



**OUTDOOR
COMMUNITY EVENT
LICENSE APPLICATION**

1001 EAST 9TH STREET, BUILDING A
RENO, NEVADA 89512

(775) 328-3733

www.washoecounty.us

OUTDOOR COMMUNITY EVENT APPLICATION

(Requires a non-refundable \$50 application fee)

Application date: 4-4-2022

Applicant Information

Applicant's name: North Lake Tahoe Fire Protection District

Mailing address: 866 Oriole Way Incline Village NV 89451
Street or PO Box City State Zip code

Phone: 775-831-0351 (Business) _____ (Home) _____ (Cell)

Email: _____

All applicants, to include corporate officers or partners must complete a personal history form

Is the applicant a(n): Corporation Partnership Individual

If a corporation or a partnership, list corporate officers or partners:

Name	Address	Title
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Event Information

Name of Event: Community Pancake Breakfast

Date(s) of Event: Saturday July 2, 2022 Hours of operation: 0800 - 1000

Location of Event: 875 Tanager Street

Assessor Parcel Number(s): 132-223-14

Description of Event: Community Pancake Breakfast - serving pancakes, sausage, fruit, coffee at the main fire station located at 875 Tanager Street, Incline Village, NV 89451

Name of the designated event representative who will be on-site during the event and who has authority to bind the applicant: Tia Rancourt

Will an admission fee be charged for your event? Yes No

If yes, amount and type of fee(s): _____

When will fee be collected? Pre-sales At entrance

Approximate number of participants and other persons: 25

Approximate number of customers and spectators: 500

Approximate maximum number of persons on any one day of the event: 500

Will food and/or beverages be served? Yes No

(all food and beverage vendors must have the appropriate Washoe County Health District permits)

Will alcoholic beverages be served? Yes No

(all intoxicating liquor vendors must be individually licensed with Washoe County Business License)

Will there be live music? Yes No

OUTDOOR COMMUNITY EVENT LICENSE

Insurer Information

(see Insurance, Hold Harmless & Indemnification Requirements)

Name of Insurer: Nevada Insurance Pool Policy number: NPAIP201819

Attach copy of insurance policy specific to event (must be furnished prior to the issuance of the license)

Address of Insurer: 201 South Roop Street, Suit 102 Carson City NV 89701
Street City State Zip code

Limits of liability: _____

HISTORY OF SIMILAR EVENTS

(attach additional sheets if needed)

Describe the history of all similar events conducted, operated or promoted by the applicant. Include, at a minimum, event names, types, dates, locations, permits or licenses issued.

North Lake Tahoe Fire Protection District has been hosting the annual Community Pancake Breakfast for over 20 years starting with our 40th anniversary in 1999. We also host various public education events on different topics such as emergency preparedness, defensible space and fuels mitigation.

Vendor List

(attach additional sheets if needed)

Name of Vendor	Type of service or product
<u>Bonanza Product</u>	<u>blueberries, strawberries</u>
<u>US Foods</u>	<u>sausage, pancake mix</u>
<u>ECG Products</u>	<u>compostable paper and cutlery products</u>
<u>Model Dairy</u>	<u>whip cream</u>

**OUTDOOR COMMUNITY EVENT
AFFIDAVIT OF PROPERTY OWNERSHIP
and/or PERMISSION TO CONDUCT EVENT**

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, Sharon Cary being duly sworn, depose, and say that I am an owner* of property involved in this outdoor community event and I do hereby:

(check appropriate box)

Affirm that I am an applicant for the below named proposed outdoor community event and also own the property or properties on which the event will be conducted

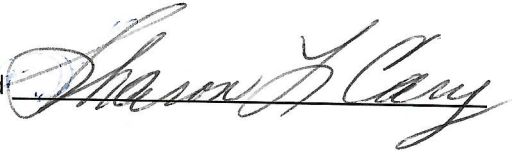
OR

Affirm that I give permission to the applicants for the below named proposed outdoor community event to conduct the event on the following property or properties which I own:

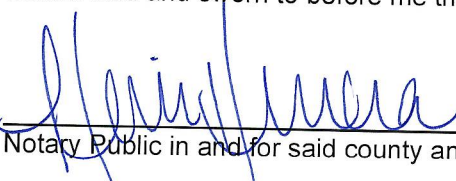
Assessor Parcel Number(s): 132-223-14

Proposed Outdoor Community Event: NLTFPD Community Pancake Breakfast

Signed



Subscribed and sworn to before me this 5TH day of APRIL, 2022
BY SHARON CARY.


