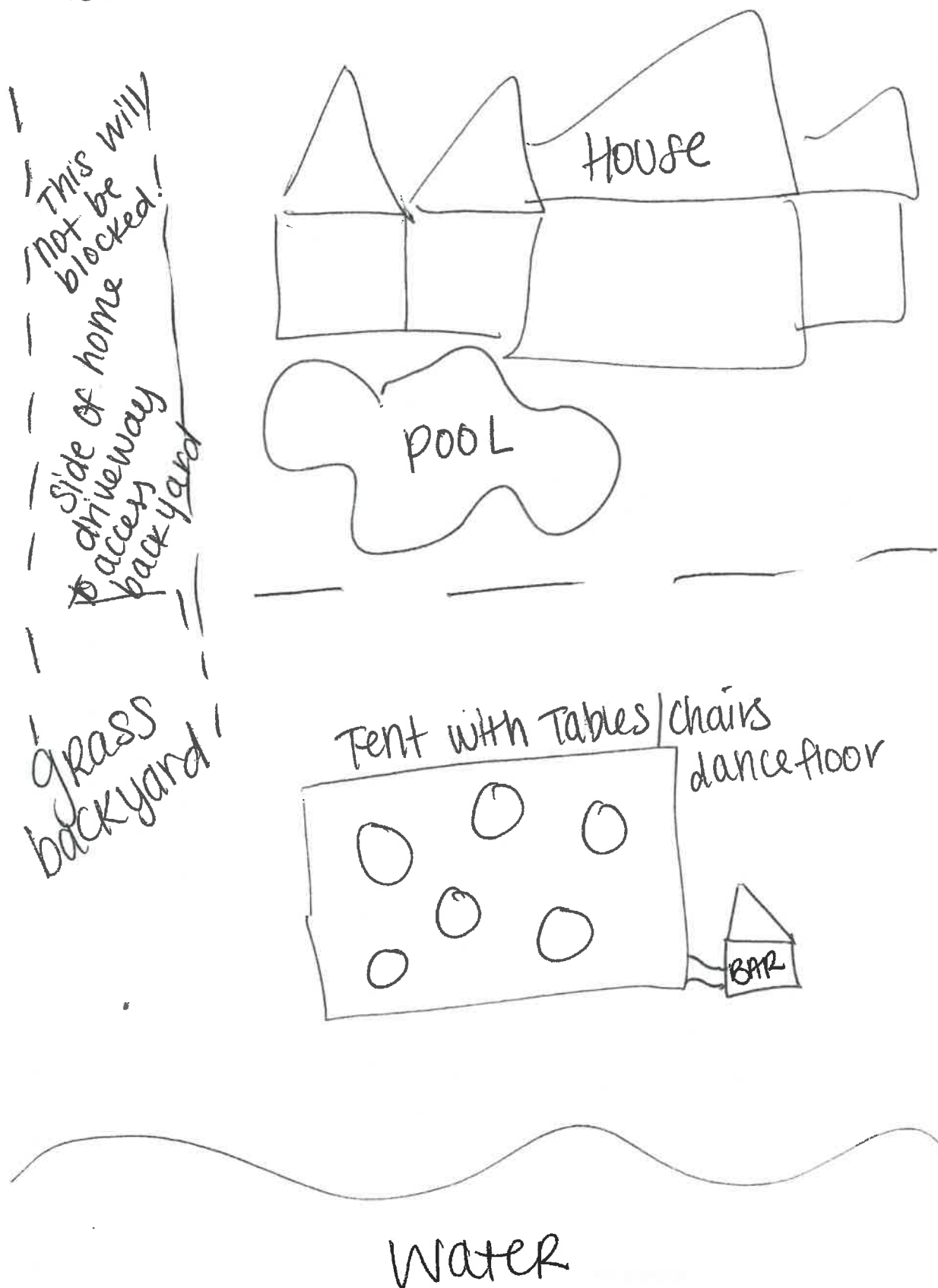
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Applicable in all other states**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

# \* Site Layout:

130 Willader DR.





# \* PARKING PLAN:

Wilmadel Dr. (Street)

Second entrance  
to be left open  
and clear for  
safety services.

