

West Central MS AARP Chapter # 4967

P.O. Box 821002

Vicksburg, MS 39182

March 10, 2025

To:

City of Vicksburg

City Clerk

P.O. Box 150

Vicksburg, MS 39182

RE: Seeking permission to use The City Park Pavilion

Dear Sir/Madam,

AARP is a nonprofit, nonpartisan organization of senior citizens, dedicated to empowering people to choose how they live as they age. AARP works to strengthen communities and advocate for what matters to most families with a focus on health security, financial stability, and personal fulfillment. We're working tirelessly to fulfill the vision of a society in which all people live with dignity and purpose, and fulfill their goals and dreams.

We are writing this letter to seek your permission to use City Park Pavilion, 100 Army/Navy Drive, at no cost for our annual membership drive picnic, May 13, 2025 from, 9am to 3pm.

We assure you, all members, guests and anticipated participants will adhere to the rules and guidelines set forth by the City of Vicksburg, for use of this facility. Security for this event will be provided.

Attached is a copy of our Certificate of Liability Insurance for 2025. For questions or concerns, please contact Ruth Christian at 601-636-7356.

Thanking you in advance for your consideration in this matter. Reply requested.

Respectfully,

Ruth Christian, President

(OFFICE USE ONLY)  
EVENT DATE 5/13/25

**CITY PARK PAVILION APPLICATION**  
CITY OF VICKSBURG, OFFICE OF THE CITY CLERK  
1401 WALNUT STREET  
VICKSBURG, MS 39180



DATE \_\_\_\_\_  
DEPOSIT \$ \_\_\_\_\_  
RENTAL \$ \_\_\_\_\_  
INSURANCE \$ Using Own-on file  
KEY P/U \_\_\_\_\_  
KEY RETURNED  YES  NO  
REFUND DUE  YES  NO

PLEASE TYPE OR PRINT LEGIBLY

APPLICANT NAME Ruth Christian GROUP/ORGANIZATION West Central MS AARP Chapter 4967  
PRIMARY CONTACT (IF DIFFERENT FROM ABOVE) \_\_\_\_\_ NAME/TYPE OF EVENT Annual Membership Drive Picnic  
ADDRESS 734 Central Ave CITY Vicksburg STATE MS ZIP 39180  
PHONE# 601-636-7356 EMAIL/FAX ruthchristian47@yahoo.com

DATE OF EVENT MAY 13, 2025 ESTIMATED ATTENDANCE 150 EVENT HOURS (MUST BE BETWEEN 7 AM & 11PM) NO  
WILL THE EVENT BE OPEN TO THE PUBLIC? Yes WILL FEES OR OTHER DONATIONS BE REQUIRED FOR ATTENDANCE? NO  
EVENT START TIME 9am END TIME 3pm

A **Security Deposit in the amount of \$100.00** will be required at the time of application. **In the event of cancellation, the deposit will be forfeited.** A security deposit is to cover any damage to the facility other than normal wear and tear to reserve the date of rental. Applicant shall be responsible for any damaged, missing, or broken items. **If we find there is need for excessive clean up or damages, you will not be issued a refund.**

**All Deposit refunds go through an approval process before being approved for release. Your deposit refund will be issued via mail within 30 days post event if all requirements were met.**

The keys must be returned to the City Clerk's Office the day after the event if the event falls on a weekend or a holiday the keys must be returned on the following business day. **If the keys are not returned, you will not be issued a refund.**

**Rental Fee for the facility is \$100.00.** The rental fee must be paid in full no later than 5 business days prior to the date of rental. Rental fees will be refunded in full if reservation is cancelled prior to the event. Cancellations must be in writing and received by the City Clerk's Office during normal business hours.

**Liability Insurance is required** either through the City or proof of insurance coverage in an amount not less than one (1) million dollars. A Liability Insurance Policy that is acquired by the applicant must show the Board of Mayor and Aldermen of the City of Vicksburg as additional insurers. Proof of Insurance must be provided prior to rental of the facility. Applicant shall also hold the Board of Mayor and Aldermen of the City of Vicksburg, its successors, employees and any and all other persons so associated with the City harmless from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, both known and unknown that may arise as a result of this event. Payment for insurance through the City is non-refundable.

**No Alcohol or glass bottles/containers allowed.**

**Bounce Houses or other inflatables are not permitted at any of the city parks, pavilions, and recreational facilities.**

**Security is required.** Security must be provided by a reputable company, group, or individual (s) that is approved by the City of Vicksburg. Security must be present during the entire event.

*Reynold Flagg Cannot Use! Not Approved security*

Security Company: ~~Charles Wright, Charles Taylor, Lee Andrew Drake~~  
Contact Person: Charles Taylor Telephone Number: 601-630-7209

PLEASE SEE OTHER SIDE

I have read all the above and I fully understand that this application does not confirm any request until it has been signed and dated by the City Clerk's Office of the City of Vicksburg, at which time a copy will be given to me or my designee or mailed to the address designated above. I also acknowledge that I have received a copy and have read, understand, and agree to all rules and regulations as outlined in the Pavilion Policy. I further acknowledge that all the information provided on this form is true and correct. I understand that if my application is approved for rental of the facility for my event, that failure to honor each provision of the Pavilion Policy will be considered a breach by the City of Vicksburg and will allow for immediate termination of the event. If the event is shut down by the City of Vicksburg, Applicant will not be entitled to any refund of monies paid and the City of Vicksburg may pursue any legal remedies for damages, if any, caused by Applicant's breach. Upon approval of the application, any addendums, modification, or changes to the application must be in writing and approved. I further agree to hold the City of Vicksburg and its officials, employees, and agents harmless from and against any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, both known and unknown that may arise as a result of this event.

(Print) Applicant's Name

Ruth Christian

(Sign) Applicant's Name

Ruth Christian

Today's Date

March 11, 2025

FOR OFFICE USE ONLY-----DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

IF NOT PURCHASED THROUGH THE CITY, IS A COPY OF THE CERTIFICATE OF INSURANCE ON FILE? \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

6/1/2025

DATE (MM/DD/YYYY)

3/4/2025

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> Lockton Companies, LLC 1801 K Street NW, Ste. 200 Washington DC 20006 (202) 414-2400	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:	<b>FAX (A/C, No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> AARP 1509922 c/o Lisa Hilton   LHilton@aarp.org   562.496.5206 601 E Street NW Washington DC 20049	<b>INSURER A: Arch Insurance Company</b>		11150
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 21473867                      **REVISION NUMBER:** XXXXXXXX

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 type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	N	11GPP4942416	6/1/2024	6/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 The West Central MS Chapter #4967 of AARP, Inc. Coverage effective 06/01/2023. The Board of Mayor and Alderman of the City of Vicksburg, The West Central MS Chapter #4967 of AARP, Inc. Coverage effective 06/01/2023. The Board of Mayor and Alderman of the City of Vicksburg, George Flaggs, Jr., T. J. Mayfield, and Alex J. Monsour, individually, City of Vicksburg, city employee are additional insured.

<b>CERTIFICATE HOLDER</b>  21473867 City of Vicksburg P O Box 150 Vicksburg, MS 39181	<b>CANCELLATION</b>  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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