Notary Public in and for said county and state

My commission expires: 10/12/2025



*Owner refers to the following. Please mark the appropriate box.

- OWNER/JOINT OWNER
- CORPORATE OFFICER/PARTNER
- POWER OF ATTORNEY (Provide copy of Power of Attorney)
- AGENT (Notarized letter from property owner giving legal authority to agent)
- LETTER FROM GOVERNMENT AGENCY WITH STEWARDSHIP

OUTDOOR COMMUNITY EVENT STATEMENT OF ASSETS

As of March 31, _____, 2022
 (Describe fully and indicate assets pledged)
 (If additional space is required, attached supporting pages or documents)

Current Assets

Cash on hand _____	\$ _____ 250
Cash in safe deposit box _____	\$ _____
Cash in <u>Umpqua</u> <u>Incline Village</u> _____ <small style="margin-left: 150px;">Location of Box</small>	\$ _____ 2,044,178
Cash in <u>LGIP</u> _____ <small style="margin-left: 100px;">Name, Bank and Branch</small>	\$ _____ 9,721,411
Accounts and notes receivable (describe nature of receivable and when due) _____ _____	\$ _____ \$ _____
Other current assets _____ _____	\$ _____ \$ _____

Investments

Stocks, Bonds, etc (Market value) (If close held corporation, furnish current balance sheet) _____ _____ _____	\$ _____ \$ _____ \$ _____
Investments, other than stocks and bonds _____ _____ _____	\$ _____ \$ _____ \$ _____

Fixed assets

Real estate (Give location, description and fair value of each parcel) <u>875 Tanager St, Incline Village, NV; 863 Tanager St, Incline Village, NV;</u>	\$ _____ 11,426,273
<u>866 Oriole Way, Incline Village, NV; 219 Enterprise Way, Incline Village, NV; 14 Cal Neva Dr, Crystal Bay, NV; 965 Mt Rose Hwy, Incline Village, NV</u>	\$ _____ \$ _____

Other assets

Automobiles and other personal property Equipment _____ _____	\$ _____ 9,945,434 \$ _____ \$ _____
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Total Assets	\$ _____ 33,137,546
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Sharon Cary _____
 Print Name


 Signature

4/5/2022
 Date

OUTDOOR COMMUNITY EVENT STATEMENT OF LIABILITIES

As of March 31, _____, 2022

(Describe fully, indicate secured liabilities)
(If additional space is required, attached supporting pages or documents)

Current liabilities

Notes payable _____ \$ _____
Name, Bank and Branch _____

Due _____ How secured _____

Notes payable _____ \$ _____
Name, Bank and Branch _____

Due _____ How secured _____

Notes payable _____ \$ _____
Name, Bank and Branch _____

Due _____ How secured _____

Notes payable _____ \$ _____
Name, Bank and Branch _____

Due _____ How secured _____

Other notes payable (indicate name, address and how secured)

_____ \$ _____
_____ \$ _____

Accounts payable \$ _____

Liability for Federal Income Tax (delinquent) \$ _____

Provision for current year's Federal Income Tax \$ _____

Provisions for other current taxes \$ _____

Liability for other delinquent taxes \$ _____

Mortgages payable (List each mortgage separately, how secured, and monthly payments due thereon)

Capitol One JP Morgan Chase \$ 2,382,000
_____ \$ _____

Other liabilities

Pension liability \$ 5,765,548

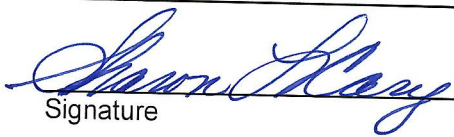
Pay back to the Taxpayers of Incline Village/Crystal Bay \$ 5,765,719

_____ \$ _____

Total Liabilities \$ 13,913,267

Contingent liabilities (describe)

Sharon Cary
Print Name

 4/5/2022
Signature Date

OUTDOOR COMMUNITY EVENT PERSONAL HISTORY

(complete a separate form for each applicant, to include corporate officers and partners)

Name in full: Sharon Cary
First Middle Last

List ALL other names you have been known by: _____

Residence address: PO Box 2641 Carson City NV 89449
Street City State Zip Code

Residence phone: _____ Business phone: 775-831-0351, ext 8108

Name of your present business or employer: North Lake Tahoe Fire Protection District