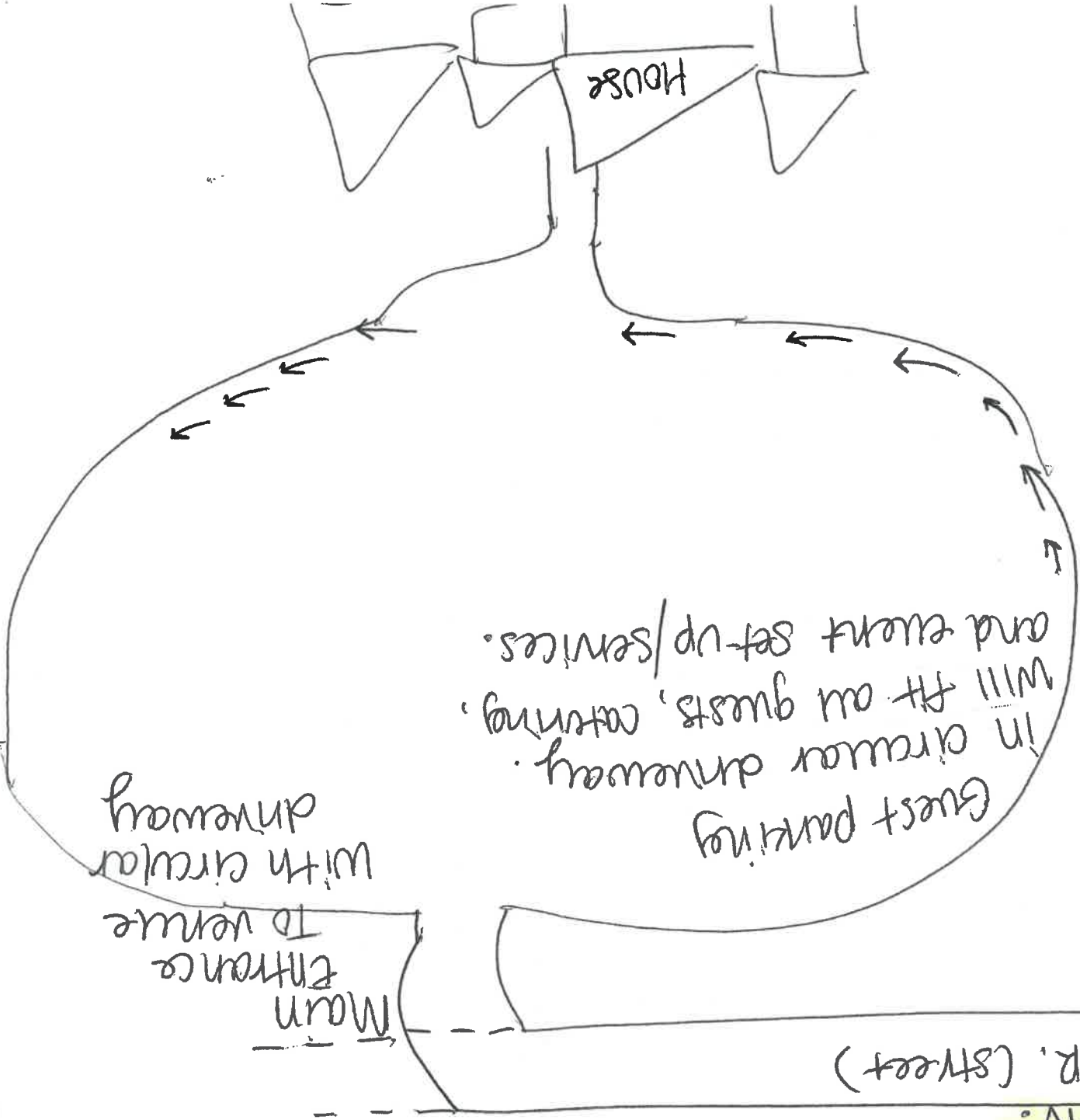
(paved  
road)

Driveway leads  
to side of house  
and backyard.

Guest parking  
in circular driveway.  
will fit all guests, catering,  
and event set-up/services.

Main  
Entrance  
to venue  
with circular  
driveway

House



We have authorized Kelci Amato and Josh Colon to use our private residence as their wedding venue, on 2/11/2023.

This includes all their associated vendors, licensed and insured.

130 Willadel Dr  
Belleair Fl 33756

Barbara & Michael Galinski

Barbara Galinski

Authentic ID

Barbara Galinski

12/14/22

Hello Willadel Neighbor,

Hi! Our names are Kelci Amato & Josh Colón and we are planning to get married February 11, 2023 at a family-friends home, 130 Willadel Dr. (Just a few homes down from you.)

It has come to our attention that the Town of Belleair requires that we must have approval from the surrounding neighbors in order to move forward with our wedding plans. Our wedding will have no more than 100 guests, beginning at 4pm and ending at 10pm.

We would love more than anything for your approval, and have tried to make it as easy as possible, to simply sign and return this letter.

Sincerely,  
Josh & Kelci  
Cell: 727-481-0568

*Congrats!  
Have a blast!*



XOXO  
Josh + Kelci

To whom it may concern,

I TIM MARIANI ( your name), grant Kelci Amato & Josh Colon approval to host their event on February 11, 2023 at 130 Willadel Dr.

Signature: *Tim Mariani*

Date: 12/17/22



Hello Willadel Neighbor,

Hi! Our names are Kelci Amato & Josh Colón and we are planning to get married February 11, 2023 at a family-friends home, 130 Willadel Dr. (Just a few homes down from you.)

It has come to our attention that the Town of Belleair requires that we must have approval from the surrounding neighbors in order to move forward with our wedding plans. Our wedding will have no more than 100 guests, beginning at 4pm and ending at 10pm.

We would love more than anything for your approval, and have tried to make it as easy as possible, to simply sign and return this letter.

Sincerely,

Josh & Kelci

Cell: 727-481-0568




XOXO  
Kelci & Josh

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To whom it may concern,

I IRENE HAKIM ( your name), grant Kelci Amato & Josh Colon approval to host their event on February 11, 2023 at 130 Willadel Dr.

Signature:   
Date: 1-02-2023

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