Business address: 866 Oriole Way Incline Village NV 89451
Street City State Zip Code

Type of business: Fire Protection District Position: Business Manager

How long engaged in this business: 18 years

Date of birth: _____ Age: _____ Place of birth: _____

List cities in which you have lived during the last ten years:
Dates From and To City State

I, the undersigned, have answered all questions in this application and to the best of my knowledge all answers are true and correct. I further understand that disclosure of any false, misleading or incorrect answers could result in the denial of the license. The filing of the application does not authorize the conducting of any event for which a license is required, and any carrying on of such event before a license is issued may also be grounds for denial of a license.

Sharon Cary

 Printed name of applicant

Sharon Cary

 Signature of applicant

4/5/2022

 Date

STATE OF NEVADA
 COUNTY OF WASHOE
 SIGNED AND SWORN TO BEFORE ME
 ON 04/05/2022
 BY SHARON CARY.

Stevie Herrera



Car

**OUTDOOR COMMUNITY EVENT
RELEASE OF CLAIMS**

(complete a separate form for each applicant, to include corporate officers and partners)

The undersigned has filed with Washoe County Business License an application for outdoor community event license. In consideration of the assurance by the Board of County Commissioners that no vote on said application will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to criminal history background, associates and finances, the undersigned does for himself, his heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the County of Washoe, Washoe County Sheriff's Office, Washoe County Commission, and Washoe County Business License from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has or may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned application.

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for an outdoor community event license with Washoe County Business License, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information of a confidential or privileged nature.

I hereby release you, your organization and others from liability or damage, which may result from furnishing the information requested. This release will expire 180 days after the date signed.

I, the undersigned, have read this release and understand all its terms; I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at Jackie Village, NV on the 5th day of April, 2022.

Sharon Cary
Printed name of applicant

Sharon Cary
Signature of applicant

STATE OF NEVADA
COUNTY OF WASHOE

Subscribed and sworn to before me this 5TH day of APRIL, 2022
BY SHARON CARY.

Stevie Herrera
Notary Public in and for said county and state

My commission expires: 10/12/2025



**OUTDOOR COMMUNITY EVENT
INSURANCE, HOLD HARMLESS AND INDEMNIFICATION REQUIREMENTS**

Pursuant to Washoe County Code section 25.303, any applicant for a Washoe County outdoor community event license must ensure the following requirements are met to the satisfaction of the Washoe County Risk Management Division before the outdoor community event license may be issued.

INDEMNIFICATION & HOLD HARMLESS

As respects acts, errors or omissions relating to the event, APPLICANT agrees to indemnify and hold harmless COUNTY, its officers, agents, employees, and volunteers from and against any and all claims, demands, defense costs, liability or consequential damages of any kind or nature arising directly or indirectly out of the event or any activity leading up to, during, or following the event, excepting those which arise out of the sole negligence of the COUNTY.

APPLICANT further agrees to defend COUNTY and assume all costs, expenses and liabilities of any nature to which COUNTY may be subjected as a result of any claim, demand, action or cause of action arising out of the negligent acts, errors or omissions of APPLICANT or its agents concerning the event.

INSURANCE REQUIREMENTS

COUNTY requires that APPLICANT purchase General Liability Insurance as described below against claims for injuries to persons or damages to property which may arise from or in connection with the event by APPLICANT, its agents, representatives, or employees. The cost of all such insurance shall be borne by APPLICANT.

APPLICANT shall maintain coverage and limits no less than \$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit, to apply separately to this event.

Any deductibles or self-insured retentions must be declared to and approved by the COUNTY Risk Management Division prior to the event. COUNTY reserves the right to request additional documentation, financial or otherwise prior to giving its approval of the deductibles and self-insured retention and prior to issuing the license. The COUNTY Risk Manager prior to the change taking effect must approve any changes to the deductibles or self-insured retentions.

APPLICANT shall provide COUNTY with a certificate of insurance that identifies COUNTY, its officers, agents, employees and volunteers as additional insured's.

NOTE: A certificate of insurance complying with the provisions stated above is not required with the outdoor community business license application, but must be furnished prior to the issuance of the license.

I hereby agree to the all of the provisions stated above:

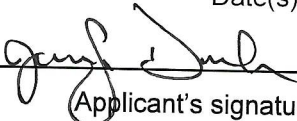
Community Pancake Breakfast

July 2, 2022

Name of Event

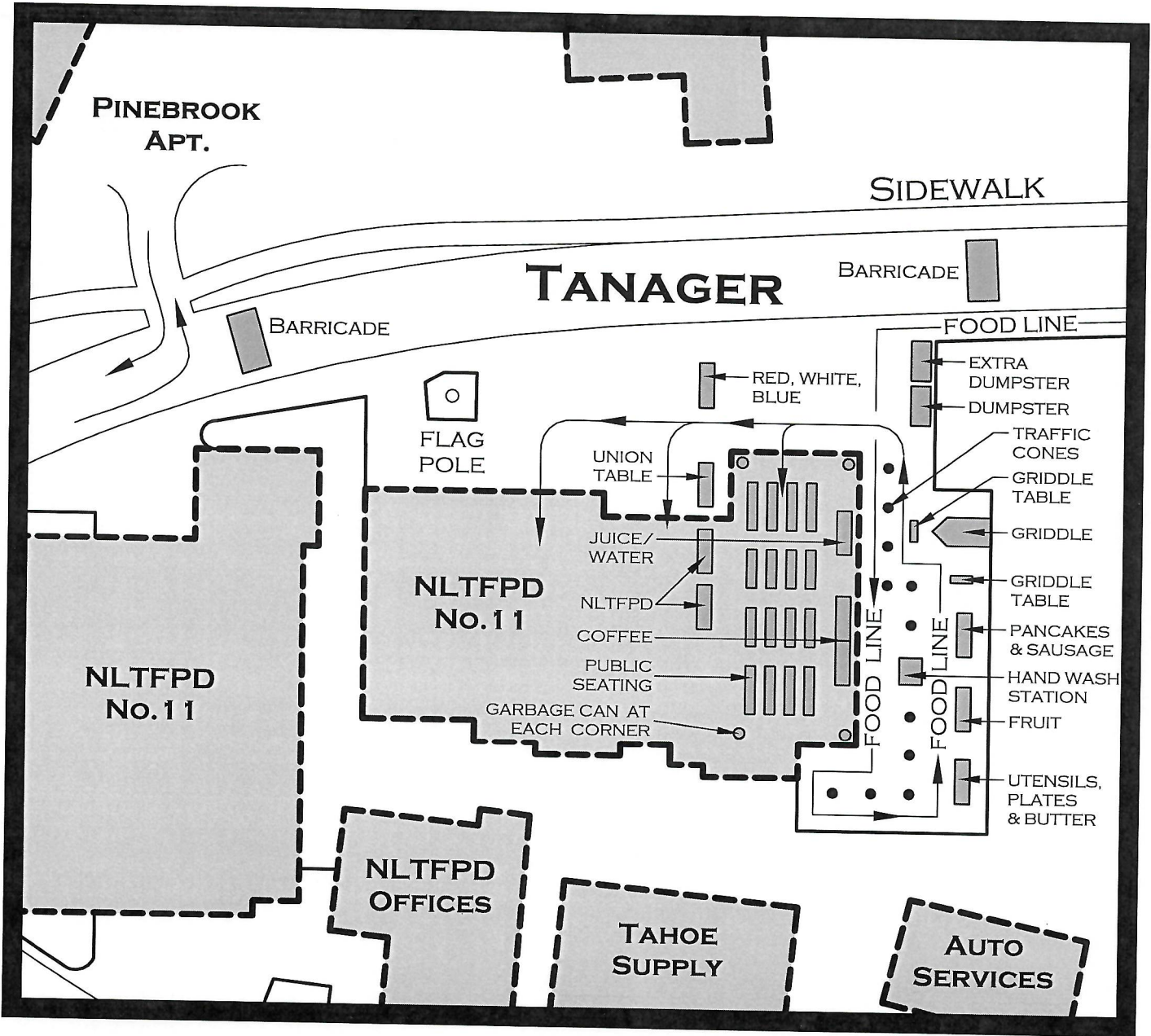
Date(s) of Event

Tia Rancourt / Jennifer Donohue
Applicant's name (printed)


Applicant's signature

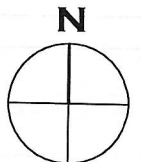
Date: April 4, 2022

PANCAKE BREAKFAST



NO SCALE

April 4 2022



COMMUNITY PANCAKE BREAKFAST SAFETY PLAN 2022:

Ingress/Egress: There will be street parking on surrounding streets near the fire station on Tanager, Enterprise and Oriole as well as our 866 Oriole, 219 Enterprise and Incline Station 863 Tanager parking lots. We also have parking space available across the street at the Starbucks Plaza.

Security: Cones will block off event for traffic safety marking off event area in front of the fire station and we will have staff directing foot traffic during the event from 8a – 10a. Most attendees walk from other areas in town to the fire station.

Communications: direct communications with Grass Valley Emergency Command Center.

Medical standby will be provided at the event by NLTFPD with paramedics and EMTs.

Community Pancake Breakfast Saturday, July 2, 2022

Introduction:

For over 20 years the North Lake Tahoe Fire Protection District has hosted a Community Pancake Breakfast at the main fire station located at 875 Tanager Street. Starting in 1999, the District's 40th anniversary of serving the community, it has been the Fire District's flagship event to say 'thank you' for allowing us to provide public safety services to the communities of Incline Village & Crystal Bay, Nevada.

Event Overview:

A pancake breakfast complete with pancakes, sausage, fresh fruit, coffee, and juice. The food is cooked and served just outside of the main fire station and attendees sit inside the fire station apparatus floor area to enjoy their breakfast and mingle with community members. Tables are set up providing information about Fire District programs and services and families are welcome to take part in station and fire engine apparatus tours with Fire District personnel.

Date/Time of the Event: Saturday, July 2, 2022 0800 - 1000

Location of Event: Main Fire Station, 875 Tanager Street, Incline Village, NV 89451

Attendance Projections: 500 over the 2 hour over the entirety of the event

SITE MAP & PARKING, TRAFFIC, SECURITY AND SAFETY PLAN – see attached map

Marketing: social media, press release, Veteran's Community Sign board in town

Fee Paid _____
Late Fee Paid _____
Date Paid _____
Cash/CC/Check _____
Receipt No. _____
Permit # _____

APPLICATION FOR TEMPORARY FOOD PERMIT

PAYMENT AND APPLICATION MUST BE SUBMITTED NO LESS THAN 7 BUSINESS DAYS (Monday-Friday) PRIOR TO START OF EVENT IN ORDER TO AVOID A LATE FEE EQUAL TO THE PERMIT FEE (not to exceed \$100)

1. Event: Community Pancake Breakfast Event Location: 875 Tanager Street Incline Village, NV 89451
2. Date(s) of Event - Start: July 2, 2022 End: July 2, 2022 Start Time: 0800 End Time: 1000 (for weekly/non-consecutive events, list dates below)

List up to 14 dates of recurring, non-consecutive events (e.g., Farmer's Markets, weekly events)							
Date #1:		Date #5:		Date #9:		Date #13:	
Date #2:		Date #6:		Date #10:		Date #14:	
Date #3:		Date #7:		Date #11:			
Date #4:		Date #8:		Date #12:			

3. Business Name / Foodservice Represented: North Lake Tahoe Fire Protection District
4. Event Coordinator: Tia Rancourt Coordinator #: () 813-8106
5. Coordinator Address: 866 Oriole Way City / State / Zip: Incline Village, NV 89451
6. Applicant's Name: North Lake Tahoe Fire Protection District Work #: () 775-831-0351 Home #: () _____
7. Applicant's Address: 875 Tanager Street City / State / Zip: Incline Village, NV 89451
8. Person(s) In Charge at Foodservice Site: Tia Rancourt Contact #: () 775-8138106
9. E-mail Address of Person(s) In Charge: trancourt@nltfpd.net
10. Location of Advance Preparation: 875 Tanager Street Time Prep Begins: 0800 Time Prep Ends: 1000

11. List food item(s) to be served: ONLY food(s) listed below are allowed to be served at the event	OFF SITE PREP	ON SITE PREP	COOKING PROCEDURES	HOLDING Hot / Cold	SERVING Hot / Cold
<u>pancakes</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input checked="" type="checkbox"/> H / <input type="checkbox"/> C
<u>sausage</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input checked="" type="checkbox"/> H / <input type="checkbox"/> C
<u>mixed fruit</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input type="checkbox"/> H / <input checked="" type="checkbox"/> C
<u>juice boxes, bottled water</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input type="checkbox"/> H / <input checked="" type="checkbox"/> C
<u>coffee</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input checked="" type="checkbox"/> H / <input type="checkbox"/> C

12. DESCRIBE: Cold Holding Equip: large Hot Cooking Equip: gas griddle
Hot Holding Equip: serve asap Reheating Equip: n/a
13. How food will be transported to foodservice site: n/z
Length of transportation time to event: n/a How food will be kept hot or cold: serve asap off griddle
14. Stem type food thermometer or thermocouple available (0-220°F): YES or NO
15. Source of drinkable (potable) water: fire station Type of wastewater disposal: SEWER or HOLDING TANK
16. Type of Handwashing Facilities: (choose one) PLUMBED SINK or GRAVITY FLOW CONTAINER
(as a minimum-2 gallons water in an insulated container with a hands free spigot, a covered bucket for wastewater, pump soap container and paper towels are required)
17. Utensil Washing: PLUMBED 3-COMPARTMENT SINK or ADEQUATE SUPPLY OF CLEAN UTENSILS FOR DAILY OPERATION
18. Garbage Disposal: COVERED CANS or DUMPSTERS
19. Restroom Facilities: PORTABLE TOILETS or INDOOR TOILETS

I hereby consent to inspection by the WASHOE COUNTY HEALTH DISTRICT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary foodservice requirements stated in SECTION 170 of the Regulations of THE WASHOE COUNTY DISTRICT BOARD OF HEALTH GOVERNING FOOD ESTABLISHMENTS.

APPLICANT'S SIGNATURE:  DATE: 4/1/2022

ORIGINAL | HEALTH DISTRICT YELLOW | FIELD COPY PINK | APPLICANT

PUBLIC AGENCY COMPENSATION TRUST
CERTIFICATE OF PARTICIPATION
Issued to

North Lake Tahoe Fire Protection District

The Public Agency Compensation Trust (hereinafter PACT) certifies that the above-mentioned entity is a participating member of the PACT for the period beginning July 1, 2020 through June 30, 2021.

As a participating member, this entity is entitled to all the rights, privileges and protections and subject to all the duties and responsibilities under the Interlocal Cooperative Agreement, Bylaws and the Joint and Several Liability Agreement of PACT.

The following coverage form has been issued by PACT:


Public Agency Compensation Trust Coverage Form #PACT20202021

Limits of liability afforded to PACT members, subject to the application for coverage, are as follows:

Workers Compensation each accident or disease	\$ Statutory
Employers Liability each accident or disease	\$2,000,000

PACT is hereby responsible for processing claims and paying benefits under Chapters 616A, 616B, 616C, 616D and 617 of NRS for employees of members of this association injured in industrial accidents or contracting occupational diseases occurring on or after 12:01 A.M. (Pacific Standard Time) as of the effective date of this certificate.

This certificate is not a contract of insurance and does not bind PACT or its insurers or reinsurers as such. The coverages provided will be governed by the terms and conditions of the PACT Coverage Form and excess insurance and reinsurance policies and by the Interlocal Cooperative Agreement, Bylaws and Joint and Several Liability Agreement of PACT, and all claims, questions or disputes will be settled by reference to the same.


Wayne E. Carlson, MBA, CPCU, ARM
Executive Director

NEVADA PUBLIC AGENCY INSURANCE POOL
CERTIFICATE OF PARTICIPATION
issued to

North Lake Tahoe Fire Protection District

The Nevada Public Agency Insurance Pool (hereinafter NPAIP) certifies that the above-mentioned entity is a participating Member of NPAIP for the period beginning July 1, 2020 expiring June 30, 2021.

As a participating member, this entity is entitled to all the rights, privileges and protections and subject to all the duties and responsibilities under the Interlocal Cooperative Agreement and Bylaws of NPAIP and the coverage forms issued by NPAIP.

The following coverage forms apply to NPAIP and its Members:

Nevada Public Agency Insurance Pool Coverage Form: # NPAIP20202021

The lines of coverage and key limits of liability afforded to NPAIP members, subject to the coverage application and subject to additional sublimits as stated in the NPAIP Coverage Form, are summarized as follows:

Property/Crime/Equipment Breakdown

Blanket Limit per schedule of locations	\$ 300,000,000 per loss
Sublimit for earthquake coverage	\$ 150,000,000 annual aggregate
Sublimit for flood coverage	\$ 150,000,000 annual aggregate
Sublimit for flood coverage zone A	\$ 25,000,000 annual aggregate
Sublimit for Equipment Breakdown, Boiler & Machinery	\$ 100,000,000 each accident
Sublimit for Money & Securities including Dishonesty	\$ 500,000 each loss

Casualty

Bodily Injury, Property Damage, Personal Injury, Employment Based Benefits Administration, Law Enforcement Activities, and Wrongful Acts	\$10,000,000 per event \$10,000,000 annual aggregate
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Certain sublimits apply. All sublimits are a part of and not in addition to the Limits of Liability.

Participating member's Maintenance Deductible of \$1000 for each and every loss and/or claim and/or event.

This certificate is not a contract of insurance and does not bind NPAIP as such. The coverages provided will be governed by the terms and conditions of NPAIP Coverage Form and by the Interlocal Cooperative Agreement and Bylaws of NPAIP; and all claims, questions or disputes will be settled by reference to the same.


Wayne E. Carlson, MBA, CPCU, ARM
Executive Director

NEVADA PUBLIC AGENCY INSURANCE POOL
CERTIFICATE OF PARTICIPATION

Issued to

North Lake Tahoe Fire Protection District

The Nevada Public Agency Insurance Pool (hereinafter NPAIP) certifies that the above-mentioned entity is a participating member of the NPAIP Site Pollution Incident Legal Liability Select (SPILLS) Insurance program for the period beginning July 1, 2020 expiring June 30, 2021.

As a participating member, this entity is entitled to all the rights, privileges and protections and subject to all the duties and responsibilities under the master policy of insurance issued to NPAIP on behalf of the participating members.

The following policy has been issued to NPAIP:

Ironshore Specialty Insurance Company
Policy Number: #002796003

The lines of coverage and limits of liability afforded to participating members, subject to the insurance application, are as follows:

Site Pollution Incident Legal Liability Limit \$2,000,000 each incident
\$10,000,000 policy aggregate

Participating member's deductible: \$25,000 each incident.

This certificate is not a contract of insurance and does not bind the insurance companies named hereon or NPAIP as such. The coverages provided will be governed by the terms and conditions of the master policy of insurance issued to NPAIP and all claims, questions or disputes will be settled by reference to the same.


Wayne E. Carlson, MBA, CPCU, ARM
Executive Director

**NEVADA PUBLIC AGENCY INSURANCE POOL
CYBER RISK COVERAGE FORM
CERTIFICATE OF PARTICIPATION**
issued to

North Lake Tahoe Fire Protection District

The Nevada Public Agency Insurance Pool (hereinafter NPAIP) certifies that the above-mentioned entity is a participating Member of NPAIP for the period beginning July 1, 2020 expiring June 30, 2021.

As a participating member, this entity is entitled to all the rights, privileges and protections and subject to all the duties and responsibilities under the Interlocal Cooperative Agreement and Bylaws of NPAIP and the coverage forms issued by NPAIP.

The following coverage forms apply to NPAIP and its Members:

Nevada Public Agency Insurance Pool Cyber Risk Coverage Form:
POOLCRCF20202021


The lines of coverage and key limits of liability afforded to NPAIP members, subject to the coverage application and subject to additional sublimits as stated in the NPAIP Cyber Risk Coverage Form, are summarized as follows:

CYBER RISK COVERAGE LIMITS	Limit per Named Assured Per PRIVACY OR SECURITY EVENT	Annual Aggregate Limit Per Named Assured
PART TWO: Privacy or Security Liability Limits	3,000,000	3,000,000
<i>The following sublimits are a part of and not in addition to the Limits of Liability:</i>		
PART THREE: Security Failure/Privacy Event Management Coverage	\$100,000	
PART FOUR: Network Interruption Coverage	\$250,000	Waiting Hours Period: 12 hours
PART FOUR: Proof of Loss Preparation Costs	\$50,000	
Retroactive Date		July 1, 2013

Certain sublimits apply. All sublimits are a part of and not in addition to the Limits of Liability.

Participating member's Maintenance Deductible of NONE for each and every loss and/or claim and/or event.

This certificate is not a contract of insurance and does not bind NPAIP as such. The coverages provided will be governed by the terms and conditions of the NPAIP Cyber Risk Coverage Form and by the Interlocal Cooperative Agreement and Bylaws of NPAIP; and all claims, questions or disputes will be settled by reference to the same.


Wayne E. Carlson, MBA, CPCU, ARM
Executive Director